Couples HIV Counseling and Testing

Module Six: Providing Discordant Results

Module Perspective

This module will review discordance essentials, including multiple factors that influence the transmission of HIV. Interactive exercises will help participants to understand the factors that contribute to the chance of being infected with HIV.

The trainer will review the CHCT Protocol for providing couples with a discordant result. Participants will also have an opportunity to evaluate and critique explanations commonly given to clients about discordance. The trainer will assist participants in understanding the importance of clearly communicating discordance to couples.

Participants will return from lunch to review components V-C through XI-C of the CHCT Protocol. Participants will highlight the differences between providing a discordant result and a concordant positive result in a small group exercise. This module will conclude after conducting the fourth and final role play covering the initial session of the protocol and the second session, Providing Discordant Results. The trainer will process the role play before adjourning for the day.

Objectives for Module Six:

- List at least five factors that can influence the transmission of HIV.
- Explain the importance of communicating discordance clearly and simply.

Advance Preparation

- ***Prepare PowerPoints*** 6-1 through 6-13

6-2: Multiple Factors that Influence the Transmission of HIV
6-3: HIV Transmission in the Family
6-4: Essential Counselor Responsibilities
6-5: Essential Counselor Responsibilities (Continued)
6-6: Component V-C: Provide Discordant Results
6-7: Communicating Discordance
6-8: CHCT Results Session: Discordant
6-9: Component IX-C: Discuss protecting the negative partner from HIV
6-10: Major Issues for Concordant Positive Couples
6-11: Major Issues for Concordant Positive Couples (Continued)
6-12: Major Issues for Discordant Couples
6:13: Major Issues for Discordant Couples (Continued)

- ***Make copies of Handouts***

Explaining Discordance
Potential Differences between a Concordant Positive and a Discordant Couple Counseling Session
Counselor scripts for the Second Session—Components VI-C through X-C (Providing Discordant Results)
Role Play Background (Female)
Role Play Background (Male)
Laminated CHCT Intervention
Counselor Check Sheets

- ***Prepare the Bean Exercise (see page 4)***

- ***Prepare Newsprint***

Questions from an HIV-Positive Partner (page 11)
Helping Couples Understand Discordance (page 16)

Day Four

Module 6: Topics/Activities Schedule

Start time: 8:30am

Activity	Time
Morning Review	20 Minutes
Discordance Exercise	30 Minutes
Factors that Influence Transmission of HIV	30 Minutes
Morning Break	20 Minutes
Discordance Essentials / Exercise	40 Minutes
Second Session : Discordant (Component V-C: Providing Results) and Discordance Continuum Exercise	90 Minutes
Lunch Break	60 Minutes
Components VII-C through X-C: Discordant Couple	60 Minutes
Afternoon Break	20 Minutes
Role Play Preparation	15 Minutes
Role Play # 4	70 Minutes
Processing of Role Play	30 Minutes
Wrap-Up/Adjourn for the Day	5 Minutes

End time: 4:50pm

Welcome and Brief Review

Welcome participants back. Conduct a culturally appropriate morning energizer.

Facilitate a brief discussion of what has been covered so far.

Welcome to the fourth day of our training.

Today we will spend the day covering discordance. However, before we begin our discussion, what questions do you have about the topics we have covered so far?

Answer or clarify questions as necessary.

Preventing transmission within a discordant couple is one of the most critical reasons for offering couple HIV counseling and testing services. The best way for a couple to find out that they are discordant is for both partners to be tested together for HIV infection.

Therefore, we will spend the entire day today going into more detail about discordance and reviewing the CHCT procedure for counseling discordant couples.

We will then cover important issues for discordant couples, such as coping and providing each other support; positive living, care, and treatment; risk reduction; family planning; disclosure; and getting support.

Discordance Exercise: Multiple Factors That Influence the Transmission of HIV

There is a lot to cover, but before we get started we are going to conduct an exercise that will help you understand the risk of HIV transmission.

Who can tell me what the chances are of the following:

1. Getting malaria from a single mosquito bite?
2. Having a girl baby versus a baby boy?
3. Getting into a car accident?

Acknowledge responses and reinforce that all of these things happen by chance.

Getting malaria from a single mosquito bite, getting into a car accident, and having a girl baby or a boy baby all involve probability and chance. As in all of these scenarios, elements of chance and probability play a role in HIV transmission. The reality is, people don't always get infected from every exposure to HIV. While it's possible for an HIV-negative individual to have unprotected sex with an HIV-positive individual one time and acquire HIV from that one exposure, it is also possible that the HIV-negative individual will not acquire HIV from this exposure. When one member of a couple is HIV-positive and the other member is HIV-negative, this couple is discordant. We are going to spend the morning discussing how and why this happens.

We are going to start with a short exercise to demonstrate the role of chance and probability in the transmission of HIV.

Bean Exercise:

The following Bean Exercise is designed to help the participants understand the dynamics of HIV transmission: HIV is not transmitted in every sexual encounter. Chance and probability play a role, as well as many other factors that will be discussed after the exercise. This exercise also shows that people frequently transmit and acquire HIV unknowingly.

The trainer should prepare for this exercise by bringing in a bag of white and red beans. The white beans represent an HIV-negative status; the red beans represent an HIV-positive status.

Introduce the exercise as follows:

This exercise is designed to help you see how discordant couples can remain discordant. If the couple does not abstain from sex or use condoms, the HIV-negative partner can be infected any time they have sex. However, it is also possible that the HIV-negative partner will not become infected. Sometimes it is a matter of chance. Sometimes other factors are involved, which we will discuss.

For this exercise, you will pretend you are couples in which one partner is infected with HIV and the other is not. In other words, you are a discordant couple. I will be giving a handful of beans to each of the HIV-infected partners. The partner with the beans is HIV-positive and the partner without the beans is HIV-negative.

1. ***Now let's break into couples.***

2. ***Break the participants into pairs. These will be the couples for this exercise.***

3. ***Ask the participants to stand next to their partners and form a large circle. Ask one partner from each couple to hold out his or her hands.***

4. ***Walk around the circle and give the partner who is holding out his or her hands 10 beans. Seven of those beans should be white and three should be red. Ask the partner receiving the beans to not look at which kind of beans he or she has been given.***

5. ***Ask the participants to turn to their partner.***

6. ***Now ask the participants holding the beans to choose one bean from their hand WITHOUT looking at the beans.***

7. ***Ask the participants to hand the chosen bean to their partner. The partners receiving the bean should look at the bean they received and note if they received a red bean.***

8. ***The partners with the beans should choose another bean without looking and hand that bean to their partner. Again, the partner should look to see if he or she received a red bean.***

9. ***Be sure to note that passing a red bean symbolizes transmitting HIV—it does not represent getting rid of HIV.***

10. ***Ask the participants who first held the beans to raise their hands. Inform them that they were each given a red bean, and therefore they are all HIV-positive.***

11. ***Next ask the partners to raise their hands if they received a red bean during the first exchange. Tell them to keep their hands raised. How many partners received a red bean after one exchange?***

12. ***Finally, ask partners to raise their hands if they received a red bean during the second exchange. How many received a red bean after two exchanges?***

13. ***Have the participants look around the circle. How many people are now infected with HIV? How many partners were lucky enough to avoid HIV infection?***

14. ***Debrief the exercise using the script provided.***

During each exchange of beans, there was a possibility that the negative partner could acquire HIV.

Although all of you engaged in the same behavior, not everyone became HIV-positive. Those of you who did not get any red beans were fortunate and avoided acquiring HIV infection, but only by chance.

The partners who originally received a handful of beans and did not know whether they were HIV infected demonstrated how one member of a couple may transmit the infection to his or her partner or partners unknowingly.

For our clients the same will be true; there will be multiple factors that influence whether or not they get infected with HIV.

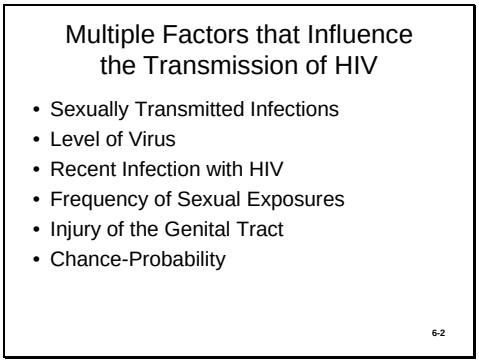
This exercise was conducted to help you see the dynamics of transmission and to help you understand that not every act of risk behavior will result in HIV infection. Behavior that most of us have engaged in at some point in our lives can result in becoming infected with HIV.

Factors that Influence Transmission of HIV

In the bean exercise, each HIV-positive partner had the same number of red beans and each couple participated in the same risk activity—exchanging beans. Therefore, every partner in the exercise had the same probability of acquiring HIV, even though some were lucky and did not receive one. However, in real life once an individual has engaged in risk behaviors, several factors influence the likelihood of the transmission and acquisition of HIV. These factors make it more likely for a person to transmit HIV or for a person to acquire HIV. In couples, multiple factors influence whether they are discordant and how long they remain discordant.

Let's take a few minutes to look at the many factors that can influence the transmission of HIV and generally affect the health of the infected person.

Display PowerPoint 6-2. Read through the factors on the PowerPoint.



Go over each factor:

Sexually transmitted infections (STIs)

- HIV-infected persons with STIs are more likely to transmit HIV than people without STIs
- Partners are more likely to acquire HIV if they have STIs

Level of virus

The more HIV the HIV-positive person has in his or her body, the more likely it is that he or she will pass HIV to a sexual partner. *When individuals develop AIDS, they are ill because they have very high levels of HIV in their body.*

Recent infection with HIV
When someone is infected with HIV, he or she will initially have a higher amount of virus in his or her body. This increases the chance of passing HIV to others.

