



PARTICIPANT MANUAL

HIV COUNSELING, TESTING & REFERRAL TRAINING

NC DHHS HIV/STD Prevention and Care Branch
Whetstone Consultation
Revision 2022

WHETSTONECONSULTATIONS.COM

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 and Pep
20.....	Counseling, Testing and Referral Process
21.....	Task: Introduction
22.....	Task: Assessment
23.....	Task: Prevention
24.....	Task: Explaining the Test
25.....	Task: Referral
26.....	Role-Play #1 Notes & De-Brief
27.....	Day 3 Icebreaker
28.....	Legal Notes
29.....	Control Measures
30.....	Regional Map and Contacts
31.....	DHHS Contact Information
32.....	Giving HIV Negative/Nonreactive Results
33.....	Role-Play #3 Notes & De-Brief
34.....	Giving HIV Positive/Reactive Results
35.....	Wrapping Up
36.....	About Whetstone Consultations
37.....	About Cheri Honeycutt

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 & Continuum	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.
- 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.

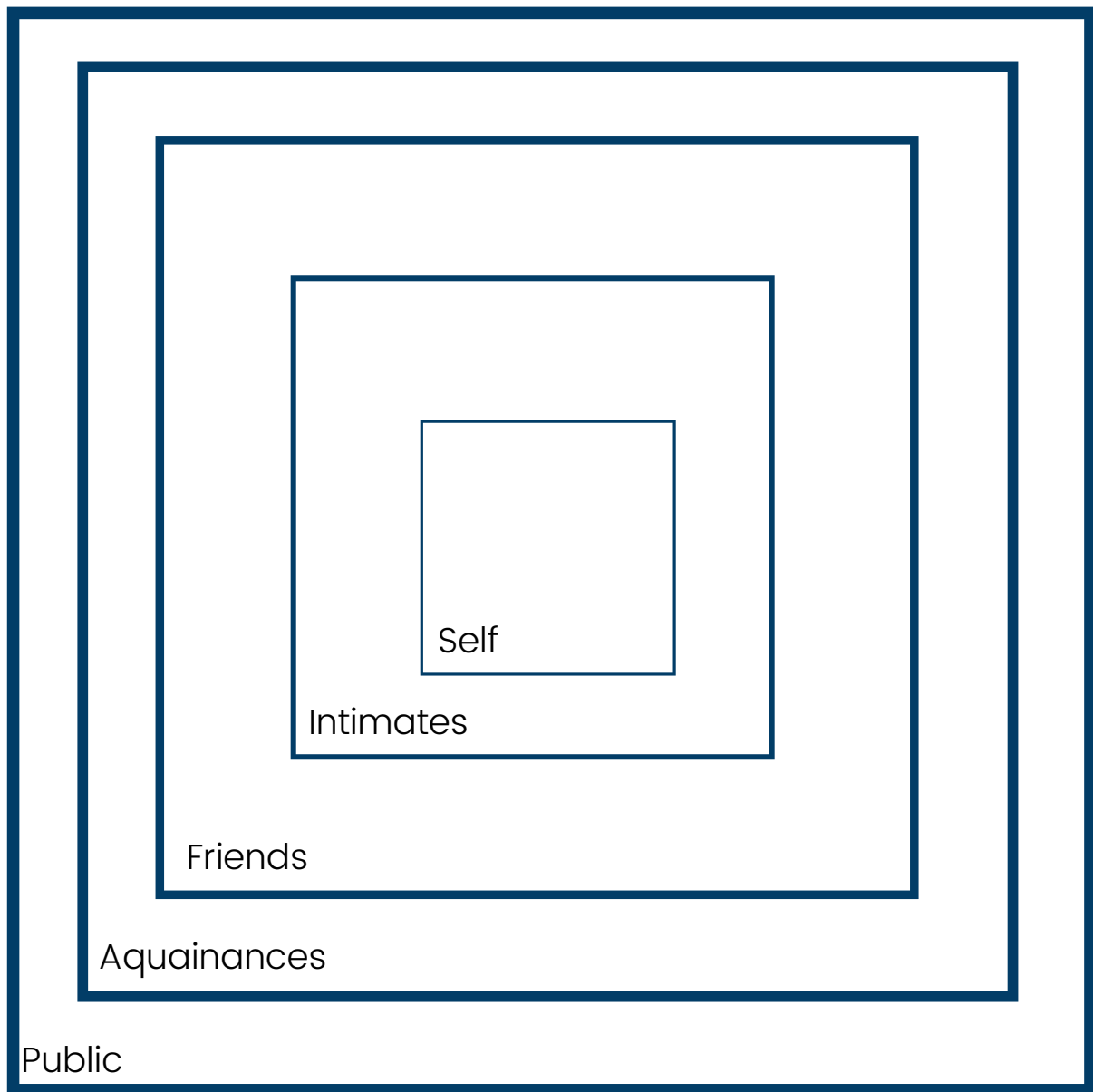
WHY IS THIS TRAINING IMPORTANT?

