

# HIV COUNSELOR PERSPECTIVES

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## REFERRALS: MAXIMIZING THE LIMITED ROLE

*Effective test counselors educate clients about HIV risk behaviors and motivate clients to reduce their HIV risk. Counselors are also a key link between HIV testing and other services—including medical care and partner disclosure services for HIV-positive clients. Because the time in the counseling session is short, counselors must remain within their limited role. It can sometimes be challenging for counselors to do this while remaining client-centered and responding compassionately to other client needs and issues that come up in the session. This issue of PERSPECTIVES reviews the limited role of HIV test counselors, explores some situations that may pull counselors out of the limited role, and discusses the piece that good referrals can play in serving client needs while maintaining the focus of the session.*

### Research Update

The goal and purpose of the HIV test counseling session is to disclose HIV status to clients and to help clients reduce their risk of getting or transmitting HIV. Counselors offering higher-level services (services to clients at greater risk) work to achieve this goal through client-centered counseling. This involves establishing rapport with the client, framing the session in the client's terms, and expressing respect for the client's feelings and concerns. Good client-centered counseling demands that the counselor be nonjudgmental and genuinely interested in and responsive to the client.

Yet, HIV test counselors must cover a great deal of ground with clients in a very limited amount of time. There is little time to devote to the many issues that come up that are beyond the scope of HIV risk and prevention. At the same time, because they are client-centered,

counselors are sensitive to the fact that clients have many needs that cannot be met during the session. Some of these needs are explicitly HIV-related, such as access to ongoing HIV prevention services, needle exchange, or HIV-specific medical care. Other services, for example, drug and alcohol treatment, mental health services, or housing or job counseling, can help clients achieve the stability in their lives that allows them to make choices that reduce their HIV risk. Each of these referrals, if appropriate, can extend the value of the HIV test counseling session.

The counselor's objective is to provide quality, client-centered service in a time-limited setting. In order to do that, counselors must know their limits, and know how to make good referrals. This Research Update describes the limited role of HIV test counselors, explains why these limits are important for both clients and counselors, and discusses how counselors can use

referrals effectively to meet client needs for additional services. It also discusses some of the most relevant referrals clients may need. For a further discussion regarding limits and boundaries, see the November 2002 issue of *HIV Counselor PERSPECTIVES*, "Boundaries and Confidentiality."

### What HIV Test Counseling Isn't

To understand the limited role of HIV test counseling, it is helpful to understand what test counseling is not. Sometimes when a client shares a difficult problem with a test counselor, the counselor may feel pulled into either

#### **Inside PERSPECTIVES**

- 1 Research Update
- 5 Implications for Counseling
- 7 Case Study
- 8 Test Yourself
- 8 Using PERSPECTIVES

the role of a psychotherapist or a case manager.

While HIV test counseling should benefit the client, and may even be healing in some ways, it is not psychotherapy. Psychotherapy involves multiple sessions during which a trained therapist helps the client explore psychological issues and self-defeating behaviors in depth. Most HIV test counselors are not trained as therapists, and even for those who are, attempting to conduct therapy during the counseling session is working outside the limited role.

While HIV test counselors are knowledgeable about resources and skilled at helping clients develop action plans, they are not case managers. Like psychotherapy, case management involves an ongoing relationship with a client, including a comprehensive assessment of needs, development of a formal plan, substantial assistance to the client, and ongoing monitoring of his or her situation.

When counselors attempt to meet client needs that are beyond the goals of the session, they run three key risks. First, counselors may be distracted from the principal goal of counseling and miss an opportunity to help the client reduce his or her risk of getting or transmitting HIV—a service the counselor is uniquely qualified to provide and which the client may not receive elsewhere. Second, counselors may attempt to offer services they are not qualified to provide, such as psychotherapy, medical advice, or drug treatment. Finally, by taking on more than they can reasonably do well in the session, counselors run the risk of becoming stressed, exhausted, and disengaged—a condition often referred to as “burnout.” Learning the art of making effective referrals is one way that counselors can stay within their limited role and effectively respond to

their clients’ needs. In fact, a good referral to a resource that is staffed to provide a particular service can be much more effective at achieving the client’s long-term goals than an attempt to extend test counseling beyond its limits.

