

## **Training Guide**

for

**HIV Counseling and Testing for Youth:  
A Manual for Providers**



## Handout 1. Participant interview

How long have you worked in HIV-related services? \_\_\_\_\_

Sexual and reproductive health? \_\_\_\_\_

Youth-related services? \_\_\_\_\_

What do you like best about your job? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the most important job-related lesson you have learned? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you like best about working with young people? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you enjoy doing outside of work? Any special hobbies? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there something about you (that you care to share) that might surprise people? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Handout 2. Pre-course self-assessment

Indicate your opinion by circling a number, using this rating scale:

1–Strongly disagree    2–Disagree    3–No opinion    4–Agree    5–Strongly agree

I can list factors that put youth at risk of getting HIV and other STIs.	1	2	3	4	5
I can explain the most important skills for counseling youth effectively.	1	2	3	4	5
I know how to make services youth friendly.	1	2	3	4	5
I understand the issues and concerns facing youth from special populations when they seek HIV counseling and testing.	1	2	3	4	5
I feel that I can conduct a risk assessment with youth clients in a way that makes them feel comfortable being honest and open about their risk-taking behavior.	1	2	3	4	5
I can list several ways to help young people practice safer behaviors.	1	2	3	4	5
I understand why and how I should talk to young people about STIs when I am providing HIV counseling and testing.	1	2	3	4	5
I understand why and how I should talk to young people about pregnancy prevention when I am providing HIV counseling and testing.	1	2	3	4	5
I know which contraceptive methods are appropriate for adolescents.	1	2	3	4	5
I know what dual protection and dual method use are.	1	2	3	4	5
I am confident that I can successfully provide comprehensive HIV counseling and testing to young people.	1	2	3	4	5
I am able to list the most important elements of a good referral system for youth.	1	2	3	4	5
I can explain what integration is and how to implement it.	1	2	3	4	5

List the answers:

What are four of the most important skills for counseling youth?

- 1.
- 2.
- 3.
- 4.

What are three things that put youth at risk of HIV and other STIs?

- 1.
- 2.
- 3.

What are three important elements of a good referral system for young people?

- 1.
- 2.
- 3.

*Indicate your opinion by circling a number.*

I can use social marketing knowledge to create promotions and a campaign for integrated SRH and HIV counseling and testing services for youth. 1 2 3 4 5

I can explain the most important skills for promoting integrated services. 1 2 3 4 5

I know how to get community support for SRH and HIV counseling and testing services for youth. 1 2 3 4 5

I understand the issues, concerns, and barriers to HIV counseling and testing and SRH services in the community and among youth. 1 2 3 4 5

*Circle the best answer(s):*

To build community support for integrated SRH and HIV counseling and testing services for youth, it is essential to:

- a. Know the community and involve adults and parents in the beginning
- b. Involve youth and teachers
- c. Involve youth and know the laws for providing HIV counseling and testing and other SRH services to youth
- d. Inform and involve other staff and community members
- e. All of the above

It is important to know local laws and policies for HIV counseling and testing because testing minors for HIV is illegal.

- a. True
- b. False

To develop a social marketing campaign, one should understand factors that motivate an audience or hinder them from changing behaviors.

- a. True
- b. False

The New Start campaign was developed to promote HIV counseling and testing and SRH services to youth.

- a. True
- b. False

## Handout 3. Resources on youth-friendly services

Youth often avoid using HIV prevention and other services because of inconvenient hours or location, unfriendly staff, and lack of privacy and confidentiality. Special efforts must be made to attract, serve, and retain young clients.

### Recommended resources

More information (including Web links) about these and other resources for youth-friendly services can be found on the Web site of the USAID-sponsored Interagency Youth Working Group at [www.infoforhealth.org/youthwg/prog\\_areas/youth-friendly.shtml](http://www.infoforhealth.org/youthwg/prog_areas/youth-friendly.shtml).

**Adolescent-Friendly Health Services. An Agenda for Change.** (World Health Organization, 2002)

**Adolescent-Friendly Health Services. An Impact Model to Evaluate their Effectiveness and Cost.** (World Health Organization, 2002)

**Applying Social Franchising Techniques to Youth Reproductive Health/HIV Services.** (Family Health International/YouthNet, 2003)

**Comprehensive Reproductive Health and Family Planning Training Curriculum, Module 16: Reproductive Health Services for Adolescents.** (Pathfinder, 2002)

**Creating Youth-Friendly Pharmacies.** (Family Health International/YouthNet, 2005)

**Franchised Youth Clinics Motivate Behavior Change in Madagascar.** (Population Services International, 2004)

**Making Services Youth Friendly with Limited Resources.** (International Planned Parenthood Federation, 2005)

**Meeting the Needs of Young Clients: A Guide to Providing Reproductive Health Services to Adolescents.** (Family Health International, 2000)

**Reproductive Health of Young Adults. Training Module.** (Family Health International, 2003)

**The WHO Orientation Programme on Adolescent Health for Health-Care Providers.** (World Health Organization, 2004)

**Youth-Friendly Pharmacy Program Implementation Kit.** (Program for Appropriate Technology in Health, 2003)

**Youth-Friendly Services: A Manual for Service Providers.** (EngenderHealth, 2002)

## Handout 4. Nonjudgmental risk assessment

Two important aspects of discussing and obtaining risk information are developing trust and providing a safe environment where clients can discuss their risk for infection without fear of judgment. Using open-ended questions will allow you to gain more information regarding risk and personal circumstances and allow the client the opportunity to acknowledge risk.