Frequency of sexual exposures
Each time an uninfected person has sex with someone who has HIV, he or she is at risk of getting HIV. The more exposures he or she has, the more likely it is that he or she will become infected.

Injury of the genital tract
Partners with cuts or abrasions of the membranes of the genital tract are more likely to acquire HIV than partners with intact membranes.

Chance/Probability
To some extent, HIV transmission is unpredictable. This was illustrated by the bean exercise. Whether or not the virus is passed during a specific exposure relies partly on chance.

Cover the slide and ask participants to name as many factors as they can that facilitate HIV transmission.

Remember that couples can remain discordant for a long period. We have seen how many factors can influence the transmission or acquisition of HIV.

On the other hand, we have also seen that unless discordant couples receive counseling and testing and subsequently take steps to reduce the risk of transmission, many HIV-negative partners will become infected with HIV from their positive partners.

In addition to the HIV status of the partners and their health, the health of their children is important also.

Please turn to page __ in your manuals.

Allow a moment for review.

Ask participants to turn to page ___ in their manuals and to review both photos of the farmer's crop and try to explain why the farmer's crop in the first year is significantly better than the farmer's crop in the second year. Facilitate a brief discussion on the multiple factors that influenced a change in the farmer's crop from one year to the next.

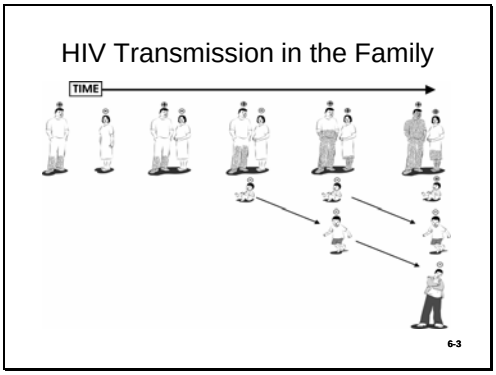
Farmer's Crop the First Year

Farmer's Crop the Second Year

Tell the participants that as in tilling, planting, cultivating, and harvesting crops, a multitude of factors determines the health of an HIV-infected person and whether individuals will transmit or acquire HIV.

One of the partners in the discordant couple relationship who you will counsel will often enter their relationship with HIV and not be aware of their infection. Without CHCT a couple can remain discordant for a long period due to multiple factors that will vary from one couple to another. However, this does not mean the negative partner is immune; he or she can get HIV from their positive partner at any sexual encounter. PowerPoint 6-3 will help participants to see the missed opportunities to detect HIV infection and prevent transmitting HIV to others.

Display PowerPoint 6-3.



When this couple met, the man was young and healthy and unaware he was infected with HIV. When the couple married, they were unaware they were discordant. Like most couples, they soon had a child, and the child was not at risk for HIV because the mother had not yet become infected with HIV. When they had their second child, the woman had become infected with HIV, but fortunately she did not transmit the virus to the child. Unfortunately when the couple had their third child, this child was infected with HIV.

This illustration depicts the many missed opportunities for preventing HIV transmission.

1. Had the man received VCT prior to meeting the woman he would have known he had HIV.

2. Had the man and woman received CHCT when they began their relationship they would have known they were discordant.

3. Testing at the ANC clinic when the woman was pregnant with their first child would not have helped because the woman would have been told she was HIV-negative. However, if the

ANC clinic had offered CHCT or partner referral for VCT, the couple would have learned they were discordant.

4. If the woman had received testing during her second or third pregnancy, she would have known she had HIV and could have received PMTCT services, potentially preventing their third child from becoming infected.

Every time we miss an opportunity, someone can become HIV-infected.

I am distributing a handout explaining discordance. Please take a few minutes to review.

Distribute handout: Explaining Discordance. Allow a few minutes for review.

Sensitive HIV tests detect antibodies for HIV by 3 to 4 weeks after infection. Depending on prevalence, 3–5% of HIV positive results are initially reported as negative.

Break

Inform participants that there will be a 20-minute break and instruct them what time to return.

We will now take a 20-minute break and return to discuss some essential counselor responsibilities and points to convey to discordant couples. Please return at (state time).

Welcome participants back from their break.

Show newsprint and pass out index cards.

Can you help me understand how I am HIV-positive and my wife is not? OR How is it possible that I am HIV-positive and my husband is HIV-negative?

Welcome back. I hope your break was pleasant.

We are now going to go through an exercise that will help you understand how counselors answer the questions that I have written on the newsprint.

These are questions that discordant couples frequently ask. On your index card, write a response to each question.

Ask participants to begin.

Call time in 5 minutes or when participants indicate that they have completed their responses.

Collect the index cards.

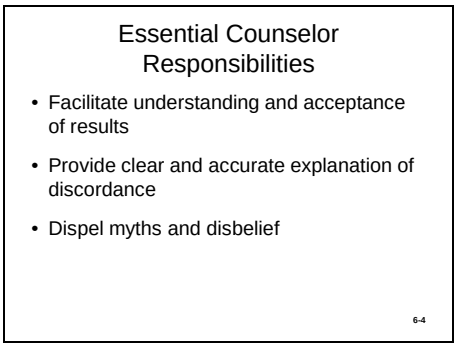
As we discussed earlier, preventing transmission within a discordant couple is one of the most critical reasons for offering CHCT services.

It is also essential that counselors help discordant couples accept the accuracy and reality of their test results. Therefore, counselors should provide simple and clear explanations of discordance.

Because couples may have difficulty understanding their discordant results, counselors need to be very clear. The messages should emphasize the very high risk of the uninfected partner becoming infected unless the couple adopts behaviors to protect the uninfected partner.

Before going into how to explain discordant test results, let's review some essential counselor responsibilities when counseling discordant couples.

Display PowerPoint 6-4.



Counselors must:

- Facilitate understanding and acceptance of results
- Provide clear and accurate explanation of discordance
- Dispel any beliefs that might undermine prevention

Let's discuss some of the beliefs that a discordant couple may have that can undermine prevention.

Read the beliefs below and ask participants to give their answers. Make sure you convey the correct answer before going on to the next belief.

- **Belief #1:** One partner has been unfaithful and deserves to be abandoned or punished. ***Answer: The infected partner could certainly have acquired HIV well before they became a couple.***

- **Belief #2:** The couple believes the virus is sleeping and cannot be transmitted. ***Answer: HIV-infected persons can transmit the virus at any time, even if they have no signs or symptoms of the disease.***

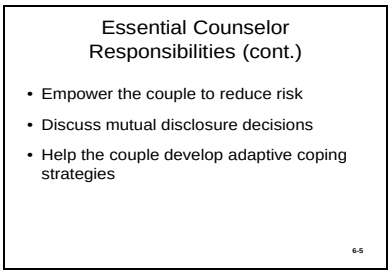
- **Belief #3:** There has been a mistake in the lab. ***Answer: While this is a possibility, it is very rare and the lab has many procedures in place to prevent any mistakes.***

- **Belief #4:** We have been having sex all this time and never transmitted the virus. Why do we need to take precautions

now? ***Answer: HIV may be transmitted in the future, particularly as the person gets sicker and has higher levels of the virus.***

The counselor must be very careful to dispel any beliefs that might undermine the couple's motivation to adopt risk reduction strategies.

Continue the review of essential counselor responsibilities on PowerPoint 6-5.



Let's continue the review of essential counselor responsibilities:

- Empower the couple to commit to risk reduction. During your counseling session, you will be giving couples the knowledge and skills to prevent transmission from the positive partner to the negative one. This will empower them to stay healthy.

- Discuss mutual disclosure decisions. Discrimination and stigma are unfortunately very common. Couples need to be careful about to whom they disclose their results. This should be a mutual decision.

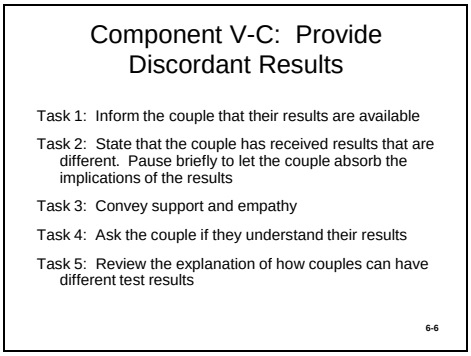
- Help the couple develop adaptive coping strategies. HIV is very stressful. Your counseling will involve helping these couples cope with this stress.

In the important role of counseling couples, the counselor has an opportunity to help discordant couples deal with their results and, most importantly, to reduce the risk of transmission.

Allow a moment for review.

Component V-C: Provide Discordant Test Results

Display PowerPoint 6-6.



We are now ready to go over the tasks for Component V-C: Provide Discordant Results.

The counselor is responsible for providing the results to the couple in a straightforward, clear, and succinct manner.

Now let's examine all the steps in component V-C.

Task 1: Inform the couple that their results are available
The objective of this task is to transition the session and to let the couple know that they will be receiving their results.

Task 2: State that the couple has received results that are different. Pause briefly for the couple to absorb the implications of the results.
The counselor's objective in this task is to reaffirm that the couple as a unit will receive the results. By pausing for a moment, the counselor allows the couple to consider the reality that one partner is infected with HIV while the other is not and that either of them could be infected.

After the brief pause, the counselor should provide the positive partner with his or her result. Then the counselor should provide the negative partner with his or her result.

