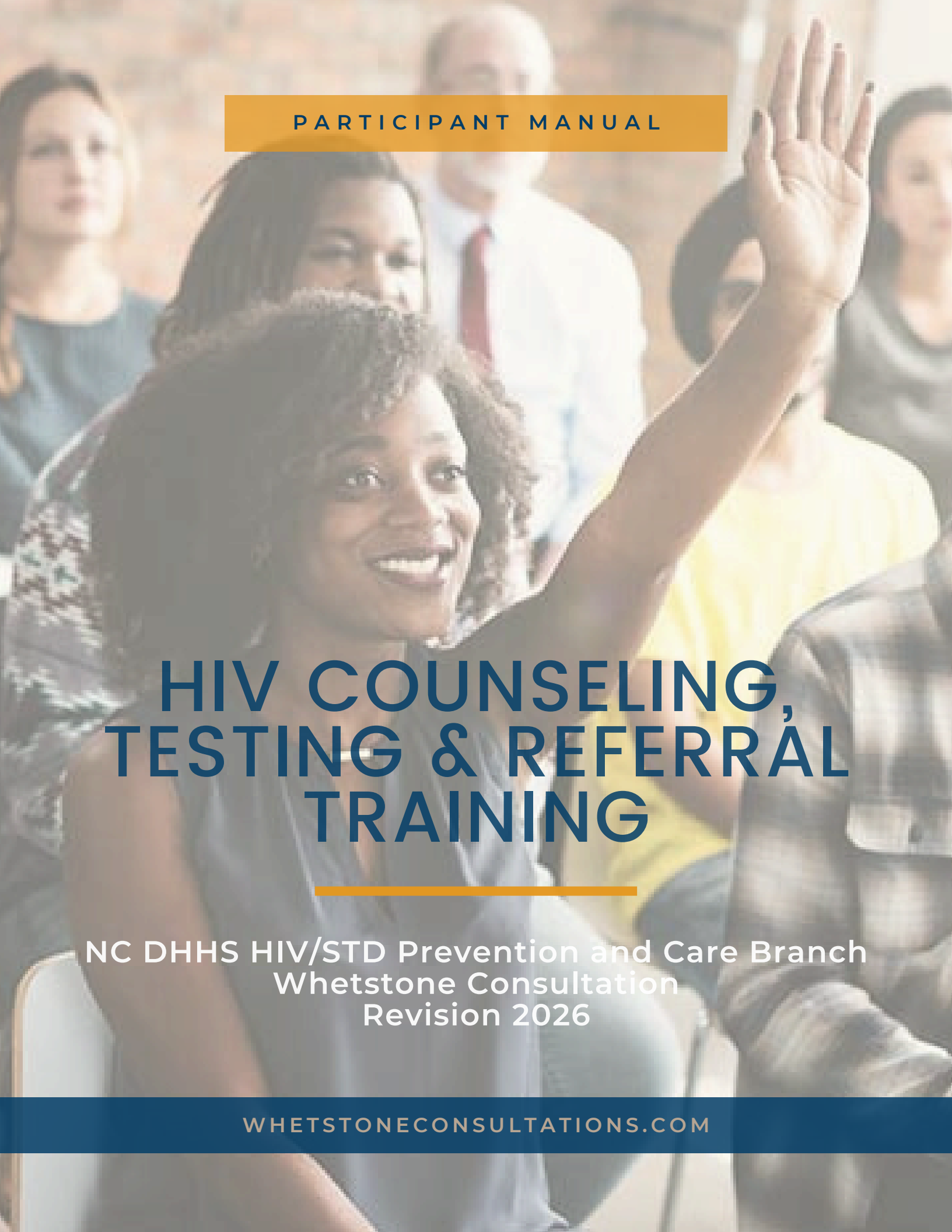


PARTICIPANT MANUAL

HIV COUNSELING, TESTING & REFERRAL TRAINING

NC DHHS HIV/STD Prevention and Care Branch
Whetstone Consultation
Revision 2026

WHETSTONECONSULTATIONS.COM

INDEX

2. . . . . Index
3 . . . . . Agenda
4 . . . . . Training Objectives
5. . . . . Ideas, Questions and Actions
6 . . . . . Participant Introductions
7 . . . . . Biggest Concerns
8 . . . . . Privacy Square
9 . . . . . Personalizing Risk
10. . . . . Worksheet: Quality Client Care
11 . . . . . Tools of the Trade
12 . . . . . Person-Centered Language
13 . . . . . HIV and the Body
14 . . . . . Hepatitis
15. . . . . HIV Testing Technologies
16 . . . . . Harm Reduction Notes
17 . . . . . Techniques Condoms and Sterilizing Syringe
18 . . . . . Syringe Services
19 . . . . . PrEP
20 . . . . . .PEP and Doxy Pep
21 . . . . . Counseling, Testing and Referral Process
22. . . . . Task: Introduction
23. . . . . Task: Assessment
24 . . . . . .Task: Prevention
25. . . . . Task: Explaining the Test
26. . . . . Task: Referral
27 . . . . . .Resources
28. . . . . Role-Play #1 Notes & De-Brief
29. . . . . Day 3 Icebreaker
30 . . . . . .Legal Notes
31 . . . . . Control Measures
32 . . . . . .Regional Map and Contacts
33 . . . . . .Giving HIV Negative/Nonreactive Results
34 . . . . . .Role-Play #3 Notes & De-Brief
35. . . . . Giving HIV Positive/Reactive Results
36. . . . . .Wrapping Up
37. . . . . .About Whetstone Consultations