Maintaining a nonjudgmental attitude is one of the hardest and most valuable tools a clinician can use when discussing personal issues, especially with young people. Below are some examples of closed, judgmental statements and how they could be better worded in an open, nonjudgmental manner:\*

Closed, Judgmental Statements	Open, Nonjudgmental Statements
Why don't you use condoms?	Tell me about the times you chose to use a condom. How about a time you chose not to use a condom?
Don't you care if you get HIV?	How do you think you would feel if you did get HIV?
If you don't change your ways, you will get a disease.	What do you think will happen if you keep having unprotected sex?
Do you have vaginal, anal, or oral sex?	Tell me about the kind of sex you have— vaginal, anal, or oral.
Do you use contraceptive pills?	What do you do to prevent pregnancy?
Do you drink or use drugs?	When is the last time you used alcohol or other drugs? Tell me about your use of alcohol or drugs.
What does that mean? I've never heard of it before!	Explain that a little more. What did you mean by that?

\* Adapted from: Health Care Education and Training, Inc. (HCET). *HIV Risk Assessment for Women: An HCET Learning Link On-line Training Module*. Accessed August 4, 2008. Available at: <http://www.hcet.org/training/hiv.htm>.

## Handout 5. Conducting an integrated risk assessment

### Part 1—Exercise

Before beginning the risk assessment,\* it is important for the provider to prepare the client for some of these questions and ensure that he or she is as comfortable as possible and that the counseling session still feels voluntary.

Write an introductory phrase below that you might use to begin a session with a youth (example: I need to ask some personal questions about your sex life and other behaviors, so that I can provide you with proper care. Is that okay?):

Below is a list of topics that should be covered during a comprehensive risk assessment. For each, a closed or judgmental question is listed. With your group or partner, rewrite the questions into nonjudgmental statements, using open-ended questions when possible.

1. Previous testing for HIV (when and results of test)  
Example of closed or judgmental question: You haven't already been tested for HIV, have you? Open, nonjudgmental statement:
2. Number of sex partners (male and female) in the client's life and in the past six months  
Example of closed or judgmental question: You've only had sex with your boyfriend (girlfriend), right? Open, nonjudgmental statement:
3. Partners' sexual history (Does the partner have other partners? What is the age of the other partners?)  
Example of closed or judgmental question: Has your partner slept around a lot? Open, nonjudgmental statement:
4. History of exchanging sex for money, drugs, or shelter  
Example of closed or judgmental question: Have you ever been a prostitute or drug addict? Open, nonjudgmental statement:
5. History of nonconsensual sexual activity  
Example of closed or judgmental question: Have you ever been raped? Open, nonjudgmental statement:

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\* Adapted from: Health Care Education and Training, Inc. (HCET). *HIV Risk Assessment for Women: An HCET Learning Link On-line Training Module*. Accessed August 4, 2008. Available at: <http://www.hcet.org/training/hiv.htm>.

6. Concerns that a sex partner put the client at risk for HIV  
Example of closed or judgmental question: You know men aren't always faithful—don't you think he might have slept with another woman while he's been with you? Open, non-judgmental statement:
  
7. Types of sexual activity (oral, anal, vaginal)  
Example of closed or judgmental question: You've never had anal sex, have you? Open, nonjudgmental statement:
  
8. History of HIV prevention (efforts to protect himself or herself from HIV/STIs)  
Example of closed or judgmental question: Do you always use a condom? Do you only use clean needles? Open, nonjudgmental statement:
  
9. Use of condoms (For what types of sexual activities? If not used, what are the barriers?)  
Example of closed or judgmental question: Why don't you use condoms every time? Open, nonjudgmental statement:
  
10. Injection drug use or needle-sharing or sexual partner history of injection drug use  
Example of closed or judgmental question: You haven't ever used injecting drugs, have you? You don't think your partner has used drugs, do you? Open, nonjudgmental statement:
  
11. Effect of alcohol or other drug use on sexual behavior  
Example of closed or judgmental question: Do you get drunk a lot before you have sex? Open, nonjudgmental statement:
  
12. History of sexually transmitted infections and testing  
Example of closed or judgmental question: You've never had an STI before? Open, non-judgmental statement:
  
13. Currently pregnant or planning to become pregnant  
Example of closed or judgmental question: You don't want to get pregnant yet, do you? Open, nonjudgmental statement:

## Handout 5. Conducting an integrated risk assessment

### Part 2—Answer key

Below are suggested open, nonjudgmental questions. In a typical risk assessment, you might ask one or two of these questions under each topic. There would generally not be enough time to ask all of these questions.