Trainer's note: Sometimes participants will want to know why they should give the positive test result first. The reason is that the positive partner is the one who will need the most support. The positive result has far greater implications than the negative result.

Continue the review.

Task 3: Convey support and empathy
The counselor's objective is to offer genuine empathy and support for both the couple as a unit and for the HIV-infected partner.

Task 4: Ask the couple if they understand their results
The counselor's objective is to ensure an accurate understanding of the outcome of the test results, their meaning, and implications.

Task 5: Review the explanation of how couples can have different test results
The counselor's objective is to reinforce the accuracy of the results and promote understanding and acceptance of the results. Remember to dispel any beliefs that the couple may have that can undermine prevention. The counselor should also ease blame and encourage support for the infected partner.

Please take a moment to review the background for providing discordant results in your manuals on page __.

Are there any questions or comments on what we have covered to this point?

Answer or clarify as needed.

Allow a moment for review.

Display Newsprint.

Exercise Explaining Discordance

- Increases acceptance vs. reinforces denial
- Clear or confusing
- Accurate or inaccurate
- Enhances risk reduction or discourages risk reduction
- Dispels myths or reinforces myths

We are now going to conduct an exercise. Earlier I showed you this newsprint with two questions discordant couples may frequently ask:

Can you help me understand how I am HIV-positive and my wife is not?

Or

How is it possible that I am HIV-positive and my husband is HIV-negative?

We are going to take turns looking at the responses to either of these questions that you wrote earlier in this session and on the first day of training (*in the Pre-Course Knowledge Assessment*).

Redistribute the index cards previously filled out by the participants at the beginning of the course and a few moments ago. Indicate on each set of index cards whether they are responses from the first day of training or today.

Inform participants that if they receive their own cards back, they do not have to indicate to the group that this is their own response. Each participant should receive two index cards (from the first day of training and earlier today).

Now let's look at how some of you would explain discordance to a couple.

I will start this part of the exercise by giving the first response to the question: How is it possible that I am HIV-positive and my husband is HIV-negative?

Imagine if a counselor responded, "Your blood is probably strong, preventing you from becoming infected."

Who wants to comment about this statement?

Have participants evaluate whether the response increases acceptance, is clear, is accurate, enhances risk reduction, or dispels a myth.

This response is inaccurate. It discourages risk reduction and reinforces a myth.

Are there any questions?

Answer or clarify as needed.

Will someone else read the card they were given, indicating if it was written on the first day of training or today and evaluate it on the criteria posted on the newsprint?

Facilitate a discussion based on the information on the index cards and the group's reaction to each statement.

Emphasize that explanation of discordance should:

- ***Enhance risk reduction***
- ***Be clear and accurate***
- ***Diffuse potential discussion regarding the infected partner being unfaithful and having brought HIV into the relationship***

When partners in a discordant couple ask questions about discordance, listen very carefully to their questions so that you know exactly what they are asking.

The responses you gave on the index cards were supposed to respond to one of the questions:

Can you help me understand how I am HIV-positive and my wife is not?

Or

How is it possible that I am HIV-positive and my husband is not?

Sometimes counselors answer the wrong question by focusing on "when" or "where" HIV came into the relationship. The focus needs be on the question: "how come" or "how is it possible that we are discordant?" Counselors need to give clear and accurate explanations for discordance in response to their clients' questions.

Why do you think counselors tend to answer a different question than the one that is being asked?

Listen or probe for:

- ***Lack of self-awareness of the counselor's own judgmental feelings about the infected partner.***
- ***The counselor is satisfying his or her own curiosity about the details of how the infected partner became infected.***
- ***The counselor is acting as an epidemiologist trying to identify the source of the infected partner's HIV rather than being a counselor to the couple.***

Acknowledge responses.

Based on what we have talked about, what do you think a good response would be to the couple's questions about discordance?

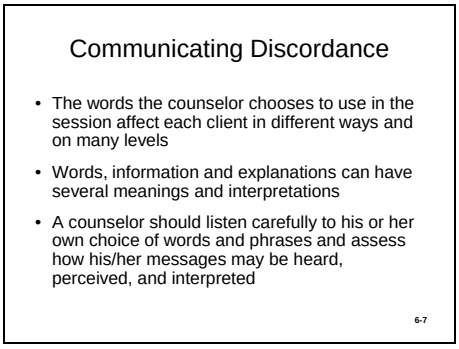
Acknowledge responses.

One final caution about listening very carefully to questions asked by the discordant couple: answering the wrong question can bring up issues that increase tension between the partners. Remember Johari's Window. Answering wrong questions could bring up issues in an individual's hidden box or in the issues not discussed box. Going into these areas will move the focus away from the couple providing each other with mutual support.

Does anyone else want to continue the evaluation of responses on the index cards?

Allow additional volunteers but conclude the exercise after approximately 20 minutes or after you have exhausted a variety of responses and discussion regarding appropriate explanations.

Summarize the discussion with PowerPoint 6-7.



Let's summarize what we have learned about answering questions from the discordant couple.

The words the counselor chooses to say in the session affect each client in different ways and on many levels.

Words, information, and explanations can have several meanings and interpretations.

A counselor should listen carefully to his or her own choice of words and phrases and assess how his or her messages may be heard, perceived, and interpreted.

Thank you all for participating in this exercise.

Are there any questions?

Answer or clarify as needed.

Lunch Break

We will now take a one-hour lunch break. When we return from lunch, we will review the remaining components for counseling discordant couples. We will do this in small groups and as a large group before conducting our final role play.

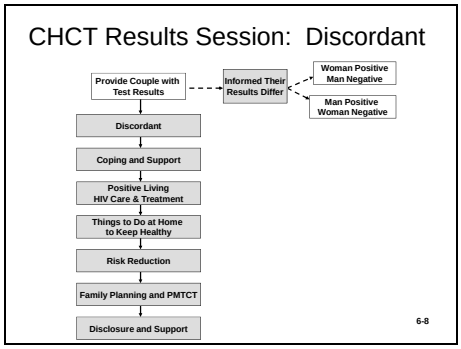
Prepare to divide the group into four smaller groups after lunch in a way that will prepare for small group work and also serve as an energizer. The next section of the trainer's manual suggests one way to do this. However, trainers may choose to use their own interactive way of breaking large groups into smaller groups.

Trainers should use the lunch break to prepare for the afternoon session.

Component VII-C: Discuss Risk Reduction

Welcome participants back from lunch.

Display PowerPoint 6-8.



Welcome back. I hope your lunch was pleasant.

Before lunch we discussed Component V-C, which covers providing test results to a discordant couple.

Several of the components for the discordant post-test session are similar to the components of the concordant positive post-test session. There are many similarities in the tasks, objectives, and messages for discussing care and treatment; things to do at home to stay healthy; family planning and PMTCT; and disclosure. The component that is most different in the discordant post-test session is risk reduction, or protecting the negative partner from HIV. It is extremely important that the counselor discuss condom use and other risk reduction issues with the discordant couple.

Therefore, we are going to jump ahead to discuss risk reduction. We will review the other components with an activity later.

Component VII-C: Discuss Risk Reduction

As we've discussed throughout this course, discordant couples may remain that way for a long time, sometimes even years, without knowing their HIV status or reducing their risk. However, if they do not take steps to protect the negative partner from HIV, there is a good chance the partner will eventually become infected.

If the couple do take steps to protect the negative partner, such as not having sex or always using condoms during sex, they

should be able to remain discordant for much longer, if not indefinitely.

For a discordant couple, it is very important for the negative partner to stay negative. The negative partner can be a source of support for the positive partner, both emotionally and with his or her HIV care and treatment. Should the positive partner become ill or die, having an HIV-negative, healthy partner can help ensure the well-being of any children or the household.

Helping discordant couples protect the negative partner from HIV is one of the most important reasons for CHCT. The counselor plays an important role in delivering risk reduction messages and discussing the options and choices of the couple. As we discussed on the first day of the training, counseling and testing can greatly reduce the transmission of HIV within discordant couples.

Display PowerPoint 6-9.

Component IX-C: Discuss protecting the negative partner from HIV

Task 1: Address risk reduction within the couple; Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner

Task 2: Address condom-related issues

Task 3: Address regular HIV testing for HIV-negative partner

Task 4: Inform couple that condoms must always be used with outside partners. Address the possibility that any other partners should be tested for HIV

6-9

Task 1: Address risk reduction within the couple. Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner.
The objective is to let the couple know that they need to take steps to protect the negative partner from HIV and that if they continue to have sex without a condom, that partner will likely get HIV. The counselor should also discuss the risk reduction options: not having sex or using condoms every time they have sex.

Task 2: Assess condom-related issues.
The objective is for the counselor to assess the couple's history of condom use and condom skills. The counselor should provide a condom demonstration.

Task 3: Address regular HIV testing for HIV-negative partner.
The objective is to ensure that the couple understands that the negative partner will be at high and repeated risk for HIV, especially if the couple does not abstain from sex or does not use condoms. Therefore, the HIV-negative partner should be retested **every year**.

Task 4: Inform couple that condoms must always be used with outside partners. Address the possibility that any other partners should be tested for HIV.
The objective is for the counselor to let each partner know, in the abstract, that there are risks to their health should they have sex with an outside partner. For the positive partner, they should use condoms to prevent giving HIV to others. For the negative partner, they should use condoms to protect themselves from getting infected with HIV.

The counselor should also let the couple know that any outside partners should be tested for HIV.

Are there any questions or comments about the background for this component? Or about the work covered to this point?

Answer or clarify as needed.

Please take a moment to review the background for providing discordant results in your manuals.