AGENDA

Day 1 8 AM - 3 PM	Day 2 8 AM - 3 PM	Day 3 9 AM - 1 PM
Welcome & Get Started	Re-entry	Re-entry
Connections & Concerns	Prevention Continued	Super-Powers
Privacy Squares	CTR Priorities & Continuim	Public Health Law
Personalizing Risk	Task: Introduction	Role of Disease Intervention Specialist
High Point Client Experience	Task: Assessment	Task: Giving Negative Results
Counseling Skills	Task: Prevention	Watch Role-Play #2
HIV Education	Task: Referral	Practice Role-Play
Testing Technologies	Watch Role-Play #1	Return to Concerns
Harm Reduction Techniques	Practice Role-Play	Wrap-Up Training
Wrap-Up Day 1	Wrap-Up Day 2	

TRAINING OBJECTIVES

Below are the objectives we have set out to accomplish in this training. Do they line up with what you thought?

- Clarify their communication boundaries and address issues of privacy and openness in sexual and drug use communication.
- Discuss the subjective nature of risk-taking.
- Learn the various attributes of a quality HIV CTR session.
- Learn the basics about Hepatitis A, B and C and how they relate to HIV infection.
- Learn a model to help clients identify risk, set goals, and take the necessary action.
- Learn criteria for making effective referrals and the importance of identifying effective referral partners.
- Identify counseling skills useful in HIV prevention counseling.
- Learn the major points of the Public Health Code and Law related to HIV counseling, testing and referral.
- Explain the concepts and process of various HIV testing technologies.
- Learn and practice giving HIV test results.
- Learn ways to customize the CTR process to specific situations.

KEEPERS, TAKE-AWAYS & IDEAS!

During training you may get specific ideas of how you can apply the concepts or skills discussed to your work or personal life. Record them here so you don't forget the insight.



Write your ideas and thoughts here!

Introduce yourself by sharing . . .

- what you would like to be called and your pronouns
- where you work and your role there (please be super brief)
- the population you work with the most
- how long you've been in your current position.

Who's in the room?

Take notes about who you will be hanging out with for the next few days. Meeting others who do similar work is one of the benefits of this training.

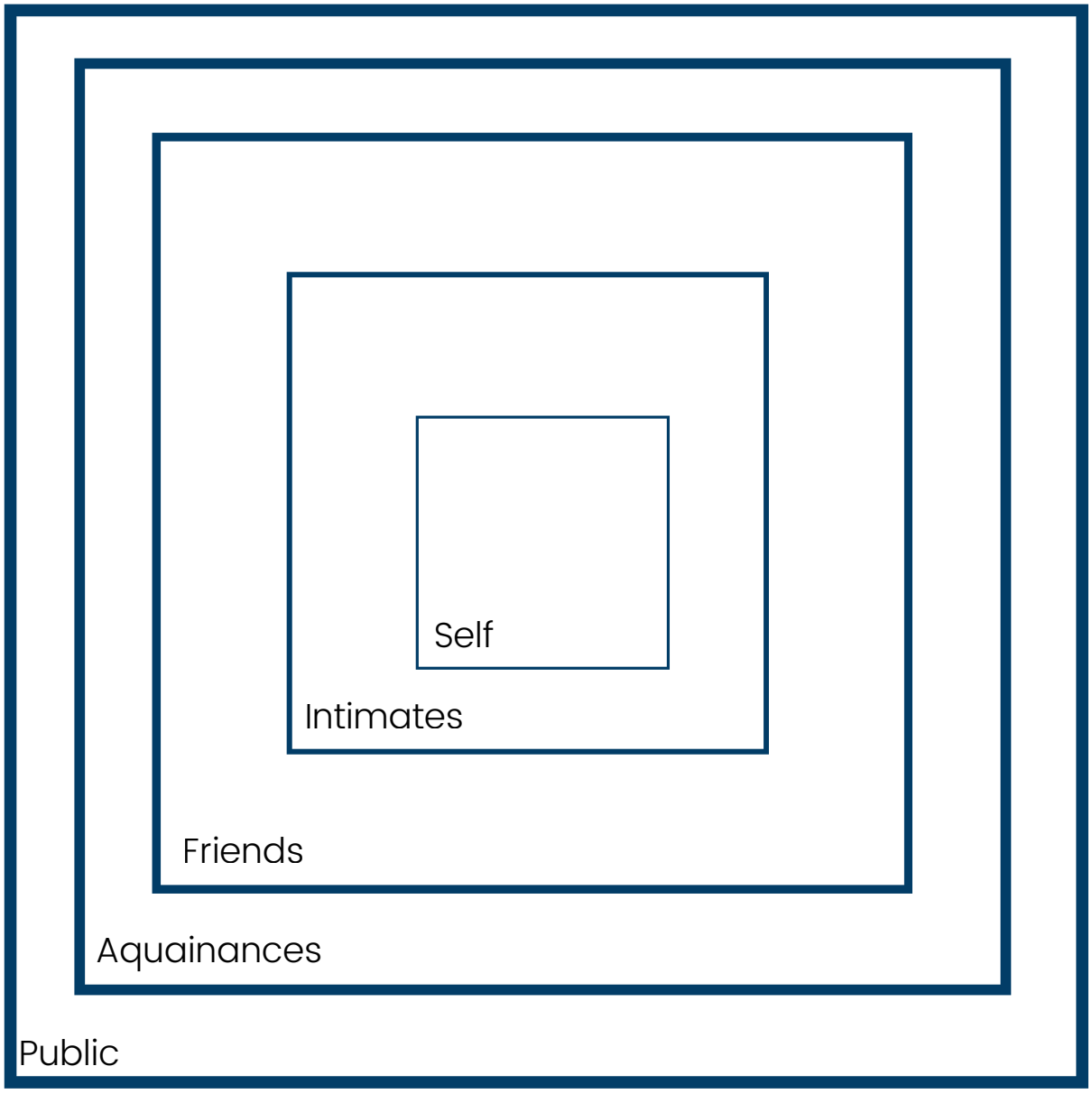
WHY IS THIS TRAINING IMPORTANT?