YOUR BIGGEST CONCERN/S

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

Rate your level of concern between 1 – 10
1 = no concern, 10 = extreme concern

WITH WHOM WOULD YOU SHARE?



What do you notice?

How did you decide?

WHY DO WE DO RISKY THINGS?

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



QUALITY CLIENT CARE

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/ Positive	
Exposure	
Protection	

Techniques to Learn About Our Client

Open-Ended Questions:

5Ws & an H: W____, W____, W____, W____, W____ & H____

Polite Imperatives:

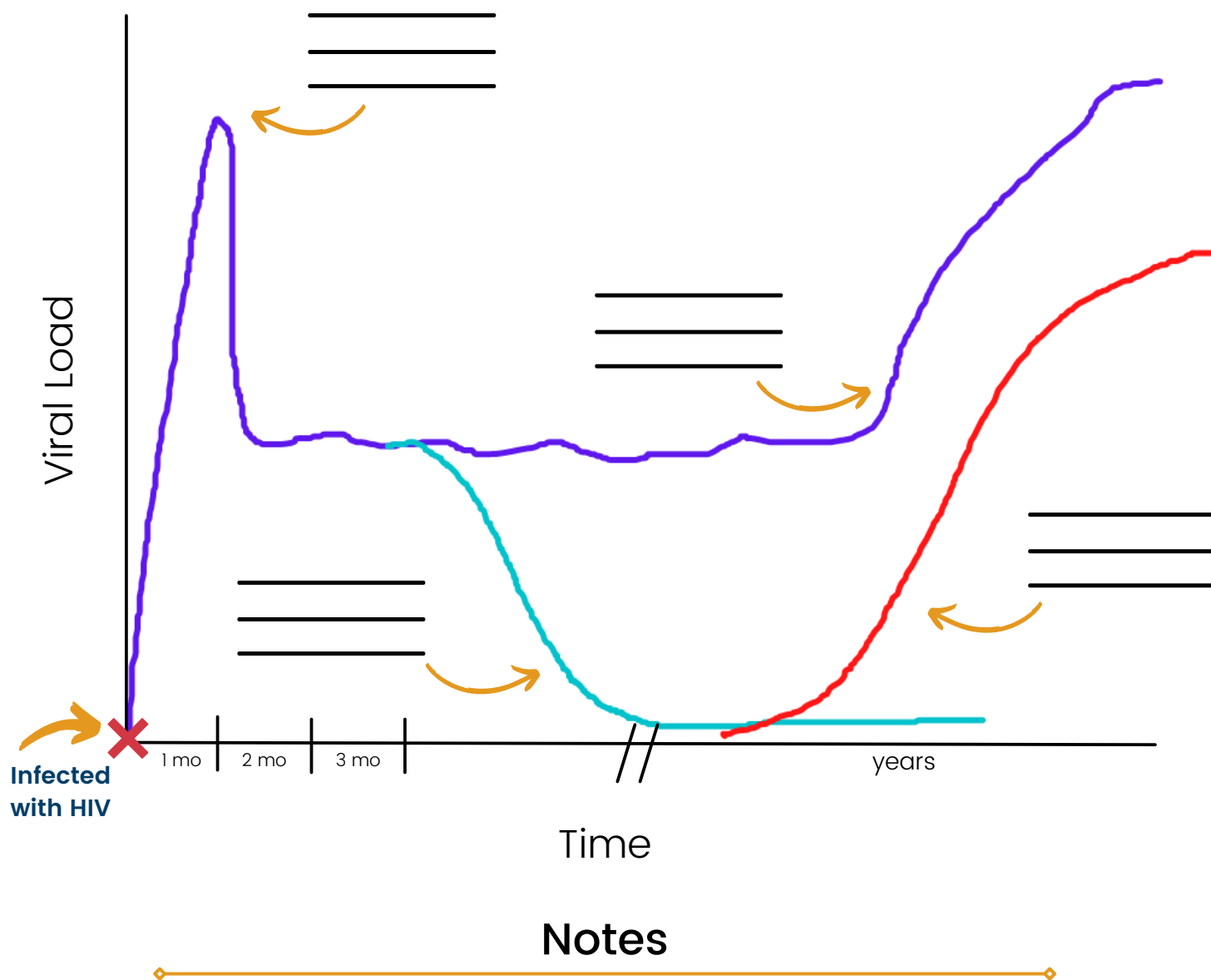
Silence:

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

WHATS GOING ON IN THE BODY



A: Found in Feces

Contracted by:

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

Symptoms:

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

Vaccination: YES

Cure/Treatment: No

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 who have Hep B have symptoms which can be feeling tired, joint pain, sick stomach and yellowish eyes and skin.