1. Previous testing for HIV (when and results of test)
  - Have you been tested for HIV before? If so, tell me about the last time you got tested.
2. Number of sex partners (male and female) in the client's life and in the past six months
  - Tell me about your sex partner or partners.
  - In your whole life, how many people have you had sex with—3, 10, 25, 50?
  - Tell me about the people you have had sex with in the last six months.
  - It's pretty common for young people to experiment with sex with both men and women. Have you ever had sex with a male (female)?
3. Partners' sexual history (Does the partner have other partners? What is the age of the other partners?)
  - Of the people with whom you have had sex in the last year, how many sex partners did each have?
  - Have you ever asked a sex partner about his or her previous partners?
  - Has your current partner ever had an STI?
4. History of exchanging sex for money, drugs, or shelter
  - Sometimes people use sex as a way to get things they might not otherwise be able to get. Can you tell me if you've ever had an experience like that?
  - Have there ever been times when you had sex with someone to get food, shelter, or money?
  - Have you ever had sex with someone to get drugs or alcohol?
5. History of nonconsensual sexual activity
  - Do you ever feel like you "have" to have sex with your partner, or have you ever felt this way with any of your previous partners?
  - Tell me about any times that you were coerced or forced to have sex.
6. Concerns that a sex partner put the client at risk for HIV
  - Is there any chance that one of your sex partners could have HIV?
  - What things does your partner do that might put him or her at risk for HIV?
  - Are you concerned that any of your sex partners could have HIV?
  - Have you ever discussed HIV concerns with a sex partner?
7. Types of sexual activity (oral, anal, vaginal)
  - I need to ask some pretty personal questions about your sex life so that I can provide you with proper care. Is that okay? Have you ever tried oral or anal sex?

- Tell me about some of the things you do sexually with your partner(s), such as oral, anal, or vaginal sex?
  - Many people try different types of sex. Have you ever substituted oral sex for vaginal sex? What about anal sex instead of vaginal sex?
8. History of HIV prevention (efforts to protect himself or herself from HIV/STIs)
- What kind of things have you been doing to protect yourself from infections?
  - How do you make sure you don't get any infections?
9. Use of condoms (For what types of sexual activities? If not used, what are the barriers?)
- If you use condoms, do you use them for oral, anal, and vaginal sex?
  - Tell me about the times you used a condom. How did you feel about yourself after using a condom? What would make it easier to use a condom more often?
  - Tell me about the times you didn't use a condom. What were some of the reasons you chose not to? Did you worry during or afterward about the risk?
  - How often do you use condoms?
10. Injection drug use or needle-sharing or sexual partner history of injection drug use
- Have you ever experimented with injecting drugs?
  - Have you ever discussed injection drug use with a sex partner?
  - Do you know if anyone you have had sex with has injected drugs?
11. Effect of alcohol or other drug use on sexual behavior
- What kind of role do you think alcohol or other drugs play in your sex life?
  - Have you ever had "too much" and don't remember what happened to you?
12. History of sexually transmitted infections and testing
- Which STIs, if any, have you been tested for in the past?
  - What STIs, if any, have you had?
  - Has a doctor or nurse ever told you that you had a sexual infection?
13. Currently pregnant or planning to become pregnant
- Are you pregnant or trying to get pregnant? Do you want to have a baby soon?

## Handout 6. Making referrals to health care providers

When making a medical referral for a client:

- ◆ Allay fears and encourage the client to go to the referral
- ◆ Provide general information
- ◆ Provide referral options

**Ask the client the following questions. If the answers for 1 and 2 are YES or if the answer to two or more of the symptoms in question 3 is YES, make a tuberculosis (TB) referral.**

1. Have you had a cough for more than two weeks?  
 No, less than two weeks       Yes, more than 2 weeks
- 2) Are you bringing up sputum (phlegm) when you cough?  
 No       Yes       Not sure
- 3) Over the past three months, have you had any of the following?

Chest pain	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure
Shortness of breath or difficulty breathing	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure
Night sweats	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure
Weight loss	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure
Loss of appetite	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure
Weakness or fatigue	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure
Fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure
Swelling of lymph nodes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure

### Messages to give when making a TB referral

- ◆ I am not making a clinical diagnosis. I am not a clinician, but you seem to have some of the signs and symptoms of TB, and I would like to refer you to a TB clinic for a check-up.
- ◆ TB is an airborne disease and is curable.
- ◆ Medications are available and free.
- ◆ TB is not always associated with HIV.
- ◆ TB prevention includes good ventilation, avoiding TB contact, and maintaining good health and a strong immune system.

Then provide referral options.