### The STAMINA Model

Kent State University clinician and researcher Cynthia Osborn suggests several ways that counselors can best serve clients and avoid burnout.<sup>1</sup> Although she developed her STAMINA model for mental health counselors, it can be adapted to HIV testing counseling, because each of her seven strategies is relevant to maintaining the limited role in HIV test counseling and to the process of making good client referrals.

**Be *Selective*.** The counselor is aware that he or she cannot “do it all” and intentionally sets limits on what he or she can do, focusing on the tasks that are most important to the mission.<sup>1</sup> The counselor understands that his or her role is not to “cure” or “save” clients, but to facilitate positive change.<sup>1</sup> This understanding helps counselors stick to the objectives of the session and maintain their limited role. Using referrals properly helps counselors maintain this selective focus, because referrals can help clients with concerns that fall outside the scope of the session.

**Be *Time-Conscious*.** The test counseling session has real time constraints. The most skilled counselors can keep the session focused without causing the client to feel rushed. Referrals are one way to meet client needs that cannot fit within the time frame of the session.

**Be *Accountable*.** The counselor takes responsibility for his or her decisions and actions. He or she remains open to evaluation and feedback and is constantly seeking ways to improve his or her counseling.<sup>1</sup> Referring a client to a service is an intervention, and the more that the counselor takes responsibility

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for making it an effective intervention, the better. Counselors who stay open to feedback about the results of their referrals to clients are more likely to be able to improve the quality of their referrals.

**Manage *Personal and Community Resources*.** Some research suggests that counselors who consult with colleagues are less emotionally exhausted and feel a greater sense of personal accomplishment.<sup>1</sup> Maintaining their limited role through referrals is one way for counselors to manage their personal resources. Referrals also manage community resources, because ensuring that clients get the most appropriate and effective services optimizes the client’s—and the community’s—time, energy, and money.

**Be *Inquisitive*.** Counselors who are curious about human behavior are better able to suspend judgment and to learn from their clients. Counselors who see themselves as “students” are also better able to take advantage of continuing education opportunities and professional feedback, enabling them to stay up to date on best practices in the field and to stay aware of the range of services available to clients in their communities.<sup>1</sup> Curiosity also helps counselors prioritize the needs that are most important to the client

and structure referrals to meet these.

*Be a Negotiator.* Effective counselors are flexible enough to engage with and respond to client needs without losing the focus of the session, that is, they “negotiate” between addressing client concerns and fulfilling the testing and counseling goals of the session. They regard each counseling session as a collaboration with the client, and they also collaborate with other colleagues and other community organizations to provide services to clients.

*Acknowledge the Client’s Agency.* In this case, “agency” means the client’s innate capacity to achieve his or her goals: motivations, strengths, resilience, and resourcefulness. Effective counselors look for and respect these client resources, rather than focusing solely on what clients lack.<sup>1</sup> Referrals acknowledge both the client’s additional needs and his or her capacity to access other services. By providing appropriate and responsive referrals, the counselor communicates respect for the client’s goals and the client’s capacity to achieve these goals. Counselors who seek to directly solve all the client’s “problems” in the session may be communicating the opposite of this: the belief that the client must be “fixed” before leaving the session because he or she may not be able to achieve agency outside the session.<sup>1</sup>

Each of the STAMINA steps offers a strategy to help counselors achieve the goals of the session while maintaining the limited role.

Counselors who are curious, mindful of time, open to feedback, flexible, mindful of resources, and acknowledge the client’s agency are also likely to make better, more appropriate referrals to a variety of services.