Vaccination: YES

Cure/Treatment: No

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

HIV Testing Technology

It is now common for HIV test to test for antigens as well as antibodies. These tests are sometimes referred to as 4th generation tests or combined antibody/antigen (Ag/Ab) tests.

A reactive result (or a positive) from a fourth generation HIV test means that HIV antigens, HIV-1 antibodies, and/or HIV-2 antibodies were detected.

The window period for the 4th Generation test is 3 weeks.

Specimen Collection

Currently there are three ways to collect a specimen for HIV Testing:

- Blood draw (recommended because other tests such as syphilis can be done)
- Finger Stick
- Oral Swab

Rapid Testing

There are many different brands of HIV test which can be conducted and give a result on the same day. These are called rapid tests. The collection method of rapid test can be either an oral swab or a finger stick. The state recommends that we use a window period of all of these tests as 3 months.

Notes

CONDOMS & SYRINGE STERILIZATION

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.

<https://www.ncdhhs.gov/media/13309/download?attachment>

Notes

What is PrEP?:

- Pre-exposure prophylaxis (or PrEP) is a pill 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.
- This pill is very effective if taken correctly. Taken daily, 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:

PrEP providers can be found at the website below. Anyone who is willing to become a provider would also go to this website and learn what needs to be done to bring PrEP to their community.

www.med.unc.edu/ncaidstraining/prep/PrEP-for-consumers

What is PEP?

- PEP stands for post-exposure prophylaxis. It means taking antiretroviral medicines (ART) after being potentially exposed to HIV to prevent becoming infected.
- PEP must be started within 72 hours after a recent possible exposure to HIV, but the sooner you start PEP, the better. Every hour counts. If you're prescribed PEP, you'll need to take it once or twice daily for 28 days. PEP is effective in preventing HIV when administered correctly, but not 100%.
- PEP is safe but may cause side effects like nausea in some people. These side effects can be treated and aren't life-threatening.
- Your health care provider or an emergency room doctor can prescribe PEP. Talk to them right away if you think you've recently been exposed to HIV.

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

TASK: INTRODUCTION



Elements of a good orientation...

- Share your 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.

How will you introduce yourself?

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.
- (optional) What happens when a test is positive

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.