**Ask the client the following question. If the answer is YES, make an STI referral.**

1. Have you had any genital sores, leakages, or discharge within the past six months?  
 No       Yes       Not sure

### Messages to give when making an STI referral

- ◆ I am not making a clinical diagnosis. I am not a clinician, but you seem to have some of the signs and symptoms of an STI, and I would like to refer you to an STI clinic for a check-up.
- ◆ Many STIs are curable and common.
- ◆ Medications are available and free.
- ◆ Have you gone to a hospital or clinic? Been diagnosed?
- ◆ There are many complications of STIs, so don't delay.
- ◆ When you have an STI, you can infect others and become reinfected yourself. It is important to disclose to your partner and encourage him or her to go for treatment as well.
- ◆ STIs facilitate HIV infection.

Then provide referral options.

### If the client is HIV positive:

#### Referral for Antiretroviral Therapy (ART)

- ◆ I would like to refer you to a clinic where you can be screened to determine if you need ART.
- ◆ Detailed information will be given to you at the clinic. But, let me share a few key points with you now:
  - ART drugs and screening are free (confirm that this is true in your area).
  - You do not automatically need ART. If you are healthy, you will not need them.
  - Adherence is very important. Once you are put on ART, you are on it for life.
  - Disclosure to family and friends is important so that they can help you to adhere.
  - No special foods are necessary.
- ◆ Once you get an appointment, make sure that you keep it, because the ART clinics are very busy.

Then provide referral options.

### If the client is currently pregnant and HIV positive:

#### Referral for Prevention of Mother-to-Child Transmission (PMTCT) of HIV

- ◆ When you are HIV positive, you can infect your baby before delivery, during delivery, or through breast milk.
- ◆ These days, the likelihood of mother-to-child transmission can be greatly reduced.
- ◆ The best way to do this is to visit an antenatal clinic. You'll be given a medicine called nevirapine. You will take one dose as you go into labor and your baby will take one dose once it is born.

- ◆ Taking nevirapine does not mean that your baby will be HIV free, but it will significantly reduce the likelihood of infection.
- ◆ There are other things that you can do to reduce mother-to-child transmission. You can learn more by discussing it with your health care provider.

Then provide referral options.

**Some clients may want to know:**

- ◆ Without intervention, 25 percent to 50 percent of infants born to HIV-infected mothers in developing countries will be HIV infected.
- ◆ ART prophylaxis given to the mother during pregnancy or labor and to the infant after birth decreases the risk of transmission of HIV by 40 percent to 70 percent.

## Handout 7. Reflections on Day 1/Day 2

1. What exercise(s) or presentation(s) today did you like and why?
2. What exercise(s) or presentation(s) today did you *not* like and why?
3. What things did you learn today that will be the most useful to you in your work?
4. Is there anything that we did not cover today, or that we did not cover sufficiently, on which you would like more information?
5. Do you have any other comments or concerns?

## Handout 8. Role-play scenarios—HIV counseling

### Scenario 1

Jonathan is 19 and comes to the clinic for the first time, requesting an HIV test. Jonathan says he is heterosexual and currently has a girlfriend, but he has “experimented” with other guys a little. He says he uses condoms “sometimes,” but he does not like them. He admits to drinking heavily a couple of times a week and sometimes using drugs.

*Jonathan’s HIV test results come back negative.*

### Scenario 2

Angela is 14 and has recently become sexually active with her boyfriend. She says she “knows you can die from HIV” and that “you can get it from having sex,” but she says she and her boyfriend use condoms. Angela says that her boyfriend is her only partner, but with a little more probing, she admits that one of her older cousins forced her to have sex with him a year ago.

*Angela’s HIV test results come back negative.*

### Scenario 3

Louis is 16 and came to the clinic a year ago for treatment of chlamydia. He is back because he is having similar symptoms, but he is not aware of the new HIV-testing services. Louis has had multiple partners with occasional condom use. He says he does not usually have money to buy condoms, and he is afraid to keep them around because he does not want his parents to find them.

*Louis’ HIV test results come back positive.*

### Scenario 4

Anna is 20 and has been living on her own since she ran away from home at 15. Anna admits that she has used drugs and that she has used sex to get money to support herself. She is no longer living on the street and has her own apartment, but she does not know how much longer she can afford the rent. Anna explains that she has not been feeling well lately.

*Anna’s HIV test results come back positive.*

### Scenario 5

Rachel is 17 and has come to the clinic requesting an HIV test. She says that she has had sex with five people, but they have all been boyfriends, so they were always faithful to each other. She says she did not usually use condoms with her past boyfriends because “they weren’t the

type to have HIV,” and she’s been on the pill since she was 14. But, Rachel says she just broke up with her most recent boyfriend because he was cheating on her. She does not think that she could have HIV, but she thought she should get tested.

*Rachel’s HIV test results come back negative.*

### Scenario 6

Rose is 16, and her parents have brought her to the clinic for contraceptives and an HIV test after they “caught her messing around” with a boy. Rose insists she has never had sex but reports that she has had oral and anal intercourse. Rose says she does not think of oral and anal sex as “sex,” and she does not use condoms because she “can’t get pregnant that way.”