Allow a moment for review.

Exercise to Review Components VI-C – XI-C

The other five components of the CHCT discordant post-test session are similar to those you will discuss with couples with concordant positive results. We are going to conduct a brief exercise so you can discuss the similarities and differences between the discordant and concordant positive sessions.

Energizer and Exercise

As the trainer you may choose your own exercise to break the large group into four smaller groups. The example listed here is one way to do this.

1. ***Use index cards marked with the name of one of four common culturally appropriate animals (e.g., cow, cat, goat, dog).***

2. ***Make one card for each participant and make sure the total number is equally divided among the four animals (for example, for a group of 16 participants, you will have four cards with "cow" written on them, four cards with "cat" written on them, etc.).***

3. ***Distribute index cards randomly to participants or have them already on their desks when they return from lunch.***

4. ***Ask that each participant take a look at his or her card and, when told to, stand up and make the sound of the animal.***

5. ***Tell the participants to find the other members of their animal group by going around, making the sound of the animal, and grouping themselves together.***

6. ***Tell participants not to "talk" to the participants who do not make the same sound as they do. They should pretend they are lost and are only seeking animals like themselves.***

7. ***When everyone has assembled in the small group, ask them to get their manuals and prepare to work together as a small group.***

8. ***Assign each group one of the four remaining components:***

   Group 1: Discuss Coping and Mutual Support
   Group 2: Discuss Positive Living and HIV Care and Treatment and Things to Do at Home to Keep Healthy (two components)
   Group 3: Discuss Family Planning and PMTCT
   Group 4: Discuss Disclosure

9. ***Tell participants they should discuss what might be different related to their topic when counseling discordant couples rather than concordant positive couples.***

10. ***Tell the group that they can take notes on page ___ in their manuals and that you will provide each group with newsprints and markers.***

11. Allow 15 minutes for the small groups to:

a. Discuss differences in the discordant session compared with the concordant positive session.
b. List the differences on a newsprint.
c. Choose a group representative to summarize the group's discussion.

12. Ask if there are any questions. Answer or clarify as needed.

13. Ask the groups to begin. Call time in 20 minutes to let them know they should have their differences listed on the newsprint and have chosen a group representative. Give them a couple minutes more, if needed.

Reports from The Small Groups on Components VI-C through XI-C

Begin the small group reports, allowing no more than 5 minutes for each presentation.

Time is up! Let's start our review with the presentations of the highlighted differences in these four components for discordant couples.

I will allow each group no more than 5 minutes to present their small group work.

Will the group who discussed Coping and Mutual Support present first?

Listen for:

- ***The uninfected partner will need to support the infected partner.***

Thank the first group and allow a brief discussion.

To summarize, supporting the couple in dealing with discordance and supporting the HIV-positive partner are the main objectives of this component. The dynamics of the session may differ, depending on whether it is the male partner or the female partner who is infected. Regardless, the counselor should remind the couple of their resources and strengths and encourage them to be supportive of each other.

Will the group that worked on Discussing Positive Living and HIV Care and Treatment and Things to do at Home to Stay Healthy please present next?

Allow no more than 5 minutes.

Listen or probe for:

- ***For discordant couples, the well-being and health of the HIV-infected partner affects the uninfected partner and their family.***
- ***For discordant couples, the HIV-negative partner needs to support the HIV-positive partner to access available care and treatment.***

Thank the second group.

Allow a brief discussion.

To summarize, it is essential for the counselor to ensure that the couple recognizes that the well-being of the HIV-infected partner directly affects the well-being, welfare, and future of the couple and their family. The goal is to mobilize the couple so they are motivated to seek needed care and treatment services and to empower them to become the HIV-infected partner's health care advocates.

Will the group that worked on Family Planning and PMTCT present their highlights now?

Allow no more than 5 minutes.

Listen/probe for:

- ***This section will differ from concordant positive couples based on who is positive in the couple—the husband or the wife.***

Thank the third group.

Allow a brief discussion.

To summarize, this section of the CHCT intervention will differ from concordant positive couples on the basis of who is positive in the couple. The counselor's aim is to ensure that the couple has access to family planning services and understands that the decision to have additional children will put the uninfected partner at high risk for HIV. The couple should also understand the importance of accessing PMTCT services if the woman is pregnant now or should they conceive in the future. If the woman is the positive partner and has small children, she

should receive a referral to an MCH clinic for follow-up (HIV testing for children, infant feeding counseling).

Will the last group report on Discussing Disclosure?

Allow no more than 5 minutes.

Listen or probe for:

- ***The HIV-positive person has more at stake in a discordant relationship when making decisions about disclosure.***

Thank the fourth group.

Allow a brief discussion.

To summarize, the counselor should emphasize the importance of the couple receiving additional support. The counselor should also acknowledge that the HIV-infected partner may have concerns about his or her confidentiality and about disclosure.

Summary Review Of Potential Differences: Concordant Positive and Discordant Couples

Display PowerPoints 6-10 through 6-13. Summarize potential differences between concordant positive and discordant sessions.

Major Issues for
Concordant Positive Couples

- Possibly less blame– both in it together
- Need to deal with rallying psychological and financial resources to obtain care and support for both of them
- Concerns about their ability to care for their children should they both fall ill
- Planning for the future may seem particularly daunting

6-10

Let's quickly review the potential differences in a concordant positive session versus a discordant session.

For concordant positive couples, the following may be major issues:

1. There may possibly be less blame. They are both in it together.
2. They both need to deal with getting the psychological and financial resources to obtain care and support.
3. They may have concerns about their ability to care for their children should they both fall ill.
4. Planning for their future may seem daunting.

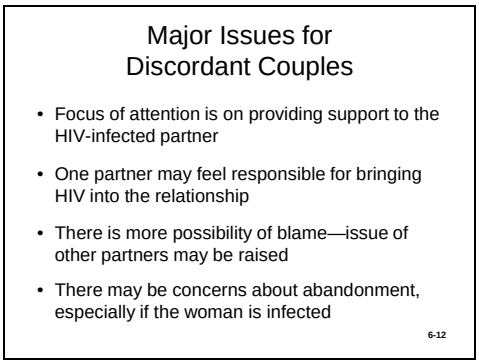
Major Issues for Concordant
Positive Couples (cont.)

- Disclosure has the same implications for both partners
- Extended family may need to be involved earlier
- Reproductive choices are overshadowed by fact that both are HIV-infected
- Couple may experience a profound sense of loss

6-11

5. Disclosure has the same implications for both partners.
6. The extended family may need to be involved earlier for providing support, providing care, and planning for the future.
7. Reproductive choices will be influenced by the fact that both are HIV-infected.
8. The couple may experience a profound sense of loss.

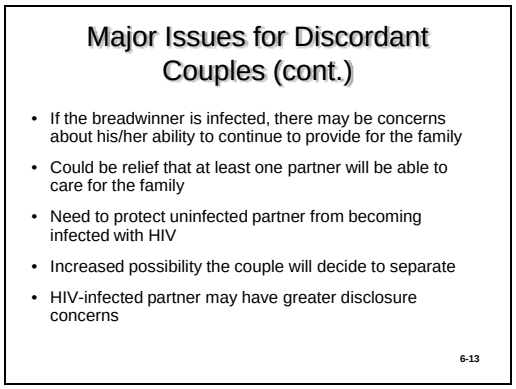
Display PowerPoint 6-12.



For discordant couples, the major issues to address may differ:

1. The attention is focused on providing support to the HIV-infected partner.
2. One partner may feel responsible for bringing HIV into the relationship.
3. There is more possibility of blame. The issue of other partners may be raised and may in fact be the reason the uninfected partner requested CHCT.
4. If the woman is infected, there may be concerns about abandonment.

Display PowerPoint 6-13.



5. If the man is infected, there may be concerns about his ability to continue to provide for the family.
6. There could be relief that at least one partner will be able to care for the family.
7. There is a need to protect the uninfected partner from becoming infected with HIV.
8. There is an increased possibility that the couple will decide to separate.

9. The HIV-infected partner may have greater disclosure concerns.

Are there any questions or comments about our work so far?

Answer or clarify as needed.

Distribute Handout: Potential Differences between a Concordant Positive and a Discordant Couple Counseling Session.

Allow 10 minutes for participants to review the components, tasks, and objectives in their handbooks.

Distribute Handout: Counselor Scripts for the Second Session: Components VI-C through X-C (Providing Discordant Results).

Allow 5 more minutes for participants to review the scripts.

I am passing out a handout on the information we have just discussed.

We will now take about 10 minutes to read through the components, tasks, and objectives on pages __ in your manuals.

I am now passing out a handout with the counselor scripts for these components. Please take another 5 minutes to review the scripts.

Are there any questions?

Answer or clarify as needed.

Afternoon Break

Now let's take our afternoon break for 20 minutes. When we return, we will conduct our final role play on providing discordant results.

Role Play: Providing Discordant Results

Put people in their assigned groups (refer to the Participant Coding Sheet).

Welcome back. We will have 1 hour to conduct this role play from the beginning of the intervention through providing the couple with a discordant result.

If you are in the role of the counselor, please remember to take the green and light-blue counselor scripts.

Couples, I will bring you your assigned background information when you are in your group.

Counselors, remember to take your couple to the mock lab and return after a moment to get their results.

Are there any questions?

Answer or clarify as needed.

Conduct Role Play

Have participants join their assigned groups.

Handout: Role Play Background (Female)
Handout: Role Play Background (Male)

Allow a minute for review.

I will call time after approximately 25 minutes to indicate that you should be wrapping up the initial session and taking your couple to the mock lab.