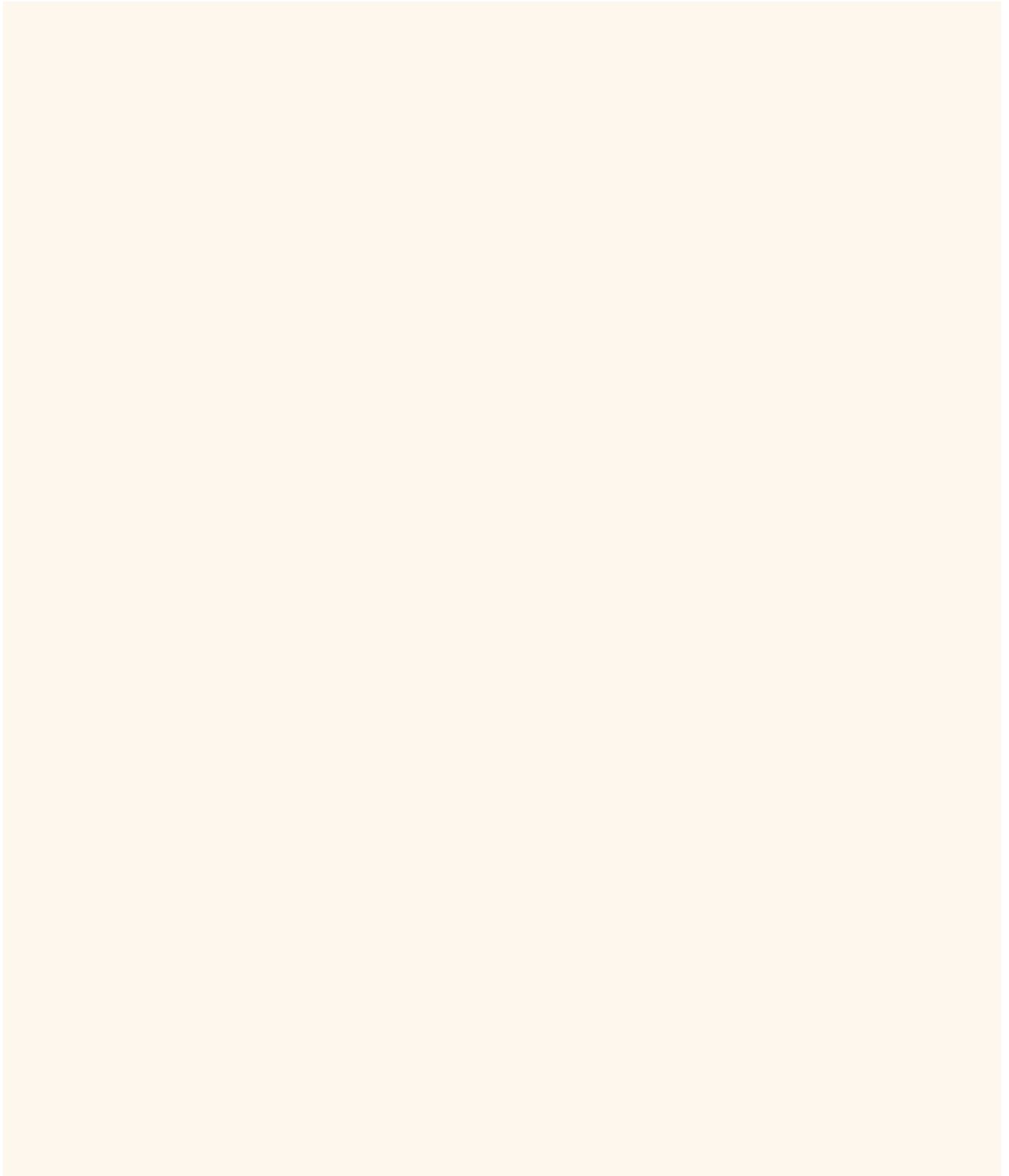
- Help client define priorities
- Discuss and brainstorm options
- Sell the service then offer the referral
- Refer to known and trusted services
- Assess the client's response to a referral
- Facilitate an active referral
- Develop a follow-up plan
- Be aware of confidentiality issues

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

The Public Health Law has recently been changed to reflect new advances in treatment. Below are the six disease control measures all HIV positive persons in NC must be told and follow.

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).

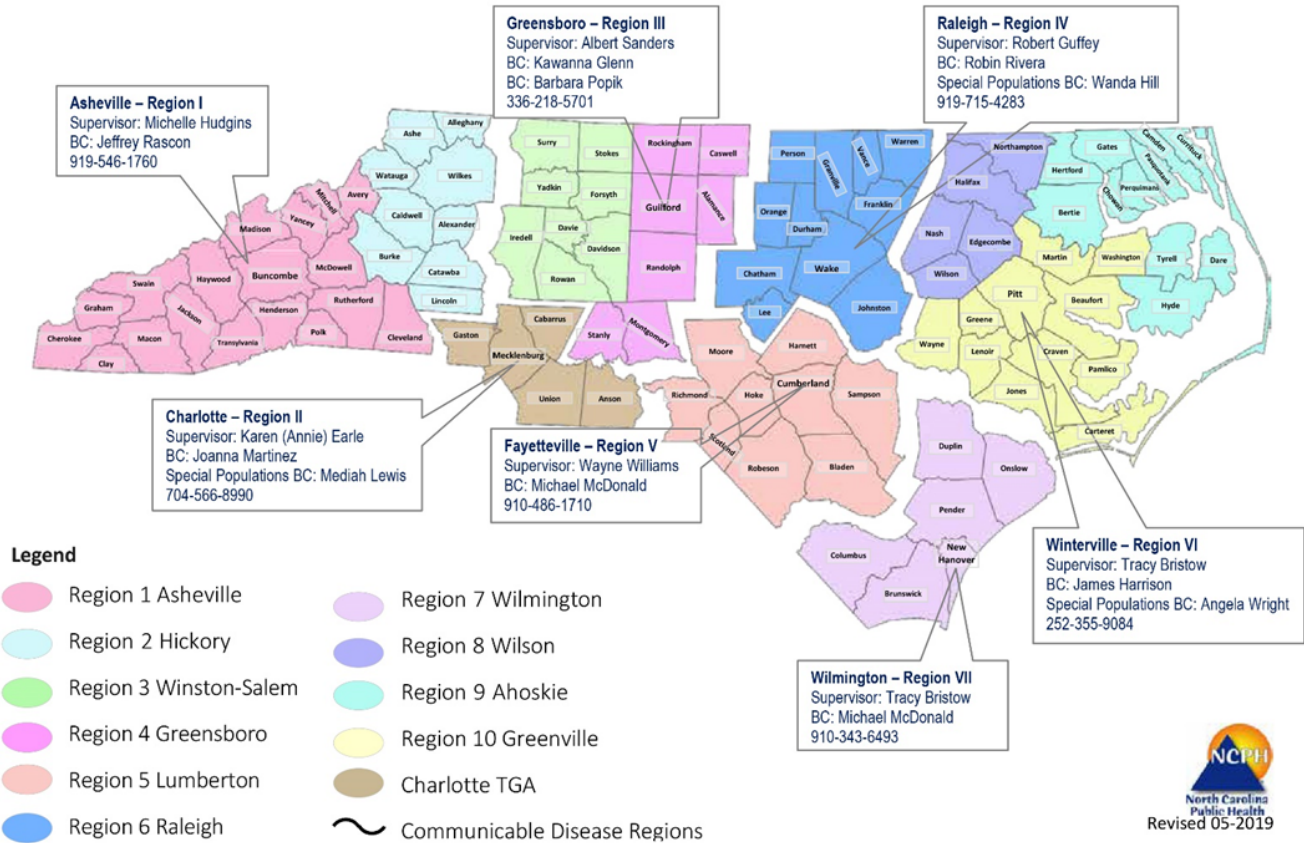
4. HAVE A SKIN TEST FOR TUBERCULOSIS.