## Types of Referrals

Clients at risk for HIV often have other service needs besides HIV test

counseling—whether they test HIV-positive or HIV-negative. The California State Office of AIDS recommends that all test sites have referrals available, particularly for clients who test HIV-positive.<sup>2</sup> Each of these referrals can improve the client’s quality of life, and many can reduce the risk that the client will acquire or transmit HIV.

*HIV Risk Reduction Services.* These services can help clients continue the conversation about HIV risk reduction beyond the limits of the test counseling session. Counselors may refer clients to HIV education and prevention services, follow-up HIV counseling, prevention support groups, individual counseling or therapy, or prevention skill development services that emphasize sexual harm reduction and how to negotiate safer behaviors. A more intensive set of interventions, Comprehensive Risk Counseling and Services (CRCS, formerly known as “Prevention Case Management”), targets HIV-positive people and HIV-negative people at higher risk for contracting HIV. CRCS offers client-centered risk reduction counseling to people who have difficulty achieving or maintaining their risk reduction goals.<sup>3</sup>

*Substance Use/Harm Reduction Services.* There are a wide range of possible referrals for clients who are interested in reducing or eliminating their substance use. Counselors can offer referrals to outpatient, residential, or detoxification programs, or services like methadone maintenance or 12-step self-help groups like Alcoholics Anonymous or Narcotics Anonymous. Clients who continue to use substances may wish to reduce their risk of acquiring or transmitting HIV. For these clients, harm reduction services such as harm reduction counseling may be appropriate. One key harm reduction service is the Syringe Exchange Program (“needle exchange”). There are now more than 40 syringe

exchange programs in California. These syringe exchange programs are not only effective in reducing the spread of HIV, they are often the only health or social service contact that their injection drug-using clients have.<sup>4</sup> Many California counties also allow pharmacies to sell syringes to clients without a prescription.<sup>5</sup> Each of these referrals can be helpful both in reducing HIV-related risk and substance-related harms to the client.

*Hepatitis C (HCV) Services.* Increasingly, HIV test counseling sites themselves are offering hepatitis C testing, because blood-to-blood contact places clients at risk for both HIV and hepatitis C. During a 2003 demonstration project, offering hepatitis C testing in conjunction with HIV testing nearly doubled the HIV testing rates of injection drug users, because injection drug users were so interested in learning their hepatitis C status.<sup>6</sup> Counselors should refer clients at risk for hepatitis C either to their program’s own hepatitis C testing services or, if HCV testing services are not available on-site, to other hepatitis C testing programs. For clients who test HCV-positive, it is critical for counselors to offer referrals to hepatitis C-related medical services.

*HIV-Positive Medical Referrals.* Early medical care saves lives. Some clients test HIV-positive and do not have established medical providers. In these cases, the State Office of AIDS directs test site staff to identify at least one agency or medical provider to whom counselors can refer these clients. Medical providers perform further diagnostic testing and offer HIV-positive clients access to ongoing HIV medical treatment.<sup>2</sup> Other key medical referrals include HIV case management services and Early Intervention Program (EIP) services, which can each serve as an ongoing link between the client and medical and social services,

while helping clients reduce their risk of transmitting HIV.

The State Office of AIDS has created a process to encourage and document successful referral to medical care. A “verified medical visit” occurs when “test site staff are able to verify and document that a linkage to medical care was made, and that the client was seen by a medical doctor, nurse practitioner, or physician’s assistant for medical care assessment or evaluation.”<sup>2</sup> One of the keys to making a successful verified medical visit referral is obtaining the client’s consent for follow-up linkage services. In order to follow up, test site staff must ask for as much client contact information as possible, including the client’s name, address, e-mail address, and telephone number, and where the client can be found if he or she is homeless.<sup>2</sup>