*Rose’s HIV test results come back negative.*

### Scenario 7

Joseph is 18 and comes to the clinic for the first time. As a truck driver, he spends a lot of time on the road, and his girlfriend at home recently became pregnant. Although he cares about his girlfriend, he admits to having had unprotected sex with a sex worker while on the road. He also says that he used to inject drugs but that he does not “do that anymore.” He says he wants to be a good father to his baby that is on the way.

*Joseph’s HIV test results come back positive.*

### Discussion questions

Prepare to discuss these questions with the entire group after everyone has completed the role-plays:

- ◆ As the provider, what do you think you did well and what do you think you need to improve upon?
- ◆ As the client, what do you think the provider did well and what could he or she improve upon?
- ◆ As the client, did you feel that the provider was nonthreatening and nonjudgmental? Did he or she listen to your concerns and respect you as a young person?
- ◆ Did the provider give the client all the necessary information about HIV transmission, the HIV test, clinic or country policies, and results?
- ◆ Did the provider adequately assess the client’s risk and provide successful risk-reduction strategies?
- ◆ What does the audience think the provider could improve upon?

## Handout 9. STI case studies and discussion questions

Using the case studies below, discuss the following questions:

- ◆ What counseling skills are particularly important in this situation?
- ◆ What youth issues are apparent here?
- ◆ What first steps would you take in counseling this client?
- ◆ How does his or her situation link with counseling and testing for HIV?

### Case Study 1

Sarah is 16 and has come to the clinic because she has a sore on her vagina. She says she has only had sex with her boyfriend, but she says they do not use condoms because they are faithful to each other and use withdrawal to prevent pregnancy. She is upset because she thought she could tell if someone had an STI, and she has never noticed anything wrong with her boyfriend.

### Case Study 2

Richard is 17 and has come to the clinic for an HIV test. He has had multiple partners, including men and women. He says he usually uses condoms with female partners because he does not want to deal with getting a girl pregnant, but not with guys because it does not feel good. When asked if he is worried about STIs, he says he has never had any symptoms, so he thinks he is probably fine.

### Case Study 3

Janet is 18 and has come to the clinic with her friend. The counselor finds that Janet knows a lot about how STIs and HIV are transmitted, the difference between HIV and AIDS, and the difference between viral and bacterial STIs. However, as the counselor begins to talk to Janet, it becomes clear that Janet does not take measures to protect herself. She explains that she has been on contraceptive pills to prevent pregnancy since she started having sex two years ago, but that she rarely uses condoms. Janet also admits to drinking heavily on a regular basis.

## Handout 10. Role-play scenarios—comprehensive counseling

In this exercise, you will be role-playing a comprehensive counseling session in which you will cover prevention of pregnancy and STIs in addition to HIV counseling and testing. As you do so, keep in mind the four key counseling skills we discussed:

1. Rapport and trust
2. Respect
3. Communication and language
4. Accurate information

For this role-play, assume that your clinic has already made efforts to make the clinic youth friendly, that the client has been greeted in a friendly and respectful manner upon arriving, and that you have a private, quiet place in which to meet with him or her. The person who is playing the part of the client should use the information in the scenario, but he or she can make up whatever information is missing while the “provider” asks questions.

In this exercise, we are only going to focus on the counseling leading up to the HIV test (if that is what the client chooses), not the results and posttest counseling.

### Scenario 1

Julia is 15 and has never been to a sexual and reproductive health clinic before. Her parents brought her to the clinic because they believe she is sexually active; however, she tells them she is not. Her parents explain that they have brought her to the clinic to discuss contraceptive options with her. They allow her to go in and talk to the provider on her own. When talking to the provider, Julia reveals that she has, in fact, had sex with “a few” guys and has not used any protection.

### Scenario 2

Benjamin is 17 and has come to the clinic because he would like to talk to a counselor. His girlfriend just started taking contraceptive pills so that they could start having sex. She is a virgin, but her parents took her to get the pills. He thinks they should use condoms too, but he says she does not think they need to. He has had unprotected sex with guys a few times, but he does not want his girlfriend to know.

### Scenario 3

Grace is 16 and has come to the clinic for a free HIV test and condoms. After some gentle probing, the counselor finds out that Grace ran away from home a year ago and has been living on the street on and off. She works sometimes, but the work is not constant, and she often runs out of money and food. She has had multiple partners and only uses condoms if she can get them or the guy has one.

#### Scenario 4

Anette is 21 and has come to the clinic for a Depo-Provera shot but also requests an HIV test. Anette lives with her boyfriend, but she does not think he is faithful to her. She cannot leave him, though, because he supports her and her son. They do not use condoms, and she says she could never suggest using them because he would accuse her of cheating and throw her out of the house.

#### Scenario 5

Jamie is 18 and has come to the clinic because he says it hurts when he urinates. He has not been to a clinic or doctor's office since he was a child, and he says he just wants to know what is wrong and get some medicine. He does not know much about STIs or HIV. Jamie does not have a regular sex partner right now, but he says he has had four partners in the past year.

#### Scenario 6

Catherine is 15 and has come to the clinic for an HIV test. She has only had sex twice, once each with two different people, but both were unprotected and she now regrets both experiences. Catherine is really nervous about getting HIV or another STI, and she does not want to get pregnant either. She is not even sure she wants to be having sex, but she would like to have a boyfriend.