I will then call time after 1 hour to indicate you should be finished with the second session—providing your couple with a discordant result.

You will then have 5 minutes to debrief in your groups after the role play has concluded.

You may begin when you have finished reviewing your background information.

Quietly walk around the room and provide assistance as necessary.

Call time after 25 minutes to indicate that counselors should be ending the initial session. Ensure that counselors direct couples to the mock lab.

Call time after 60 minutes to indicate that counselors should be ending the second session.

Processing the Role Play

Ask participants to return to their seats to process the role play. Allow a moment.

Couples, how did it feel for counselors to give a discordant result?

Acknowledge responses.

Were the HIV-negative partners supportive of the HIV-positive partners?

Acknowledge responses.

Counselors, how easy was it to balance the session between the discordant couple—that is, the needs of both the positive and the negative partner?

Acknowledge responses.

Did any counselors talk about ARVs and positive living with their couples?

Acknowledge responses.

Couples, how did it feel to be in a discordant relationship?

Acknowledge responses.

Display slide with the entire intervention and review the main points.

Review of Complete CHCT Session

Distribute Handouts: Laminated CHCT Intervention, Counselor Check Sheets

Let's look at what we have covered with the CHCT intervention.

Are there any questions before we end?

Congratulations! You've completed the review of the entire CHCT intervention.

We will end today's session now. Tomorrow we will cover support and prevention services. We will also discuss outreach and recruitment.

Thank you for your hard work today.

Handouts

Module Six: Providing Discordant Results

Explaining Discordance

- Many factors influence whether HIV is transmitted from one person to another. Some factors increase the likelihood that HIV will be transmitted while others decrease the possibility that HIV will be transmitted. Because many of these factors occur within the body, such as HIV viral load and immune system responses, and cannot be seen it is not possible to know when HIV transmission will occur. It is essential to take precautions to protect the HIV-negative partner from becoming infected with HIV.

- It is quite common for couples to receive different HIV test results indicating one is infected while the other is not. Often these couples have been together for several years and have had children together. We know that unless behavior changes are made to reduce the risk of transmission, over time many HIV-negative partners in discordant couples become HIV-infected.

Analogies Explaining Discordance

- Sometimes a couple may become pregnant the very first time they have sex. For other couples, it may take several years for them to be able to conceive a child. Similarly, HIV may be transmitted the first time a couple has sex or it may be years before it is transmitted.

- Although an entire household is exposed to the same mosquitoes, one person in the household may come down with malaria while others do not. Over time though, almost everyone with ongoing exposure to mosquitoes develops malaria. The only way to prevent malaria is to prevent exposure to mosquitoes; the only to prevent HIV is to take precautions to avoid exposure to the virus.

- Termites may invade one tree while an adjoining tree may be free from termites. Yet, once the farmer discovers that the one tree has been damaged from termites, he takes precautions and treats the adjoining tree to prevent this tree from the termites. He knows that without this treatment the other tree will eventually become diseased. Similarly, without risk reduction, the HIV-negative partner remains at risk of becoming infected with HIV.

Handout 6-1

Potential Differences between a Concordant Positive and a Discordant Couples Counseling Session

Concordant Positive

- There is possibly less blame—both are in this together
- Couple needs to rally psychological and financial resources to obtain care and support for both of them
- Couple has concerns about their ability to care for their children should they both fall ill
- Planning for the future may seem particularly daunting
- Disclosure has same implications for both partners
- Extended family may need to be involved earlier in terms of support, providing care, and planning for the future
- Reproductive choices overshadowed by fact that both are HIV-infected
- Couple may experience a profound sense of loss

Discordant

- Focus is on providing support to the HIV-infected partner
- One partner may feel responsible for bringing HIV into the relationship
- There is more possibility of blame—issue of other partners may be raised (and may have been the reason the uninfected partner requested CHCT)
- If the woman is infected, there may be concerns about abandonment
- If the man is infected, there may be concerns about his ability to continue to provide for the family
- The couple may feel relief that at least one partner will be able to care for the family
- There is a need to protect uninfected partner from becoming infected with HIV
- There is increased possibility the couple will decide to separate
- HIV-infected partner may have greater disclosure concerns

Handout 6-2

Counselor's Script: Providing Discordant Results

Component V-C: Provide Discordant Test Results	
Task	***Script***
1. Inform the couple that their results are available.	Your test results are now ready.
2. State that the couple has received results that are different. Pause briefly for the couple to absorb the implications of the results.	Your test results are different. (Pause) _____, your test result is positive. This means that you have HIV. _____, your test result is negative. This means you do not have HIV. (Pause) Take your time. We will have plenty of time to talk about this.
3. Convey support and empathy.	It can be difficult knowing that one of you has HIV. There is a lot to think about and deal with. It will help to take this one step at a time.
4. Ask the couple if they understand their results.	First, I want to be sure that you both understand the results. Could you tell me what these results mean to you?

5. Review the explanation of how couples can have different results.	Let's talk again about what it means for a couple to have different HIV test results: • It is very common for couples to have different test results. • Couples can be together for many years and have different results. • It does not necessarily mean that your partner has been unfaithful during your relationship. He or she could have been infected before you became a couple. • It is very important that you do not blame your partner for having HIV. He or she will need your support to cope and get care. • It is very important to protect _____ from becoming infected. What questions do you have about your test results?

Component VI-C: Discuss Coping and Mutual Support	
Task	***Script***
1. Invite both partners to express their feelings and concerns.	Let's first talk about how you are coping with knowing that you each have different test results. Could each of you tell me how you are feeling? What are your concerns for your partner?
2. Validate and normalize the couple's feelings and acknowledge the challenges of dealing with different results.	It is normal to feel a sense of loss or to feel overwhelmed by this. These feelings are a normal part of hearing your HIV test results are different. I encourage you to focus on how best to support each other now rather than blame each other. It can be stressful at first to hear that one of you has HIV. You will probably have many strong feelings about your status and each other. It is normal to feel upset or angry but also feel love and concern for your partner. Many couples with different test results express similar feelings. Let's take this one step at a time.
3. Ask the uninfected partner how he or she could best support his or her partner.	How can you best support your partner and help him or her cope with being HIV-positive?
4. Recall the couple's strengths. Convey optimism that the couple will be able to cope and adjust to the situation.	You may need some time to adjust to this, but in time you will have a better chance of coping and continuing with your life together. You have dealt before with difficult and rough times in your lives, and remembering this will help you get through this.
5. Address the couple's immediate concerns.	There is a lot we need to talk about. But first, do you have any questions?

Component VII-C: Discuss Positive Living and HIV Care and Treatment	
Task	***Script***
1. Discuss positive living and the importance of getting care for the HIV-infected partner.	Now that you have received your results and are starting to deal with this news together, let's talk about how to keep both of you and your family as healthy as possible. *(Name of infected partner),* your well-being directly affects the well-being, welfare, and future of your family.
2. Discuss positive living.	Positive living means taking care of yourself in order to improve the quality of your life and to stay well longer. There are many people who have HIV and are living well. There is hope for you and your family. You will need to take several steps, however, to stay healthy. I will give you information about the HIV clinic where you can go to get help. Paying attention to your medical care is an important part of living positively. Let's talk about this.
3. Address the need for preventive health care. • Encourage immediate visit to the HIV clinic • Dispel myths about treatment eligibility	It is very important that you get medical care that will help you stay as healthy as possible. You will need to go to a clinic that treats HIV. We will give you a referral letter to take to the HIV clinic. Effective treatment for HIV is becoming more available in our community and you may be eligible for this treatment. You need to be evaluated to determine what the best treatment for you is. Not everyone who has HIV needs treatment right away, but you need to be evaluated to determine whether you will need treatment now. The medical provider at the HIV clinic will examine you and do tests to determine if you are at a stage in which you need treatment and if so, what drugs you may need at this time.

4. Encourage the infected partner to access appropriate care and treatment services.	I encourage you to follow-up with these services as soon as possible. HIV care and treatment can keep you from getting sick and protect you from other illnesses. It will make a big difference in how you feel. Do you have any questions?
5. Encourage the uninfected partner to serve as an advocate for the infected partner.	*Question directed to the uninfected partner:* How can you support your partner with care and treatment and living positively?
6. Provide needed referrals to the HIV clinic and other services. Identify and problem-solve obstacles.	Here is a list of the HIV care and treatment services we have discussed and the locations where you can receive these services. Take this referral letter to the clinic. Do you have concerns about going to the HIV clinic? Here is your referral letter to give to the clinic's medical providers.

Component VIII-C: Discuss Things to do at Home to Keep Healthy	
Task	***Script***
1. Discuss with the couple the need to live a healthy lifestyle. Discuss things that they can do right away to keep healthy.	In addition to seeking care at the clinic, there are several important things you need to do at home to keep healthy.
2. Discuss the importance of having safe drinking water to prevent diarrhea. Inform couple about where to get more information or obtain supplies.	To prevent diarrhea, you should boil drinking water or use a safe water vessel with [name of bleach solution] added to the vessel. Here is some information about keeping your drinking water supply safe for you. This can also benefit your entire family.
3. Discuss the importance of using bed nets to prevent malaria (when applicable). Inform couple about where to get more information or obtain supplies.	You should sleep under a bed net to keep mosquitoes from biting you at night. This will prevent malaria. Here is some information about where you can obtain a bed net.
4. Discuss the importance of good nutrition. Inform couple about where to get more information.	Good nutrition is also very important. Here is some nutritional information.