YOUR BIGGEST CONCERN/S

My biggest concern/s about doing this work is/are . . .

Rate you level of concern between 1 - 10
1= no concern, 10 = extreme concern

WITH WHOM WOULD YOU SHARE?



What do you notice?

What things did you consider?

Choose one behavior you currently do that is a risk to your health.

_____

"Why do I do this risky thing?
List all of the reasons that come to mind.

_____

_____

_____

"What could someone say to me in a single conversation that would get me to change my behavior completely?"

_____

_____

_____

Notes

Think of a time that you received excellent customer/client service.

What happened:

What were the specific behavior/s that were present that ensured you were satisfied? Make a list.

Patient Care Best-Practices Ideas/Notes

Language

To be best understood by our clients, we must strive to...

- Clarify the client's question or point of misinformation when we are uncertain what they mean.
- Provide a precise, tailored response using simple, non-technical words. Be brief and to the point and say "I don't know" when you don't know something.

Confusing Words	What to Say Instead
Abstinence	
Sex	
Body Fluids	
Negative/ Posititive	
Exposure	
Protection	

Techniques to Learn About Our Client

Open-Ended Questions:

5Ws & an H: W_____, W_____ , W_____, W_____, W_____& H_____

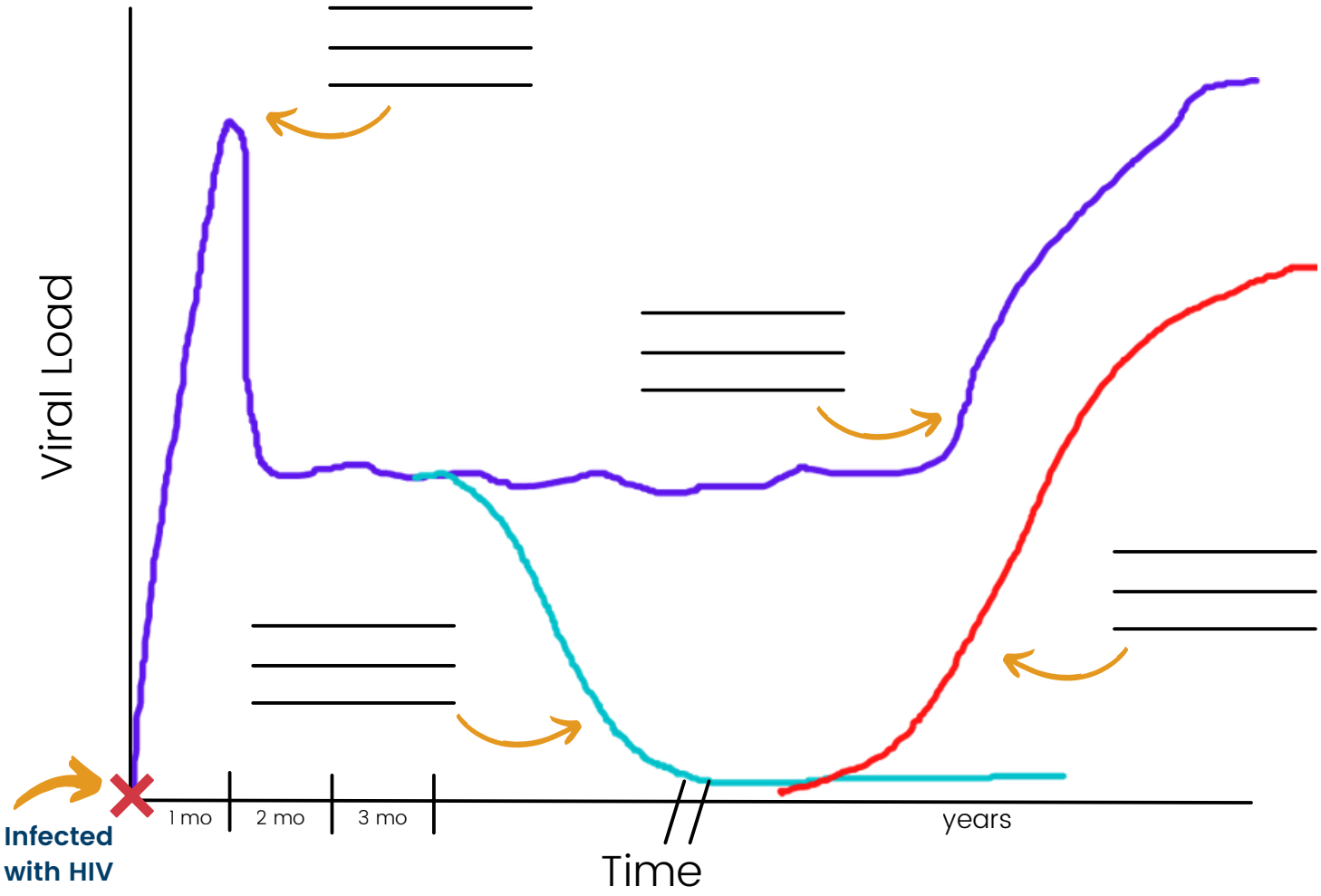
Polite Imperatives:

Silence:

PERSON-CENTERED LANGUAGE

Over the years, as we have learned more about HIV treatment, care, and prevention, advocates have pushed HIV service organizations, media outlets, and other institutions to use language describing HIV that reflects those changes. Included in the left-hand column of the table below are some of the first terms ever used to talk about HIV. Little by little, the language we use is shifting toward the preferred terminology.

Stigmatizing Language ("Try not to use")	**Preferred Language** ("Use this instead")
HIV-infected Person	Person living with HIV Never use "infected" when referring to a person
AIDS Patient, HIV Carrier	
Positives	
Full-blown AIDS	There is no medical definition for this phrase; simply use the term AIDS, or Stage 3 HIV
HIV Infected	Living with HIV
Being Infected	Contracted or acquired; diagnosed with
Compliant	Adherent
Unprotected Sex	Sex without barriers or treatment-as-prevention methods Condomless sex with PrEP, Condomless sex without PrEP Condomless sex
Death sentence, fatal condition, or life-threatening condition	HIV is a chronic and manageable health condition as long as people are in care and treatment.
Prostitute or prostitution	Sex worker; sale of sexual services; transactional sex
Promiscuous	This is a value judgment and should be avoided. Use "multiple partners"
"Tainted" blood, "dirty" needles	Blood containing HIV; shared needles
Addict; Abuser; Junkie	Person/Someone with Addiction; Individual in recovery or individual seeking recovery; Person with a substance use disorder
Drug Habit, Drug Problem	continued use of drugs and alcohol



Notes

A: Found in Feces

Contracted by:

- Contaminated food
- Getting virus in the mouth during oral-anal contact with an infected person

Symptoms:

Feeling tired, joint pain, sick stomach, and yellowish eyes and skin.

Vaccination: YES **Cure: No** **Treatment: Yes**

B: Found in Blood and Sexual Fluids

Contracted by exposure to:

- Unprotected sex with an infected person
- Sharing needles or other drug equipment with an infected person

Symptoms:

Only about half of people with Hep B have symptoms, which can include feeling tired, joint pain, a sick stomach, and yellowish eyes and skin.

Vaccination: YES **Cure: No** **Treatment: Yes**

C: Found in Blood & Possibly Sexual Fluids

Contracted by exposure to:

- Sharing needles or other drug equipment with an infected person
- Rarely, people get it from unprotected sex with an infected person

Symptoms:

Often symptom-free at first but may eventually develop severe liver disease.

Vaccination: No **Cure/Treatment: Yes**

Testing Technology

Combination (4th generation) HIV tests detect both HIV p24 antigens and HIV-1/HIV-2 antibodies. A reactive (positive) result indicates the presence of antigens, HIV-1 antibodies, or HIV-2 antibodies.

- Lab-Based (Blood Draw): Window period is 18 to 45 days.
- Rapid (Finger-Stick): Window period is 18 to 90 days.

Specimen Collection

- Blood Draw (Lab): Preferred—allows simultaneous testing for other conditions (e.g., syphilis, hepatitis B/C).
- Finger-Stick (Rapid): Uses whole blood; offers fast results.
- Oral Swab (Rapid): Uses oral fluid; screens for antibodies only.

Rapid Testing

Rapid HIV tests deliver same-day results (typically in 20–30 minutes) using finger-stick blood or oral fluid. Most point-of-care rapid tests are antibody-only, requiring a 90-day (3-month) window period for conclusive results.

Notes

Using a Condom

Step 1: Check the expiration date. You don't want to use an expired condom that may break. Also, make sure it's stated on the packaging that it meets Australian standards.

Step 2: Open the packet carefully; don't use your teeth as you don't want to tear the condom.

Step 3: Hold the tip of the condom to remove any air and then roll it down to the base of the erect penis. Make sure the condom isn't inside out before attempting to roll it on. If you do roll it on inside out there's a possibility it could have some sexual fluids on it (like pre cum). The best thing to do here is to grab another one and start again.

Step 4: Put some water-based lubricant on the outside of the condom. This will reduce the risk of the condom breaking and even increase pleasure. Do not use oil-based lubricants such as Vaseline; these can sometimes cause the condom to break.

Step 5: After ejaculation, make sure the penis is withdrawn while still erect. Make sure you hold onto the base of the condom while you're withdrawing. You don't want it to slip off.