#### Discussion questions

Prepare to discuss these questions with the entire group after everyone has completed the role-plays:

- ◆ As the provider, what do you think you did well and what do you think you need to improve upon?
- ◆ As the client, what do you think the provider did well and what could he or she improve upon?
- ◆ As the client, did you feel that the provider was nonthreatening and nonjudgmental? Did he or she listen to your concerns and respect you as a young person?
- ◆ Did the provider give the client all the necessary information about HIV transmission, the HIV test, clinic or country policies, and results?
- ◆ Did the provider adequately assess the client's risk and provide successful risk-reduction strategies?
- ◆ What does the audience think the provider could improve upon?

## Handout 11. Referral mapping

Using the chart on the following page, mark the services that your clinic provides and those it does not. For those services that it does not provide, proceed to the appropriate box and fill in the referral information as best you can. (If you work in a large facility—such as a hospital—and refer people to other departments within your facility, this mapping exercise is still very useful.) Referral information includes the following items:

- ◆ The referral clinic or organization name
- ◆ Address and phone number
- ◆ Has the organization been contacted to discuss referrals? *If not, this can be completed when you return to your home organization. It is important to call those organizations to which you will be referring your clients to be sure that they can provide the services for which you are referring. If possible, you should visit those organizations to assess that their standard of care is equal to yours.*
- ◆ Is the organization appropriate for young people? *When you talk with and visit referral organizations, find out if they have experience with youth. Have their providers been trained to work with youth? Is their facility youth friendly? Do they have hours that accommodate young people? What about payment for services for youth?*
- ◆ Does the organization have a contact person for youth? *If you are sending a youth client to a referral organization, is there a contact they can ask for when they get there?*
- ◆ Are there follow-up protocols in place? *Follow-up protocols should include annual checks of referral organizations' address/phone number, services, and contact person(s), as well as feedback from clients about the referral organizations.*

## Referral mapping

<b>Your Clinic/Organization</b>			
<b>Does your clinic/organization/department provide the following services FOR YOUTH?</b>	<b>Yes</b>	<b>No</b>	<b>If No, go to ...</b>
1. HIV treatment, care, and support			Box # 1
2. Contraceptive services			Box # 2
3. STI screening and treatment			Box # 3
4. Counseling and support for victims of sexual assault or violence			Box # 4
5. Psychological or mental health counseling			Box # 5
6. Youth support, activity groups, other social services such as housing, educational, financial, or job services			Box # 6

<b>Box # 1: HIV Treatment, Care, and Support</b>					
<b>Clinic/Organization Name</b>	<b>Address/Phone</b>	<b>Contacted to discuss referral?</b>	<b>Appropriate for young people?</b>	<b>Youth contact person</b>	<b>Follow-up protocols in place?</b>
1.					
2.					
3.					
4.					

<b>Box # 2: Contraceptive Services</b>					
<b>Clinic/Organization/Name</b>	<b>Address/Phone</b>	<b>Contacted to discuss referral?</b>	<b>Appropriate for young people?</b>	<b>Youth contact person</b>	<b>Follow-up protocols in place?</b>
1.					
2.					
3.					
4.					

**Box # 3: STI Screening and Treatment**

Clinic/Organization Name	Address/Phone	Contacted to discuss referral?	Appropriate for young people?	Youth contact person	Follow-up protocols in place?
1.					
2.					
3.					
4.					

**Box # 4: Counseling and Support for Victims of Sexual Violence**

Clinic/Organization Name	Address/Phone	Contacted to discuss referral?	Appropriate for young people?	Youth contact person	Follow-up protocols in place?
1.					
2.					
3.					
4.					

**Box # 5: Psychological or Mental Health Counseling**

Clinic/Organization Name	Address/Phone	Contacted to discuss referral?	Appropriate for young people?	Youth contact person	Follow-up protocols in place?
1.					
2.					
3.					
4.					

**Box # 6: Youth Support and Activity Groups**

Clinic/Organization Name	Address/Phone	Contacted to discuss referral?	Appropriate for young people?	Youth contact person	Follow-up protocols in place?
1.					
2.					
3.					
4.					

## Handout 12. Community support worksheet\*

### Know the community

1. What other clinics/organizations offer HIV counseling and testing and other SRH services? Are these services available to youth? Are other services and providers youth friendly?
2. If other clinics/organizations offer HIV counseling and testing and other SRH services, how does the community perceive those programs?
3. Is there a group of individuals who will or do strongly support integrated HIV counseling and testing for youth? Will they actively support your program and speak in favor of it?
4. Is there a group of individuals who will or do strongly oppose it? How can you work to overcome this opposition?
5. What other community or parent groups do you think you should talk with in order to gain support? What is the best avenue: Provider presentation? Youth presentation? Small meeting with key stakeholders?