Component IX-C: Discuss Protecting the Negative Partner from HIV	
Task	***Script***
1. Address risk reduction within the couple. Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner.	Since you have different test results, it is important that we talk about preventing the transmission of HIV between the two of you. If you continue to have sex without a condom, your partner is at very high risk of becoming infected with HIV. You can eliminate the risk of transmitting HIV to your partner by not having sexual intercourse. Some couples initially choose not to have intercourse, but this frequently changes over time. Some couples explore alternative ways to satisfy each other. If you do continue to have sex, you must use condoms every time you have sex.
2. Assess condom-related issues, including: • History of condom use • Condom skills • Provide condom demonstration.	Have you ever used condoms? Do you know how to use a condom? Now I will demonstrate for you how to use a condom correctly.
3. Address regular HIV testing for HIV-negative partner.	It is recommended that the HIV-negative partner get an HIV test about once every year. This means that next year around *(today's date)* you, *(name),* should get an HIV test. However, if you are concerned about a recent exposure to your infected partner you can return for a repeat test after 3–4 weeks.

4. Inform couple that condoms must always be used with outside partners. Address the possibility that any other partners should be tested for HIV.	*(Name of positive partner),* if you have sex with other partners you should always use condoms to prevent transmitting HIV. *(Name of negative partner),* if you have sex with other partners you should always use condoms to protect yourself from HIV. If either of you have sex with other partners, these partners should also be tested for HIV. I encourage you to refer any other partners to a clinic or VCT site.

Component X-C: Discuss Family Planning and PMTCT Options for Discordant Couples	
Task	***Script***
1. Revisit the couple's intentions concerning having children. Address the risk to the uninfected partner should the couple decide to have a child.	Now let's talk about how HIV might affect your family. How does knowing that one of you has HIV influence your feelings about having (more) children? You may be planning to have more children. If you decide to have a baby, it is possible that your partner and the baby will become infected with HIV. Therefore, you should think about whether you still want to have more children now that you know one of you has HIV. What are your feelings about this?
2. Discuss the couple's reproductive options.	The most effective way to prevent transmission is to choose not to have additional children. There are many family planning methods that you can use to prevent pregnancy—condoms, pills, and injectables for example. I will give you a referral to a family planning clinic before you leave today. What are your thoughts about getting pregnant in the future? How would you choose to prevent unintended pregnancy?

3. Describe the country's PMTCT programs and services and identify where couples can access services.	If you do get pregnant, you need to get care during your pregnancy because there are important steps you can take to decrease the chances of transmitting HIV to your baby. Currently (name of clinic_____) offers services to help you prevent transmission to your baby.
4. Address issue of testing of young children if the woman is HIV-positive. 5. Provide needed referrals. • Family planning • ANC clinics (if woman is pregnant) • MCH clinic (if woman has young children, is breastfeeding, or both)	*If woman is HIV-positive:* In addition to staying healthy for you and your family, there are things you need to do to be sure your children stay healthy. If you have young children, they should be tested to see if they have HIV so they can also get the care they need. You need to have your children tested for HIV here or at an MCH clinic. Here is a list of family planning clinics and clinics where you can get care during pregnancy.

Component XI-C: Discuss Disclosure	
Task	***Script***
1. Explain the benefits for the couple to disclose their HIV status to others.	As we have discussed, it is very important for you to support each other through this. However, there are a lot of issues to deal with. It may be helpful to have someone other than each other help you weigh options and make decisions. Trusted friends or relatives can support you in dealing with your HIV status and can also help the HIV-positive partner with his or her HIV care and treatment.
2. Explore couple's feelings about sharing their results with a trusted friend, relative, or clergy. • Identify who could provide additional support. • Address confidentiality and disclosure concerns.	How do you feel about sharing your HIV test results with someone you trust? Who do you feel could best support the two of you as you cope and adjust to living with HIV? What concerns do you have about telling someone that you have HIV? I would like to hear from each of you about your feelings on this.
3. Discuss disclosure basics.	After you identify someone to whom you would like to disclose, think about what you would like to say to that person. Think of a private place and time to talk, and ask to keep the discussion confidential. Sometimes it is helpful to practice what you would like to say ahead of time, and imagine how this person will react. Who do you think you might want to tell about your HIV statuses? How do you think you would like to tell this person? When would you talk with them? What would you say? How do you think he or she would react? Let's imagine I'm that person. Tell me about your results and I'll respond.

4. Reinforce that the decision to disclose is mutual.	As we discussed, your decisions about sharing your results have to be made together.
5. Explore the possibility of participating in a support group and additional counseling sessions.	There is support available. Would you be interested in talking with other couples in your situation? Here is a list of post-test clubs, support groups for couples, and resources for additional counseling.
6. Answer remaining questions and provide support. Summarize.	We have talked about a lot today. Let's review the important steps you need to take: • Go to the HIV clinic and give the referral letter to the provider. • Be sure to drink water that is safe. • Be sure to eat healthy foods. • Be sure to use a bed net. • *(If woman is HIV-positive)* Bring your children in for testing. • Talk about whether or not you want to have more children. • Protect yourselves by not having sex or by wearing condoms. • Use condoms if you choose to have sex outside the relationship. • Seek out support from friends, family, and support groups within your community. Please share with me any remaining questions you may have. It is a challenge to deal with having HIV, and another challenge to deal with having different results. However, you are not the only couple that is dealing with being discordant and with time and mutual support, you will have a better chance of adjusting and living positively.

Role Play—Discordant

John: 28 years old, computer technician
Janet: 25 years old, secretary
Married: 3 years
Children: 3-year-old twins (one girl and one boy)

John and Janet met a little over 4 years ago in a refresher training course that Janet was taking for work. John was teaching the course. They met for coffee a few times and found they had quite a lot in common. Soon they were seeing each other regularly and it was clear that they had a strong bond and similar dreams. When they first had sex they used condoms but as their relationship became more committed and as their wedding plans moved along they became more relaxed. They never really talked about it but somehow they simply stopped using condoms. Not long after the wedding they found out that they were having twins. This news was exciting to their families and brought them closer. With the help of her mother-in-law, who lives nearby and cares for the twins while she is at work, Janet returned to work when the twins were 1 year old.

John and Janet are dedicated to each other and happy together. John has been doing quite well and just received a promotion to supervisor. They are building a home for their family. Janet's sister lives close by and they are best friends. They both listen to a radio drama while at work and talk and laugh endlessly about the characters. Recently a couple in the drama has been considering going for a HIV test. Janet decided she was going to talk to John about getting a test. John too had been thinking about HIV as a friend and co-worker has been ill and the rumor was that he had HIV. His friend really looked bad for a while but lately he had been looking better. John heard he was taking some new medications to treat HIV. John and Janet both have their worries but decided to go ahead and go for couple HIV counseling and testing.

Although John and Janet never talked specifically about it, they both knew there may have been other partners in their pasts. In fact, John knew that Janet went with someone from her work for a while when she first moved to town. Janet knows John is a handsome man and he must have had girlfriends while at the university. Her only hope is that he had been careful. What is important is that she knows that he is now committed to her and their family and she is proud to have such a handsome and responsible husband.

You are Janet:

When Janet was young and lived in the village she had a boyfriend for a brief time. He persuaded her that he loved her and convinced her to have sex. The first time he used a condom; the second time he did not. She was so relieved not to become pregnant that she stopped seeing him. Janet was eager to find a career, so 6 years ago she moved to the city to live with her sister. Janet went to technical school to become a secretary. After her training, she found a good job in a large company. She and her co-workers would go out evenings to dance and have fun. An older supervisor from another unit took an interest in her. They saw each other for a while and then he seemed to lose interest. They had sex a few times and he used a condom every time except once. Six months later she fell for John. In him she found a companion, a supportive husband, and a dedicated father.

Role Play—Discordant

John: 28 years old, computer technician
Janet: 25 years old, secretary
Married: 3 years
Children: 3-year-old twins (one girl and one boy)

John and Janet met a little over 4 years ago in a refresher training course that Janet was taking for work. John was teaching the course. They met for coffee a few times and found they had quite a lot in common. Soon they were seeing each other regularly and it was clear that they had a strong bond and similar dreams. When they first had sex they used condoms but as their relationship became more committed and as their wedding plans moved along they became more relaxed. They never really talked about it but somehow they simply stopped using condoms. Not long after the wedding they found out that they were having twins. This news was exciting to their families and brought them closer. With the help of her mother-in-law, who lives nearby and cares for the twins while she is at work, Janet returned to work when the twins were 1 year old.