Step 6: Remove the condom, tie a knot in the end, wrap it in a tissue and put it in the trash
Here's a tip: If you are using sex toys, like dildos, it's also a good idea to use condoms on these, as sexual fluids and STIs can be transmitted between partners if you are sharing.

STERILIZING SYRINGES

1. Fill the used syringe with clean water.
2. Shake up the water-filled syringe.
3. Squirt the water out. Repeat steps one through three until you no longer see blood in the syringe.
4. Fill the entire syringe with undiluted bleach and leave it in there for 30 seconds or more (try humming the "Happy Birthday to You" song all the way through, three times over).
5. Squirt all the bleach out.
6. Fill the syringe with clean water again, shake it up, and squirt the water out. Repeat this step a few times to avoid injecting bleach into the body.

Syringe Service Programs

It is now legal in North Carolina to provide Syringe/Needle exchange services. There are many agencies and individuals who are working with the needle using population. While there are slight variations among all of the program, the majority disperse clean needles and equipment to anyone who uses a needle for drug use. Some programs collect old needles, although turning in used needles is not a prerequisite to getting sterile works.

To get an up-to-date list of programs across NC who do needle exchange, go to the website below. You may want to check back often, as new programs are beginning all the time.

Provided Services

- Free sterile syringes and injection/smoking supplies.
- Safe disposal of used needles and biohazards.
- Naloxone (Narcan) distribution for opioid overdose reversal.
- Fentanyl and xylazine test strips.
- Referrals for mental health care, HIV/HCV testing, and substance use treatment. [1, 2, 3, 4]

https://www.ncdhhs.gov/syringe-services-programs-north-carolina/download

What is PrEP?:

- Pre-exposure prophylaxis (or PrEP) is a pill or injection that can be prescribed to people who are at significant risk of getting HIV. Most commonly, this is a person in a sexual relationship with an HIV positive person or engaged in other high-risk activity such as needle sharing, multiple unprotected sex partners, or diagnosed with an STI in the past 6 months.
- This medicine is very effective if taken correctly. Taken correctly, PrEP reduces the risk of getting HIV from sex by more than 90%. Among people who inject drugs, it reduces the risk by more than 70%. Your risk of getting HIV from sex can be even lower if you combine PrEP with condoms and other prevention methods.
- PrEP can delay the development of antibodies among persons who do become HIV-positive. It is important for people on PrEP to receive regular HIV screening using tests that can detect viral antigens or RNA.

Role of the HIV Counselor:

Increasing the number of people in our communities who take PrEP will decrease the spread of the virus. Therefore, counselors should strive to:

1. Identify people who are good candidates for taking PreP.
2. Help find providers in their community who are willing to administer PrEP.

PrEP Information:

The number of locations to receive PrEP is always growing. Please check your own communities to see what is available. Here are some additional resources:

- preplocator.org
- heymistr.com
- qcareplus.com

https://www.med.unc.edu/nchivtraining/clincian-resources/prep/prep-for-consumers/

What is PEP for HIV?

PEP (Post-Exposure Prophylaxis) is emergency antiretroviral medicine (ART) taken after potential HIV exposure to prevent infection.

Timing & Duration

- Must start within 72 hours of possible exposure (earlier is better; every hour counts).
- Taken 1–2 times daily for 28 consecutive days.

Effectiveness & Safety

- Highly effective when taken correctly, but not 100%.
- Safe to use; mild side effects like nausea can occur and are manageable.

Where to Get PEP

- Available from healthcare providers, emergency rooms, urgent care clinics, and sexual health clinics.
- North Carolina Access: Qualified immunizing pharmacists in NC can dispense PEP directly under a joint statewide protocol adopted by the NC Board of Pharmacy and NC Medical Board.

https://www.med.unc.edu/nchivtraining/clincian-resources/prep/prep-for-consumers/

What is Doxy-Pep?

Doxy-PEP (Doxycycline Post-Exposure Prophylaxis) is an antibiotic treatment taken after sex to reduce the risk of acquiring bacterial sexually transmitted infections (STIs).

Target Infections

- Helps prevent chlamydia, syphilis, and gonorrhea.
- Does not prevent viral infections (like HIV, herpes, or mpox) or pregnancy.

How & When to Take It

- Dose: A single 200 mg dose of oral doxycycline.
- Timing: Take as soon as possible—ideally within 24 hours, but no later than 72 hours—after condomless oral, anal, or vaginal sex.
- Frequency: Maximum of one 200 mg dose within any 24-hour period, regardless of how many sexual encounters occur.

Who It Is Recommended For

- Formally recommended by the CDC for gay, bisexual, and other men who have sex with men (MSM), as well as transgender women, who have had at least one bacterial STI in the past 12 months.
- Can also be considered via shared decision-making with a provider for other individuals at elevated risk for bacterial STIs.

TASK	OPT OUT → IN-DEPTH COUNSELING		
INTRODUCTION	Explain the process		
EDUCATE	⊘	General Disease Education	Specific Disease Education
ASSESS	⊘	Risk Screening	Personalized Risk Assessment
PREVENTION	⊘	General Prevention Messages	Goal Setting & Action Plan
TEST	Basic Information		Basic Information + Personal Impact
REFERRAL	⊘	Resources	Active Referral
TEST RESULTS	⊘	Informed of Results	Counseled on Results & Implications

Elements of a good orientation...