**Other Medical Referrals.** HIV counseling and testing can be a point of entry into other crucial medical services, including tuberculosis testing and treatment, reproductive health services, and other health services. Clients who have been exposed to HIV within the last 72 hours may be eligible for post-exposure prophylaxis (PEP), treatment with HIV antiviral medication to reduce their chances of seroconverting.<sup>7</sup> For clients

at risk for sexually transmitted diseases (STDs), STD testing and treatment referrals are an especially critical referral. Many STDs are transmitted in the same ways that HIV is transmitted, and many increase the risk of acquiring or transmitting HIV. Any client who has had an HIV risk event since his or her last STD screening should be referred for STD testing.<sup>8</sup>

**Other Social Services.** For many clients, these services are critical for survival. Without access to such basics as housing, food services, employment counseling, financial assistance or benefits assistance, domestic violence and sexual assault counseling, mental health services, and spiritual resources, many clients are unable to focus on reducing their HIV risk.

**Partner Services (formerly known as “Partner Counseling and Referral Services,” or “PCRS”).** Partner notification has been very effective at reaching out to people at risk for HIV who would not ordinarily come into testing services. Partner Services (PS) assists HIV-positive clients who wish to inform their sexual and needle-sharing partners that these partners may have been exposed to HIV. The goal is to encourage such partners to receive HIV counseling, testing, and

related services that may help them to reduce their own risk of contracting or transmitting HIV.<sup>9,10</sup> Because they target individuals with documented HIV risk, partner services programs help identify people most at risk for HIV infection and link them to prevention and care services. Partner services offers three options: clients can inform partners themselves (the counselor coaches the client in preparation for disclosure); a provider can accompany a client during the client’s disclosure; or a provider can notify the client’s partners (without sharing any information about the client’s identity). For more information about partner services, see the January 2007 issue of *HIV Counselor PERSPECTIVES*, “HIV Status Disclosure.”

## Conclusion

The effective use of referrals benefits both clients and HIV test counselors. When test counselors link clients to critically needed services, they multiply the benefits of the counseling session without losing the focus on HIV risk reduction. It is particularly crucial that counselors are knowledgeable about key referrals for HIV-positive clients, including linkages to medical care and partner services.

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## Implications for Counseling

Effective counselors are conscious of the importance of staying within their role and are aware of the conditions that can pull them out of it. In many cases, understanding how to use referrals can support the counselor's maintenance of the limited role. On the other hand, counselors who do not fully accept the limitations of their role will have difficulty making good referrals for clients.

### Leaving the Limited Role

There are many reasons why a counselor might feel pulled out of the limited counseling role. Some common reasons include:

*Identification with the Client.* This means that the counselor “sees” himself or herself in the client or the client's experience, blurring the boundaries between the two. While empathy and understanding are crucial counseling skills, good counselors understand that their own experience differs from the client's, even if the client and counselor have much in common. While the counselor may be of the same sexual orientation, gender, age, or race as the client, these shared characteristics do

not necessarily imply that they view sex, HIV risk, or HIV disease in the same way.

It is also no guarantee that what has worked for the counselor will work for the client. For example, a counselor who is in substance abuse recovery might find himself focusing on the client's substance use, even if the behavior is not clearly connected to the client's HIV risk or priorities. In such a situation, the counselor who has stepped outside his limited role might say something like “I used to think I could cut back on drinking too. But the truth was that until I quit using alcohol, I was just kidding myself.” By overidentifying with the client, this counselor has lost his neutral stance. His statement does not acknowledge the possibility that the client can reduce his HIV risk without abstaining from alcohol—which may not be true for this particular client. It is likely that this counselor would prioritize a substance abuse treatment referral in this situation, even if the client does not.