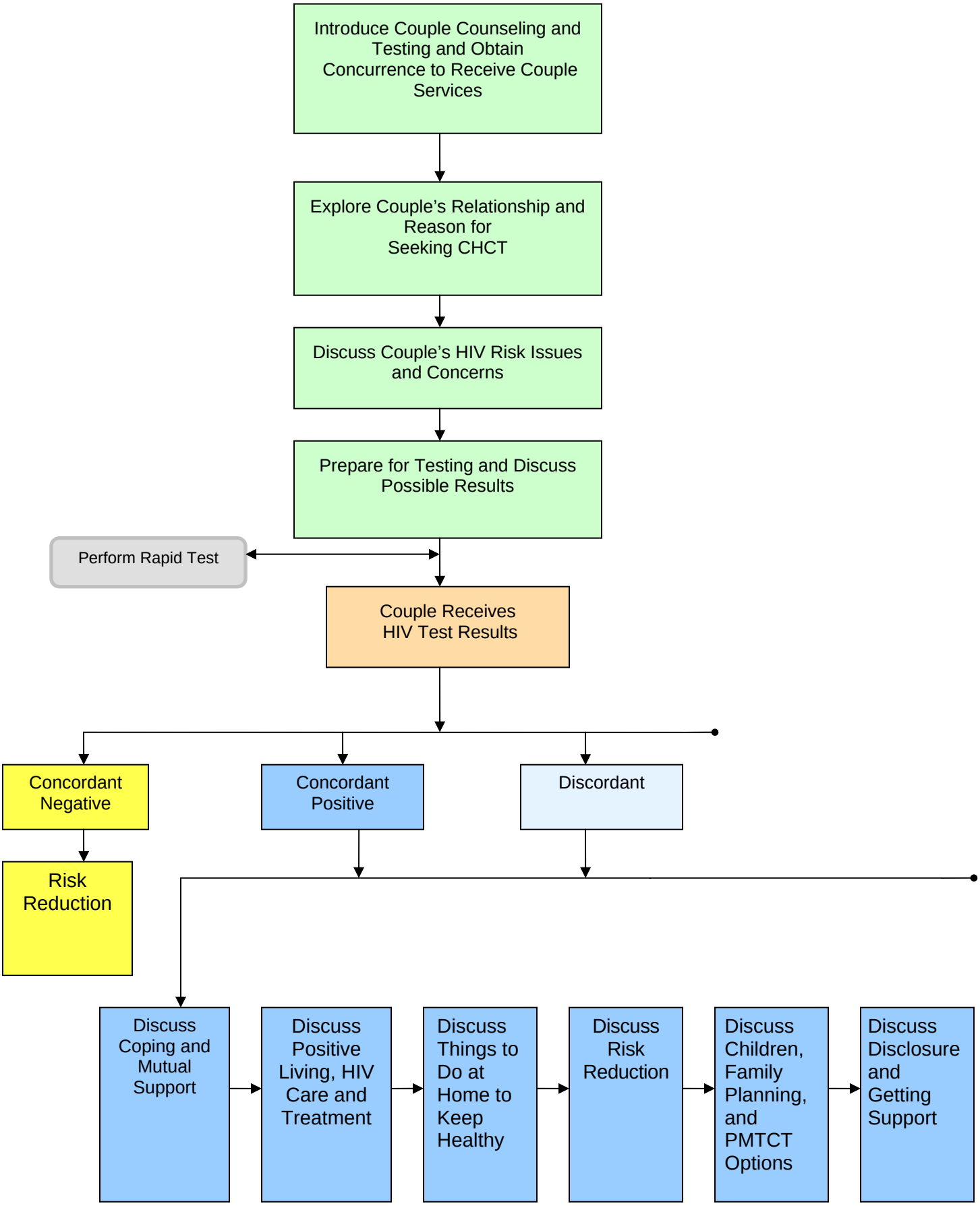
John and Janet are dedicated to each other and happy together. John has been doing quite well and just received a promotion to supervisor. They are building a home for their family. Janet's sister lives close by and they are best friends. They both listen to a radio drama while at work and talk and laugh endlessly about the characters. Recently a couple in the drama has been considering going for a HIV test. Janet decided she was going to talk to John about getting a test. John too had been thinking about HIV as a friend and co-worker has been ill and the rumor was that he had HIV. His friend really looked bad for a while but lately he had been looking better. John heard he was taking some new medications to treat HIV. John and Janet both have their worries but decided to go ahead and go for couple HIV counseling and testing.

Although John and Janet never talked specifically about it, they both knew there may have been other partners in their pasts. In fact, John knew that Janet went with someone from her work for a while when she first moved to town. Janet knows John is a handsome man and he must have had girlfriends while at the university. Her only hope is that he had been careful. What is important is that she knows he is now committed to her and their family and she is proud to have such a handsome and responsible husband.

You are John:

John has some concerns about HIV as he had a few girlfriends while in training at the university. That was a carefree time in his life and he often went out to clubs with friends. There was one girl he was a bit serious about for a while, but as time went on it was clear they were not meant to be together. She later moved to another country to pursue an advanced degree. Of course as a boy in secondary school he had also played with a couple of girls. He usually used condoms but not always; he wasn't perfect. Besides he really didn't like condoms that much as it didn't seem as close or pleasurable. Once he met Janet he knew he met the woman who would be his wife. Although he has at times been tempted, he has been faithful to Janet. He cherishes their beautiful children and the life they share together.

Couple HIV Counseling and Testing Intervention



Couple HIV Counseling and Testing: Initial Session

Component I: Introduction to CHCT and Concurrence to Receive Couple Services
☐ Introduce self and describe the role of the counselor
☐ Discuss benefits of CHCT • Initiate behavior change based on knowledge of their HIV status • Health care and preventive treatment options—PMTCT—living positively
☐ Describe the conditions for receiving CHCT services • Discussion of risk issues and concerns • Willingness to receive results together • Commitment to shared confidentiality—mutual disclosure decisions
☐ Address expectations, roles, and responsibilities of couple participating in CHCT • Equal participation of partners • Listen and respond to one another • Treat each other with respect and dignity • Engage in candid and open discussion • Provide understanding and support
☐ Obtain concurrence to receive CHCT
☐ Review content of session and describe steps in CHCT • Develop understanding of the couple's situation • Discussion of your HIV risk issues and concerns • Prepare for test and discussion of possible results • Receive rapid test • Provision of results • Counseling based on results • Estimate duration of session
☐ Review how couple came to the decision to seek CHCT services • Discussion and decision process • Previous individual or couple HCT • Disclosure of decision to seek CHCT to friends/family
☐ Establish the nature and duration of the couple's relationship • Living arrangements—marital status • Plans for the future
☐ Address family planning and childbearing issues
☐ Assess the couple's feelings associated with receiving CHCT
☐ Identify couple's interpersonal resources and coping style
☐ Assess the couple's family and social support
☐ Summarize and reflect back to the couple their history and current situation
☐ Elicit couple's level of concern about having/acquiring HIV • Partner communication and shared concerns about HIV risks
☐ Identify current risk triggers, vulnerabilities and circumstances • Travel/work (separation)—other partner/second wife—alcohol or drug use
☐ Assess safer sex practices within the couple • History of condom use • Most recent exposure
☐ Address indicators of increased risk: • Illnesses or STD /TB diagnoses
☐ Summarize risk reduction discussion • Provide motivation and support

☐	Address the challenge of discussing difficult and sensitive issues • Acknowledge potential of undisclosed issues • Diffuse potential to blame partner • Focus on the couple's present situation
☐	Discuss couple's understanding of the meaning of positive and negative results
☐	Explore implications for the relationship should the couple have the same results • Concordant negative—Concordant positive
☐	Discuss discordance • Understanding discordance—occurs frequently • Uninfected partner not immune—uninfected partner remains at risk
☐	Explore implications for the relationship should the couple's results differ • Discordant—male positive—female positive • Implications for childbearing • Shared confidentiality —mutual decisions about disclosure
☐	Establish context for couple to understand potential results • HIV pervasive/endemic—absence of infection often reflects good fortune • Infection could have occurred years previously • Focus on the present and the future
☐	Confirm couple's decision to test and share their results
☐	Explain testing process and describe how the test results will be provided • Results will be provided as a summary of the couple's results • The couple will have results that are either the same of different • Individual results then provided and counseling based on the test results

CHCT—Results Session: Concordant Negative

Component V-A: Provide Test Results—Concordant Negat	
	Inform couple that their test results are available
☐	State that the couple's test results are the same/shared
☐	Provide a simple summary of the couple's results • Both test results are negative—indicating each partner is not infected
☐	Inquire as to the couple's understanding of their results
☐	Explore couple's reaction to their results
☐	Note the need to understand the result in the context of any recent risks outside of their relationship
☐	Discuss commitments and communication required of the couple to remain uninfected
☐	Encourage couple to preserve their future by remaining uninfected
☐	Address the risk associated with other partners (past or present) • Remind couple that their results do not indicate the status of other partners • Partner's status will only be determined through HIV testing
☐	Identify behavior most likely to place couple at risk of becoming infected
☐	Discuss plan should either partner engage in risk behavior
☐	Develop a plan to ensure the couple remains HIV-negative
☐	Identify potential obstacles to accomplishing the plan
☐	Encourage couple to practice the communication skills required to successfully accomplish the plan
☐	Convey confidence in the ability of the couple to complete the plan and to protect each other
☐	Encourage couple to become ambassadors for testing and particularly couple services
☐	Provide needed referrals (STI, FP, ANC, support etc.)