- Share you full name and your pronouns. i.e. "I'm Cheri Honeycutt and my pronouns are she and her."
- Share your role (i.e. HIV counselor, STD nurse, outreach worker, etc.)
- Clarification on what the client would like to be called.
- Inform of Confidentiality: State that the session will be confidential. We recommend that each patient simply be told that the counseling session is confidential and then ask the client if s/he has any questions. Clients should NOT be told that “No one else will know what you tell me” or “What’s said in here, stays in here” or similar statements.
- In some cases, where rapid testing is an option, it may be necessary to describe the testing options in the orientation portion. This will vary from site to site.

Risk Screening

This can be done in a variety of ways...

- Self-Administered Questionnaire
- History Taking
- Conversation with the Client
- Or a combination of these

Personalized Risk Assessment

- Begin with "Tell me what you know about how someone gets HIV."
- Make sure to determine that HIV is transmitted primarily through sex and sharing needles.
- Then state, "Since sex and sharing needles are the two primary ways HIV is transmitted, those are the things I'm going to be asking you about. I'll be asking you a lot of personal questions. I want you to know I ask EVERYONE these questions. If you want to know why I'm asking them just ask. If you don't want to answer them, that's fine. Just know the more I know about you, the more I can help you."
- Launch in the personal questions: (I offer these 4 as a way to get started)
  - "What kind of sex do you have: oral (your mouth on someone's genitals or someone's mouth on your genitals) or vaginal (penis inserted into a vagina) or anal (penis in an anus or butt)?"
  - "Do you have sex with people who have a penis or who have a vagina or could they either?"
  - "How many people have you had sex with in the past 6 months?"
  - "When was the last time you put something in your body with a needle?" Or "What experience have you had with drugs and needles?" You can also ask about other non-needle drug use. "How do you get high? Stoned? Altered?"

Basic Information

1. **Do not have oral, vaginal or anal sex.** If having sex, use condoms and limit the number of people you have sex with.
2. **Do not share needles.** If sharing needles, clean them before use.

Method:

- Provide a brochure or show a video in waiting room
- Verbally inform clients
- Link risk assessment to specific harm reduction strategies
- Counsel client on individualized strategies

Goals Setting & Action Plans

GOAL SETTING: Establishing specific goal/s that the client wants to adopt that will directly prevent or greatly reduce HIV transmission.
Examples: Knowing the HIV status of your partners, using a condom with anal and vaginal sex, not sharing needles, etc.

ACTION PLAN: Steps that need to be made to achieve the goal. Some example question to ask clients are, "What actions do you have to take to reach your goal?", "What changes have to be made?", "What small changes can you make that will result in less risk?", "What bigger shifts are you willing to try?"
Examples: carrying condoms, talking with your partner, don't get drunk, etc.

Note: For many HIV infected clients, "compliance" with control measures will be a difficult transition. We cannot give them permission to neglect protecting others, so our effort is focused on developing a plan for how to comply.

Examples:

- Eliminate sex with partners who clearly will not use condoms.
- Discuss condoms use with steady partner
- Develop strategies for disclosing HIV status.

Explanation of the HIV Test

The following should be shared with anyone taking the HIV test.

- How the specimen will be collected.
- How and when the result will be given.
- What the test results will mean.
- The need for a second test due to risk within the past 3 weeks.
- What happens when a test is positive (prep them incase the DIS contacts them before they return for their test results)

If time allows, ask the following questions.

- What will you do if your test comes back positive?
- What will you do if your test comes back negative?
- Who knows you're here today? / Who knows you're getting an HIV test?

Notes

What challenges, other than HIV/STD, do your clients face?

Making Effective Referrals

Definition of Referral: an assessment and prioritization of the client's need for care and supportive services and a link to those services.

Referral can be as simple as providing the client with a list of community resources or as complex (active referral) as direct assistance, support and follow up of the link of client and resources.

- Help client define priorities
- Discuss and brainstorm options
- Sell the service then offer the referral
- Refer to known and trusted services
- Assess the client's response to a referral
- Help the client make an appointment
- Develop a follow-up plan
- Be aware of confidentiality issues
- Don't overpromise

ONLINE RESOURCES

RESOURCE LIST

HIV & GENERAL RESOURCES

- CDC HIV: cdc.gov/hiv
- HIV.gov: hiv.gov
- HIV Service Locator: locator.hiv.gov

PrEP & PEP (PREVENTION & EXPOSURE)

- PrEP Overview (CDC): cdc.gov/hiv/prevention/prep.html
- Clinical PrEP Guidance: cdc.gov/hivnexus/hcp/prep
- PEP Overview (CDC): cdc.gov/hiv/prevention/pep.html
- PEP Guide (HIV.gov): hiv.gov/hiv-basics/.../post-exposure-prophylaxis

MEDICATION & FINANCIAL ASSISTANCE

- ADAP Directory: adap.directory
- Ryan White Program: ryanwhite.hrsa.gov

HEPATITIS RESOURCES

- Viral Hepatitis (CDC): cdc.gov/hepatitis
- Hepatitis C (CDC): cdc.gov/hepatitis-c