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

North Carolina Division of Public Health Regional Networks for Care & Prevention Communicable Disease Branch Regional Offices



Notes on DIS, etc

NC HIV/STD CONTACTS

Lab Procedures	Rebecca Pelc	919-807-8835
Reportability	Vanessa Greene	919-546-1658
Role of Disease Intervention Specialist	Dr. Victoria Mobley Todd Vanoy Regional Office	919-546-1639 336-218-5708 ext 204 Regional Office
HIV Counseling Procedures	Cheri Honeycutt Ron Higginbotham	cheri@whetstoneconsultations.com 919-755-3139
Outreach Testing Sites	Marti Eisenberg	919-755-3145
Substance Use Testing Sites	Kristena Clay-James	919-755-3150
Jail Testing	Ron Higginbotham	919-755-3139
Rapid Testing Sites	Carlotta McMeil	919-755-3148
Public Health Law	Virginia Niehaus	919-707-5006
Hepatitis	Christina Caputo	919-755-3144
Statewide PrEP Coordinator	Mark Davis	919-755-3141

TASK: GIVING NEGATIVE TEST RESULTS

- 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, “Who 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 breast feeding
- Tell the client that a Disease Intervention Specialist (DIS) will be in contact with him or her 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

'(h)wet,stōn/

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



Cheri Honeycutt, M.Ed.

Are you 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.

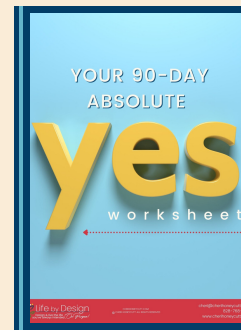
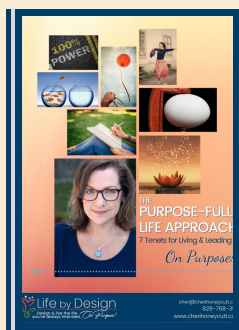
www.whetstoneconsultations.com
cheri@whetstoneconsultations.com/cheri@cherihoneycutt.com
828-768-3541

I'm hell-bent on helping people design the life they have always intended to live. I want to shout it from the top of tall buildings, **"Wake up! Stop living by default! It's time to live the life you REALLY want!"** I believe all of us have a purpose to fulfill and we gotta live **ON PURPOSE** to bring that to fruition.

I'm passionate about this because I've spent way too many years just getting by, drifting along, second guessing myself and not having much of what I wanted. Or so it seemed. In truth, in those "not so hot" years I was in fact crafting a plan to live my life on purpose and have the life I really wanted. I was designing my ideal life & now I want to help others do this.

For over 20 years I've been offering individual and group coaching, providing professional facilitation & training for healthcare and learning communities, keynotes and retreat experiences. To contact me or learn more visit www.cherihoneycutt.com.

Find these at cherihoneycutt.com/free-resources



Listen to Cheri's podcast and follow her for tips and tools to live and lead *On Purpose!*



cherihoneycutt.com/facebookcommunity



linkedin.com/in/cherihoneycutt/



instagram.com/cheri.honeycutt/



open.spotify.com/show/39B33stm5UmiaEWxDGnjM/



podcasts.apple.com/us/podcast/design-your-life-on-purpose/id1475247621