### Involve youth from the beginning

1. Does your clinic/organization already have a youth advisory board, peer educators, or other youth program? Can you get input from those young people about implementing comprehensive HIV counseling and testing for youth? If not, how will you recruit young people to be involved in the planning and implementation process?
2. What role should youth have: Promoting the service? Talking to community members and youth groups to gain support? Evaluating if clinic services are youth friendly?

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\* Adapted from: *Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV and STI*. Washington, DC: Advocates for Youth, 2002. Available at: <http://www.advocatesforyouth.org/publications/TAP2.pdf>.

### **Know the laws and policies about providing HIV counseling and testing and other SRH services to young people**

1. What are the local and national laws and policies about providing HIV counseling and testing to young people? Do they require parental consent? Test-result reporting?
2. Does your clinic have its own protocols for providing HIV counseling and testing to youth? What are they? If not, who will develop these protocols?

### **Inform and involve other staff**

1. Have other staff (i.e., those not providing comprehensive HIV counseling and testing to youth) been informed about the project? Do you have their support?
2. Have other staff been trained in providing youth-friendly services? If not, who will conduct this training and when?

### **Develop advocacy messages**

1. What types of messages would be most persuasive to the general community in garnering support for youth HIV and SRH services?
2. Practice wording one or two short advocacy messages:
3. Would your advocacy messages change if you were to target just youth? Policy-makers? Parents? Community or religious leaders? Briefly discuss with your group.

## Handout 13. Post-course self-assessment

Indicate your opinion by circling a number, using this rating scale:

1–Strongly disagree    2–Disagree    3–No opinion    4–Agree    5–Strongly agree

I can list factors that put youth at risk of getting HIV and other STIs.	1	2	3	4	5
I can explain the most important skills for counseling youth effectively.	1	2	3	4	5
I know how to make services youth friendly.	1	2	3	4	5
I understand the issues and concerns facing youth from special populations when they seek HIV counseling and testing.	1	2	3	4	5
I feel that I can conduct a risk assessment with youth clients in a way that makes them feel comfortable being honest and open about their risk-taking behavior.	1	2	3	4	5
I can list several ways to help young people practice safer behaviors.	1	2	3	4	5
I understand why and how I should talk to young people about STIs when I am providing HIV counseling and testing.	1	2	3	4	5
I understand why and how I should talk to young people about pregnancy prevention when I am providing HIV counseling and testing.	1	2	3	4	5
I know which contraceptive methods are appropriate for adolescents.	1	2	3	4	5
I know what dual protection and dual method use are.	1	2	3	4	5
I am confident that I can successfully provide comprehensive HIV counseling and testing to young people.	1	2	3	4	5
I am able to list the most important elements of a good referral system for youth.	1	2	3	4	5
I can explain what integration is and how to implement it.	1	2	3	4	5

*List the answers:*

What are four of the most important skills for counseling youth?

- 1.
- 2.
- 3.
- 4.

What are three things that put youth at risk of HIV and other STIs?

- 1.
- 2.
- 3.

What are three important elements of a good referral system for young people?

- 1.
- 2.
- 3.

*Indicate your opinion by circling a number.*

I can use social marketing knowledge to create promotions and a campaign for integrated SRH and HIV counseling and testing services for youth. 1 2 3 4 5

I can explain the most important skills for promoting integrated services. 1 2 3 4 5

I know how to get community support for SRH and HIV counseling and testing services for youth. 1 2 3 4 5

I understand the issues, concerns, and barriers to HIV counseling and testing and SRH services in the community and among youth. 1 2 3 4 5

*Circle the best answer(s):*

To build community support for integrated SRH and HIV counseling and testing services for youth, it is essential to:

- a. Know the community and involve adults and parents in the beginning
- b. Involve youth and teachers
- c. Involve youth and know the laws for providing HIV counseling and testing and other SRH services to youth
- d. Inform and involve other staff and community members
- e. All of the above

It is important to know local laws and policies for HIV counseling and testing because testing minors for HIV is illegal.

- a. True
- b. False

To develop a social marketing campaign, one should understand factors that motivate an audience or hinder them from changing behaviors.

- a. True
- b. False

The New Start campaign was developed to promote HIV counseling and testing and SRH services to youth.

- a. True
- b. False

## Handout 14. Final course evaluation

### 1. Instructional and administrative aspects

Indicate your opinion by circling a number, using this rating scale:

1–Insufficient      2–Poor      3–Satisfactory      4–Good      5–Excellent

Achievement of course objectives	1	2	3	4	5
Achievement of personal expectations	1	2	3	4	5
Relevance of training to your work	1	2	3	4	5
Usefulness of training materials	1	2	3	4	5
Training methodologies	1	2	3	4	5
Organization of the course	1	2	3	4	5
Workshop facilities	1	2	3	4	5
Administrative support	1	2	3	4	5
Travel arrangements	1	2	3	4	5
Financial arrangements	1	2	3	4	5
Lodging accommodations	1	2	3	4	5

2. Course Length:    Too long      Too short      Just right

3. What topics covered in this workshop do you think will be most useful to you in your work?

4. On which topics would you have liked more information or preferred to spend more time?

5. On which topics would you have liked less information or preferred to spend less time?

6. Other comments or suggestions?

## **Training Guide**

for

**HIV Counseling and Testing for Youth:**

**A Manual for Providers**



## Appendix 1. Risk-reduction action plan

Client number: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

*Circle and provide details: who, what, when, and where:*

1. Client will talk about HIV concerns and risks with partner(s)/friend(s).

- ◆ Client will talk to partner.
- ◆ Client will talk to friend.
- ◆ Client will talk to others.