SUBSTANCE USE & RECOVERY

- FindTreatment.gov: findtreatment.gov
- SAMHSA Helpline: samhsa.gov/find-help | 📞 1-800-662-4357

MENTAL HEALTH & CRISIS

- 988 Lifeline: 988lifeline.org | 📞 / 💬 Call or Text 988

NORTH CAROLINA SPECIFIC RESOURCES

State Health & Prevention

- NCDHHS Main: ncdhhs.gov | 📞 1-800-662-7030
- HIV/STD Care: epi.dph.ncdhhs.gov/hiv
- NC PrEP & PEP: dph.ncdhhs.gov/.../hiv/prevention
- NC Viral Hepatitis: epi.dph.ncdhhs.gov/cd/hepatitis
- NC Prevention & Treatment: ncdhhs.gov/.../hiv-and-hepatitis-c-prevention-and-treatment-resources

Harm Reduction & Syringe Access

- NC Safer Syringe Initiative: dph.ncdhhs.gov/.../north-carolina-safer-syringe-initiative
- Find Syringe Services in NC: dph.ncdhhs.gov/.../syringe-services-programs-north-carolina
- NC Syringe & Naloxone Access: ncdhhs.gov/.../syringe-and-naloxone-access
- Drug User Health Guide (PDF): epi.dph.ncdhhs.gov/.../DrugUserHealthResourceGuide.pdf

General Help & Community Care

- Findhelp.org: findhelp.org
- National 211: 211.org | 📞 211
- NC 211: nc211.org
- NCCARE360: nccare360.org/get-help

WHAT DO YOU NOTICE . . .

What did you observe that you liked or that went well?

What do you think did not go well?

NOTE ON THE DE-BRIEF

What question/s do you have about the law?

Notes

All person with HIV must:

1. **USE A CONDOM**
   a. Exceptions to this CM are:

   - the person living with HIV is in HIV care, is adherent with the treatment plan of the attending physician, and had been virally suppressed for at least 6 months (HIV levels below 200 copies per milliliter) at the time of sexual intercourse;
   - the sexual intercourse partner is HIV positive;
   - the sexual intercourse partner is taking (PrEP) – antiretroviral medication used to prevent HIV infection as directed by an attending physician; or
   - the sexual intercourse occurred in the context of a sexual assault in which the person living with HIV was the victim;