When counselors overidentify with clients, they are also often drawn into self-disclosure. One strategy counselors can use to avoid inserting self-disclosure into sessions is “third-personing.” This technique avoids shifting the focus from the client to the counselor. For example, a counselor might say, “Some guys have told me that it's really difficult for them to use condoms when they're drunk. What's it like for you?” Third-personing can also offer a way to ease into the referral process: “Some of my clients who drink have found this prevention case management program really helpful. They're not necessarily ready to quit but they want to protect their health. Would

you like some information about the program?” or “It sounds like you're saying that you'd like to reduce your alcohol use, but it's hard to know where to start. Some of my clients have had good experiences with this agency. I can give you the program information, and you can check it out if you like.” This is a way to promote client confidence in the referral without making the client feel that the counselor is overly invested in the client's acceptance of the referral.

*Attraction to the Client.* Counselors are sometimes physically or emotionally attracted to clients. While this is normal, counselors bear the responsibility to maintain the professional boundaries in the relationship. Sex and romance are inappropriate between clients and counselors. Supervision and peer consultation can be helpful when counselors experience attraction to clients. For a further discussion of this important topic, please see the November 2002 issue of *HIV Counselor PERSPECTIVES*, “Boundaries and Confidentiality.”

*The Pitfall of “Expertise.”* Some counselors are trained as psychotherapists, or are in training to become psychotherapists. Turning the test counseling session into therapy does not serve the client's needs or the session's goals. In cases where a client may need and is open to ongoing mental health or psychosocial support, the counselor should make referrals to these services.

Even for counselors without formal clinical training, sometimes a client will bring up an issue that is in an area the counselor considers his or her expertise or one that the counselor finds especially compelling. It is only natural, for example, that a counselor who used to work as a housing case manager may pay special attention when a client says

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### A Counselor's Perspective

“I know that by helping some of my clients connect with the services they need, like housing and mental health services, I've helped them take the next step to reduce their HIV risk.”

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he or she is homeless. The challenge is for this counselor to maintain the HIV-related focus of the session as much as possible, determine the link between homelessness and HIV risk for this client, and make a referral to housing services if the client wants one. Sometimes this can be difficult for counselors who feel more confident in their other area of expertise than in their HIV test counseling skills.

*Difficulty Holding the Focus of the Session.* Counselors are responsible for keeping the session within its time and HIV risk-related content. It is important to remember that being client-centered does not mean following the client down every conversational path. When the counselor senses that the session has wandered, she or he might say, “I’m noticing that we’ve gotten a little off track, but I hear that your legal problem with your ex is really on your mind. At the end of the session, I can tell you about some legal services that may be able to help. In the meantime, let’s get back to the concerns that you have about HIV.”

Self-awareness, supervision, consultation, and the appropriate use of referrals can be helpful with each of these challenges to the counselor’s limited role. Sometimes the way that a counselor feels about making a client referral can alert the counselor that he or she has strayed from the limited role. For example, thinking “No one can help this client the way that I can,” or wanting to provide ongoing follow-up (if this is not a part of the counselor’s agency role) can be signs of the counselor’s blurred boundaries. In contrast, effective counselors know that they cannot “do it all.” They rely on other resources in the community to serve needs that extend outside the time frame and limited focus of the session, and ensure that they are making effective referrals by using “good referral” standards and skills.

### What Makes a Good Referral?

The best referrals have several things in common. They are:

*Appropriate for the client.*<sup>11</sup> The counselor and client have discussed the client’s needs thoroughly enough to understand that the referral is for a specific service that the client needs and wants. The referral is culturally appropriate, affordable, and accessible. The counselor validates client concerns and makes a specific connec-

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#### A Counselor’s Perspective

**“I don’t always have the ‘perfect’ referral for my client. In those cases, I’m honest about why the resource may not be a perfect fit, but why trying it out could still be worthwhile.”**

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tion between the client’s stated needs and the referral. The counselor also expresses confidence (if appropriate) in the referral agency’s ability to help in the context of the client’s stated concerns. For example, “I know you are really concerned that you may have gonorrhea. This STD clinic offers free testing and treatment in the evenings after you get off work.” This is much more effective than saying something like “Here’s the number for the STD clinic,” or “Can I give you a referral for the STD clinic? They may be able to help you.”