Details \_\_\_\_\_

---

2. Client plans to discuss HIV testing with partner(s) before having sex.

- ◆ Client will bring partner to site to be tested before having sex again.
- ◆ Client will use condoms until partner is tested for HIV.
- ◆ Client will abstain from sex until partner is tested for HIV.

Details \_\_\_\_\_

---

3. Client plans to change or discontinue relationships with high-risk sexual partners (for example, a person who trades sex for money or other needs, or a drug user).

- ◆ Client will stop having sex with high-risk partner.
- ◆ Client will eliminate a particular type of high-risk partner.
- ◆ Client will have fewer partners.

Details \_\_\_\_\_

---

4. Client plans to change sexual behavior.

- ◆ Client will remain faithful to one partner.
- ◆ Client will abstain from sex.
- ◆ Client will use condoms correctly and consistently with partner(s).

Details \_\_\_\_\_

---

5. Client plans to change alcohol or drug use.

- ◆ Client will decrease or eliminate alcohol or drug use before having sex.
- ◆ Client will avoid places where he or she uses alcohol or drugs.
- ◆ Client will avoid sharing needles.

Details \_\_\_\_\_

\_\_\_\_\_

6. Client plans to increase condom use.

- ◆ Client will talk to partner(s) about using condoms.
- ◆ Client will use condoms when having sex.
- ◆ Client has done a condom demonstration and is comfortable with condom use.

Details \_\_\_\_\_

\_\_\_\_\_

7. Other plans (describe):

## Appendix 2. Energizers

### Energizer 1. Tell a story

The participants stand in a circle. The group will build a story, with each participant contributing a sentence one by one that must:

- ◆ Make sense and at the same time add some fun to the activity
- ◆ Build on the previous sentence
- ◆ Be grammatically correct

For example:

#1: "I was walking to breakfast this morning."

#2: "A dog came up to me."

#3: "I said good morning to the dog."

#4: "The dog asked me what I was going to have for breakfast."

The activity continues until all of the participants have contributed or until the facilitator feels that the group has been energized.

### Energizer 2. The last word

The participants stand in a circle. One participant moves and stands randomly in front of another. He or she makes a statement (e.g., "It is such a lovely day."). The person spoken to will move to another person and make a statement starting with the last word in the statement that he or she received (e.g., "Day 1 of the course was very tiring."). Make sure that each participant takes a turn.

### Energizer 3. BOOM!

The participants sit in a circle. They count aloud one by one, around the circle. Each person whose number is a multiple of 3 (3, 6, 9, 12, etc.) or a number that ends with 3 (13, 23, 33, etc.) must say BOOM! instead of the number. The next person should continue the normal sequence of numbers.

Anyone who fails to say BOOM! or who makes a mistake with the number that follows BOOM! is disqualified.

The numbers must be said rapidly; if a participant takes too long to say his or her number, that person is disqualified. The activity continues until the facilitator feels that the group has been energized.

## Appendix 3. Activities to conduct during a site visit

- ◆ Introduce clinic staff to participants.
- ◆ Observe service provision flow and client-provider interaction. Ask the person conducting the tour of the clinic to show these areas:
  - Reception and waiting areas
  - Counseling spaces
  - Testing area
  - HIV counseling and testing walk-through (clinic staff walk participants through the full VCT flow as experienced by a client)
  - Other relevant services and program areas (such as youth-only space, peer-counseling program, etc.)
- ◆ Encourage participants to observe:
  - Ambiance and environment of the clinic
  - Any staff or provider interaction with youth
- ◆ See what informational materials are available to clients. Are they youth friendly?
- ◆ Discuss services with clients and other users. If appropriate, some of the participants might speak with youth clients to find out about their experience at the clinic.
- ◆ Discuss protocol and providers' needs. Ask the clinical manager to discuss any clinic protocols that the participants might not be able to view, such as periodic staff meetings to discuss cases, or specific policies that affect youth, such as parental notification. Ask the clinical manager to share both strengths and weaknesses in their service provision to youth.
- ◆ Allow for participant questions. If possible, allow participants to ask questions of the clinical manager and staff about the site.
- ◆ Make sure participants note the following aspects during the tour:
  - Youth friendliness: Do the reception and waiting areas seem welcoming to youth? Are targeted materials available to youth?
  - Confidentiality: What measures are in place to make youth feel that their concerns will be kept confidential? Consider how a youth requests services upon arrival; to whom or where are they directed? Do the physical facilities lend themselves to privacy for the clients?