CHCT—Results Session: Concordant Positive

Component V-B: Provide Test Results—Concordant Positive	
☐	Inform the couple that their results are available
☐	State that the couple's test results are the same/shared
☐	Provide a simple summary of the couple's results—both test results are positive, indicating the couple is infected
☐	Allow the couple to absorb the meaning of their results
☐	Inquire as to the couple's understanding of their results
☐	Encourage mutual support and avert blame
☐	Invite both partners to express their feelings and concerns
☐	Validate and normalize the couple's feelings and acknowledge the challenges of dealing with a positive result
☐	Inquire as to how the couple could best support each other
☐	Recall couple's strengths and covey optimism that the couple will be able to cope and adjust to living with HIV
☐	Address the couple's immediate concerns
☐	Discuss positive living
☐	Identify current access to health care services
☐	Address the need for health care providers to know their test results
☐	Address the need for preventative health care • TB evaluation/treatment • STI exam/treatment • Prevention of opportunistic infections • Environmental precautions o Safe water and mosquito netting • Nutritional support and vitamin supplements
☐	Determine if immediate referral for TB treatment is needed
☐	Assess couple's understanding of antiretroviral (ARV) treatments
☐	Explain and clarify the basic principles of ARV treatment • Enhances the quality of life and prolongs life • Provided when immune system shows signs of damage from HIV • To keep virus level low and immune system function level high • Requires strict adherence
☐	Address couple's questions and concerns about ARV treatment • Reinforce ARV treatment is not a cure
☐	Describe ARV availability and eligibility criteria • Identify treatment clinics/programs • Indicate the type of treatment available in the country • Explain medical assessment/tests to stage the couple's disease
☐	Identify and problem solve obstacles to accessing ARV treatment • Transport and cost sharing requirements • Privacy, disclosure, and confidentiality concerns
☐	Encourage couple to access appropriate care and treatment services
☐	Discuss things that the couple can do right away to keep healthy • Safe drinking water to prevent diarrhea • Bed nets (when applicable) • Good nutrition

☐	Address how the couple can obtain more information and or supplies
☐	Discuss importance of being faithful as a way to best protect each partner
☐	Address risk reduction within the couple relationship • Issues of resistance
☐	Review the couple's experience using condoms—provide condom demonstration
☐	Discuss the issue of HIV testing of children
☐	Re-visit the couple's intentions concerning having children
☐	Assess the couple's understanding of PMTCT services
☐	Explain and clarify the basic principles of PMTCT • Reduces risk of infant HIV • Medication provide to mother in labor and to the infant after birth • Transmission through breast milk still possible • Infant feeding precautions reduce risk
☐	Describe the country's PMTCT program/services • Identify antenatal-PMTCT facilities
☐	Address couple's questions and concerns regarding PMTCT services
☐	Encourage the couple to access family planning/PMTCT services
☐	Provide needed referrals
☐	Emphasize the importance of the couple receiving support from others
☐	Explore couple's feelings about sharing their results with trusted person • Identify who could provide additional support • Address confidentiality and disclosure concerns
☐	Reinforce that the decision to disclose is mutual
☐	Discuss disclosure basics
☐	Practice when and how the couple would share their results with trusted confidant
☐	Address with the couple issues and concerns associated with telling family members and children about their HIV infection
☐	Explore with the couple the possibility of participating in a support group and (if available) additional counseling sessions
☐	Answer remaining questions and provide support

CHCT—Results Session: Discordant Results

Component V-C: Provide Test Results—Discordant	
☐	Inform the couple that their results are available
☐	State that the couple's test results are different
☐	Provide a simple summary of the couple's results—provide result to infected partner, then provide result to negative partner
☐	Allow the couple to absorb the meaning of their results
☐	Inquire as to the couple's understanding of their results
☐	Convey support and empathy
☐	Review the explanation of how couples can have different results
☐	Answer questions and provide support

Component VI-C: Coping and Mutual Support	
☐	Invite both partners to express their feelings and concerns
☐	Validate and normalize the couple's feelings and acknowledge the challenges of dealing with a positive result
☐	Inquire as to how the uninfected partner could best support his or her partner in dealing with being HIV positive
☐	Recall couple's strengths and covey optimism that the couple will be able to cope and adjust to the situation
☐	Address the couple's immediate concerns
Component VII-C: Positive Living—HIV Care and Treatment	
☐	Discuss positive living
☐	Identify current access to health care services
☐	Address the need for health care providers to know their test results

☐	Address the need for preventative health care
	• TB evaluation/treatment
	• STI exam/treatment
	• Prevention of opportunistic infections
	• Environmental precautions
	  o Safe water
	  o Mosquito netting
	• Nutritional support and vitamin supplements

☐	Identify and problem solve obstacles to accessing ARV treatment • Transport and cost sharing requirements • Privacy, disclosure and confidentiality concerns
☐	Encourage infected partner to access appropriate care and treatment services
☐	Encourage the uninfected partner to serve as an advocate for the infected partner
☐	Provide needed referrals
Component VIII-C: Discuss Things to Do at Home to Keep Healthy	
☐	Discuss things that the infected partner can do right away to keep healthy
☐	Discuss the things that the couple can do right away to keep healthy • Safe drinking water to prevent diarrhea • Bed nets (when applicable) • Good nutrition
☐	Address how the couple can obtain more information and or supplies
Component IX-C: Discuss Protecting the Negative Partner from HIV	
☐	Address risk reduction within the couple • Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner
☐	Assess condom-related issues, including: • History of condom use • Condom skills
☐	Provide condom demonstration
☐	Address regular HIV testing for HIV-negative partner
☐	Inform couple that condoms must always be used with outside partners

Component X-C: Discuss Family Planning and PMTCT Options for Discordant Couples	
☐	Revisit the couple's intentions concerning having children
☐	Address the risk to the uninfected partner should the couple decide to have a child
☐	Discuss the couple's reproductive options
☐	Discuss how the couple will prevent unintended pregnancy
☐	Describe the country's PMTCT programs and services and identify where couples can access services
☐	Address issue of testing of young children if the woman is HIV positive
☐	Provide needed referrals • Family planning • ANC clinics (if woman is pregnant) • MCH clinic (if woman has young children, if she is breastfeeding, or both)
Component XI-C: Discuss Disclosure	
☐	Emphasize the importance of the couple receiving support from others
☐	Explore couple's feelings about sharing their results with trusted person • Identify who could provide additional support • Address confidentiality and disclosure concerns
☐	Reinforce that the decision to disclose is mutual
☐	Practice when and how the couple would share their results with trusted confidant
☐	Address with the couple issues and concerns associated with telling family members and children about their HIV infection
☐	Explore with the couple the possibility of participating in a support group and (if available) additional counseling sessions
☐	Answer remaining questions and provide support

PowerPoint Slides

Module Six: Providing Discordant Results

Couples HIV Counseling and Testing (CHCT)

Module 6: Providing Discordant Results

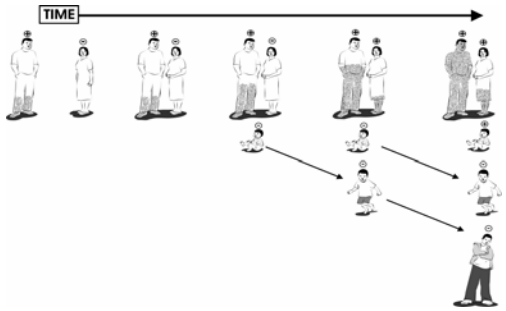
6-1

Multiple Factors that Influence the Transmission of HIV

- Sexually Transmitted Infections
- Level of Virus
- Recent Infection with HIV
- Frequency of Sexual Exposures
- Injury of the Genital Tract
- Chance-Probability

6-2

HIV Transmission in the Family



6-3

Essential Counselor Responsibilities

- Facilitate understanding and acceptance of results
- Provide clear and accurate explanation of discordance
- Dispel myths and disbelief

6-4

Essential Counselor Responsibilities (cont.)

- Empower the couple to reduce risk
- Discuss mutual disclosure decisions
- Help the couple develop adaptive coping strategies

6-5

Component V-C: Provide Discordant Results

Task 1: Inform the couple that their results are available

Task 2: State that the couple has received results that are different. Pause briefly to let the couple absorb the implications of the results

Task 3: Convey support and empathy

Task 4: Ask the couple if they understand their results

Task 5: Review the explanation of how couples can have different test results

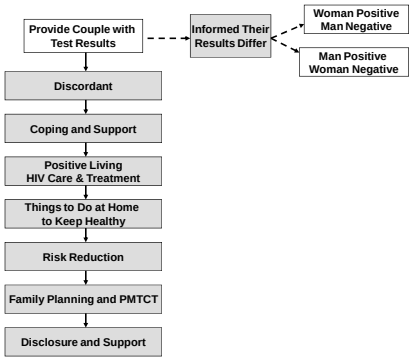
6-6

Communicating Discordance

- The words the counselor chooses to use in the session affect each client in different ways and on many levels
- Words, information and explanations can have several meanings and interpretations
- A counselor should listen carefully to his or her own choice of words and phrases and assess how his/her messages may be heard, perceived, and interpreted

6-7

CHCT Results Session: Discordant



6-8

Component IX-C: Discuss protecting the negative partner from HIV

Task 1: Address risk reduction within the couple; Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner

Task 2: Address condom-related issues

Task 3: Address regular HIV testing for HIV-negative partner

Task 4: Inform couple that condoms must always be used with outside partners. Address the possibility that any other partners should be tested for HIV

6-9

Major Issues for Concordant Positive Couples

- Possibly less blame– both in it together
- Need to deal with rallying psychological and financial resources to obtain care and support for both of them
- Concerns about their ability to care for their children should they both fall ill
- Planning for the future may seem particularly daunting

6-10

Major Issues for Concordant Positive Couples (cont.)

- Disclosure has the same implications for both partners
- Extended family may need to be involved earlier
- Reproductive choices are overshadowed by fact that both are HIV-infected
- Couple may experience a profound sense of loss

6-11

Major Issues for Discordant Couples

- Focus of attention is on providing support to the HIV-infected partner
- One partner may feel responsible for bringing HIV into the relationship
- There is more possibility of blame—issue of other partners may be raised
- There may be concerns about abandonment, especially if the woman is infected

6-12

Major Issues for Discordant Couples (cont.)

- If the breadwinner is infected, there may be concerns about his/her ability to continue to provide for the family
- Could be relief that at least one partner will be able to care for the family
- Need to protect uninfected partner from becoming infected with HIV
- Increased possibility the couple will decide to separate
- HIV-infected partner may have greater disclosure concerns

6-13