*Clear, specific, and accurate.*<sup>11</sup> Vague referrals, referrals to services that do not serve the client’s demographic group, and referrals to services that

no longer exist are frustrating to clients. Staying abreast of community resources is crucial. Many agencies maintain referral lists by topic that are updated at least yearly. Whenever possible, give the name, phone number, and address of a specific person at the referral agency. Describe exactly what services the person offers, and the best time to contact that person. For example, “John is the intake person over there. Here’s all his contact information, but the best way to reach him is by phone. Don’t get frustrated if you don’t get him directly—he usually returns calls within 24 hours.”

*Usually written.*<sup>11</sup> For clients who can read, a written referral is often best. This is especially true in the case of preliminary or confirmed HIV-positive clients, who may be so focused on their test results that they may not remember any referral information.

*Given with an understanding that there may be obstacles to follow-through.* If there is time in the session, it can be helpful for the counselor and client to troubleshoot any obstacles the client foresees to following through on the referral. Counselors can use the rapport they have built with the client during the session to encourage clients to follow through, while understanding that the ultimate decision is the client’s.

*Improved by client feedback.* Clients who report back on their experiences with referral sites can be an excellent source of ongoing information for counselors. Direct feedback to counselors may not always be appropriate, and should not be encouraged if it would compromise the client’s privacy or violate the boundaries. In some cases, counselors might encourage clients to call the test site and offer anonymous responses.

*Limited in number.*<sup>11</sup> Making several referrals at once can be overwhelming to many clients. Just as counselors can help

## Case Study

*Michael is a 55-year-old gay-identified man who comes in to test for HIV every six months. Andrew, his counselor, is a 32-year-old gay man who volunteers at the community-based agency where Michael is testing, and is also a licensed psychotherapist. After Andrew gives Michael his HIV-negative test result, the session is coming to a close. Michael, who has made reference to losing several friends to AIDS and to substance abuse, refers jokingly to the fact that he's lonely. "Sometimes I wonder why I'm alone on Friday night—I used to have so many friends. Then I remember ... they're dead! Sometimes I think, 'What difference would it make if I get HIV now?' I mean, I'm getting old, I don't have that much time left anyway."*

Andrew feels a flood of compassion for Michael. It has been months since he saw a client who had experienced so much HIV-related loss. Andrew's specialty is grief counseling, and he immediately starts to think of all the ways that he'd like to help Michael. He knows several excellent therapists and support groups that work with this issue, as well as books on the topic. In fact, there was one book that was particularly helpful to Andrew when his friend Ramon died. . . .

Suddenly, Andrew realizes that he's gotten off track. It's been a long day during which he has seen several clients in his private practice as well as at the test counseling site. He remembers that any interventions that he offers Michael should be within his limited role as an HIV test counselor, not as a psychotherapist, or from his own experiences of loss. He's amazed that so many thoughts could have raced through his head in a few seconds.

Andrew nods, acknowledging Michael's dilemma. "You've had a lot of loss. And earlier in the session you talked about what a huge impact losing friends has had on you. Lately, it's coming up more and more in your thoughts. It's worrisome to think, 'Maybe it wouldn't matter if I got HIV. What's the difference?' I'm wondering something. Since we have a limited amount of time to talk about this here, what do you think about talking more about it with a specialist, like a therapist?"

Michael smiles, and then shifts in his seat. "Yeah, I think that's a good idea," he says. "But I don't think I'm depressed."

Andrew realizes that for Michael, Andrew's suggestion of a therapy referral sounds like Andrew is labeling him. Andrew tries another approach, connecting Michael's own expressed interest in preventing HIV to the referral. He says, "Oh, I don't think it's necessarily a matter of you being depressed. It just seems that if you're noticing yourself thinking 'What's the difference?' that maybe it's a sign that it would be good to add some additional support to your HIV prevention kit. I mean, you've successfully kept yourself HIV-negative all these years. If there's a way to let some of what you're feeling out so that you can stay HIV-negative, it seems like it might be worth checking out."