2. **NOT SHARE NEEDLES OR ANY PART OF THE WORKS.**

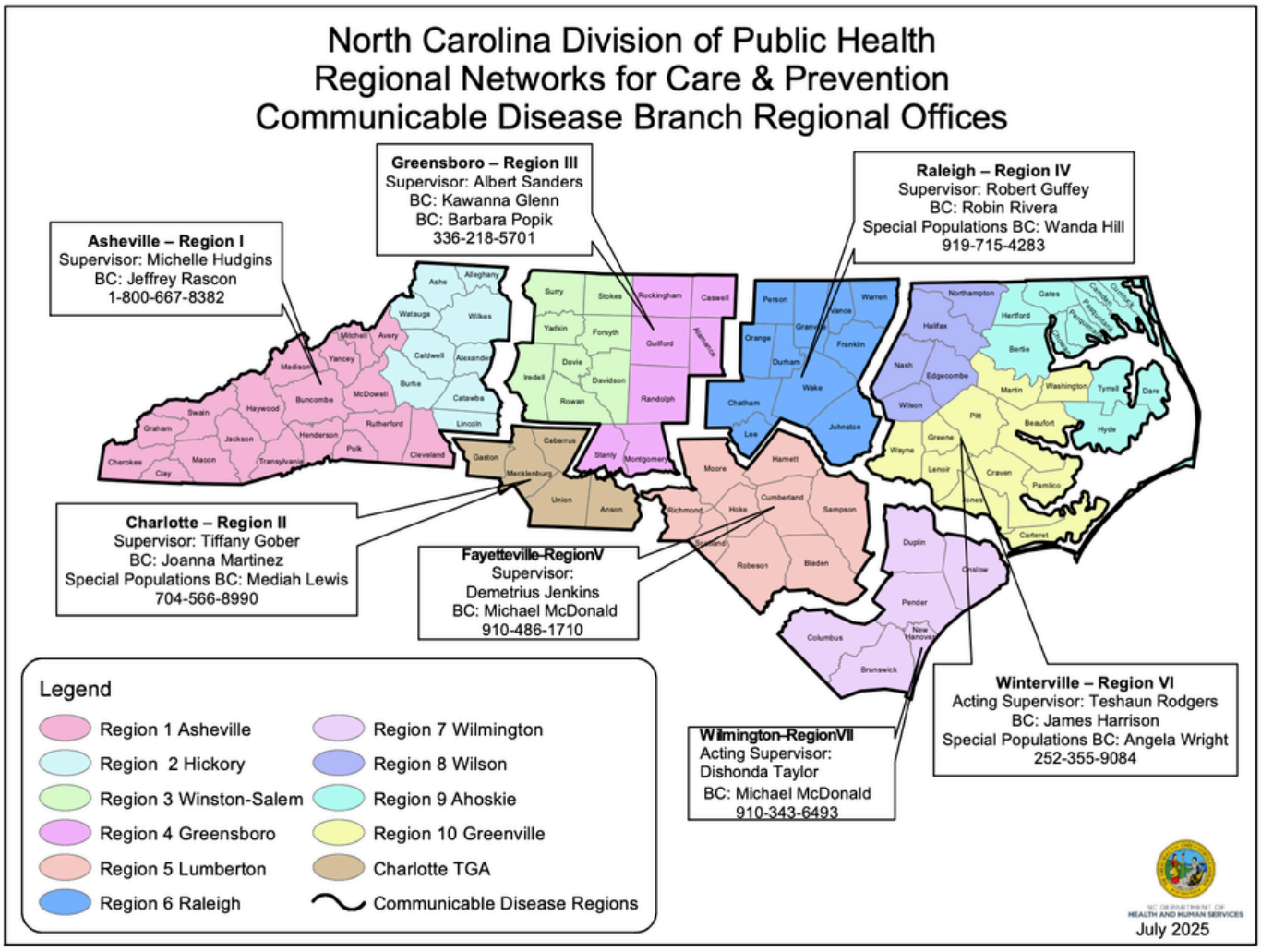
3. **NOT DONATE BLOOD, PLASMA, SEMEN, ETC. (UNLESS IN A CLINICAL TRIAL).**

4. **HAVE A SKIN TEST FOR TUBERCULOSIS.**

5. **NOTIFY CURRENT AND FUTURE SEX PARTNERS OF THEIR HIV TEST RESULTS**
   (unless they meet the exceptions mentions in 1.)

6. **NOTIFY PAST SEXUAL AND NEEDLE-SHARING PARTNERS OF THE PAST 12 MONTHS .**

NC REGIONAL OFFICE MAP



Notes on DIS, etc

- Be sure that the client matches the name and other information on the lab sheet/chart.
- Give the test results immediately. Avoid chit-chatting with the client.
- Do not say, "You do not have HIV". Instead say "Your test came back negative. This means that HIV was not detected." Explain that a negative test means that the client was not infected with HIV three months prior to taking the test. Link your client's actual situation to their need to be retested.
- Discuss the need for a second antibody test. This is necessary when the client has had risk (i.e. unprotected sex or needle sharing, etc.) within 3 weeks of the last test.
- Review the clients personal risk behaviors and circumstances.
- Discuss the client's successes or failures in practicing harm reduction.
- Adjust the harm reduction plan if need be.
- Make appropriate referrals.

Notes on Giving Negative Results

WHAT DO YOU NOTICE . . .

What did you observe that you liked or that went well?

What do you think did not go well?

NOTES ON THE DE-BRIEF

TASK: GIVING POSITIVE TEST RESULTS

- Be sure that the client matches the name and other information on the lab/test results.
- Give the test results immediately. Say very clearly, “Your test is positive. This means that you have HIV infection.” Do not say, “I’m sorry.”
- Allow silence. Do not rush the client.
- Assess the client’s understanding of the results, including the ability to transmit the virus to others.
- Ask, “Whom have you told about getting your results today?” This may be a clue to a person who will provide support.
- Legal Requirements:
  a. Give client Disease Control Measures. Some agencies have clients sign that Control Measures were given.
  b. Complete spousal notification (if applicable)
  c. Advise client on procedure for cleaning blood spills
  d. Advise client of risk of perinatal transmission and transmission by breastfeeding
- Verify their locating information (phone, address, emergency contact, etc) and let them know a Disease Intervention Specialist (DIS) will be in contact with them in the near future. Explain the DIS’s function (i.e. follow-up counseling and to help notify their past partners) and their willingness to be of service.
- ·Refer them to a Health Care Provider asap.

Notes on Giving Positive Results

At the beginning of this training, what was your biggest concern and how did you rate it?

_____

How would you rate it now?

_____

Certificates of Completion

- Once we receive an on-line evaluation from everyone, certificates will be processed and mailed.
- Everyone will receive a hard-copy mailed to the address you submitted on your application. Please watch for it and allow two weeks for delivery. If after two weeks you have not received it, please email whetstoneconsultations@gmail.com.
- If you are a nurse at a health department you will receive a Document of Completion for this training.
- Be sure to keep these (and all certificates you receive) in a safe place. You may need to show proof of attendance years from now. We charge a $25 fee for a replacement.

ABOUT WHETSTONE CONSULTATIONS

Whetstone Consultations was launched in 1999 by Cheri Britton Honeycutt, M.Ed. to train public and private healthcare providers how to engage in quality HIV counseling and testing conversations. The focus was, and continues to be, the connection between high quality communication skills and a genuine desire to support the client as a direct means to meet the public health goal of slowing the spread of HIV and other communicable infections. For over 20 years, Whetstone has provided this important training at the request of the North Carolina Department of Health and Human Services, a partnership that has together trained over 4000 professional across the state of North Carolina.

Whetstone also leads workshops and training on Leadership and Team Development with topics such as Resilience, Building an Engaged Workforce, Burn-Out, and Creating High-Performance Cultures.



whetstone

ˈ(h)wetˌstōn/

1. stone for sharpening cutlery or tools by friction.
2. anything that sharpens

Are your having deeply connective, generative, online or in-person conversations that lead to empowered problem solving?

If not, you're missing out. It's time to purposefully connect your people to bring out the best in the individuals and the collective.



Cheri Honeycutt, M.Ed.

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