"Can I see you?" Michael asks. "You seem like a good listener."

"Thanks, I'm glad we've had a good connection in the session," Andrew replies. "I don't see test counseling clients outside of here. I do, however, know a great therapist named Frank. He works at an agency just a couple of blocks from here. Several of my clients have reported a good experience there, and the agency has a sliding scale. Frank has worked with a lot of guys, men who have outlived their HIV-positive friends and lovers. If he's not available, or you don't feel a connection with him, they have some other counselors, or they can give you a referral."

Michael accepts the card that Andrew holds out to him. "Thanks. It has been good to talk about all this. Sometimes I feel like when I test is my best chance to talk about everything. I guess it couldn't hurt to talk to someone in between."

clients prioritize their key HIV-related and risk reduction steps, counselors can help clients prioritize referrals. Resources that can promote HIV prevention or help HIV-positive clients obtain care are always a priority.

### Conclusion

HIV test counselors are challenged to accomplish a great deal in an extremely limited amount of time. To do this, they must both remain within their limited role and make

good use of referrals. Appropriate referrals are a key intervention in the HIV test counseling session, linking clients with ongoing sources of support and multiplying the beneficial effects of the counseling session.

## Test Yourself

### Review Questions

1. True or False: Identification with the client is a crucial part of client-centered counseling.
2. In Osborn's STAMINA Model, the word "agency" refers to: a) the agency making the referral; b) the agency receiving the referral; c) the client's ability to achieve his or her own goals; d) all of the above.
3. True or False: Counselors should choose to offer abstinence-based substance abuse treatment referrals to their clients over referrals that emphasize substance use harm reduction.
4. Which of the following is not a possible referral for an injection drug-using client who tests HIV-negative? a) Comprehensive Risk Counseling Services; b) hepatitis C testing services; c) Partner Services; d) the Syringe Exchange Program.
5. Which of the following is an example of a counselor using the "third-personing" technique? a) "People who are serious

about reducing their HIV risk need to get into treatment for their substance abuse." b) "Some of my clients have told me that it was easier to stay safe once they had someone to talk with about their feelings." c) "I would like to give you a referral to our community STD clinic, where they can help you check that out." d) "What do you think would be the most helpful referral for you right now?"

6. In what ways is HIV test counseling different from case management? a) HIV test counseling is client-centered, while case management services are not; b) Case managers make referrals for clients, while HIV test counselors do not; c) HIV test counselors are knowledgeable about community resources, while case managers are not; d) Case managers comprehensively assess client needs, while HIV test counselors do not.

### Discussion Questions

1. What do you see as the biggest challenges to staying within the limited HIV test counseling role? What strategies do you use to stay within the limited role?

2. Which referrals do you think are the most critical ones for HIV test counseling clients to have? Why?

3. How does your program maintain and update referral resources? In what ways do you think that staff could ensure that the referrals they make are working for clients?

### Answers to Review Questions

1. *False. Empathy and interest are crucial to client-centered counseling. Identification with the client, on the other hand, can take the focus off the client, and pull the counselor out of the limited role.*
2. *c.*
3. *False. Both abstinence-based and harm reduction substance use referrals are available in many areas, and it is the client's decision as to which services will best meet his or her goals around substance use.*
4. *c.*
5. *b.*
6. *d. In addition, in some areas using the two-tiered testing model, HIV test counselors delivering lower-level services may not make referrals. For such counselors, "b" would also be true.*

### Using PERSPECTIVES

**PERSPECTIVES** is an educational resource for HIV test counselors and other health professionals.

Each issue explores a single topic. A **Research Update** reviews recent research related to the topic. **Implications for Counseling** applies the research to the counseling session. Also included are a **Case Study** and two sets of questions for review and discussion.

### HIV Counselor PERSPECTIVES

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