

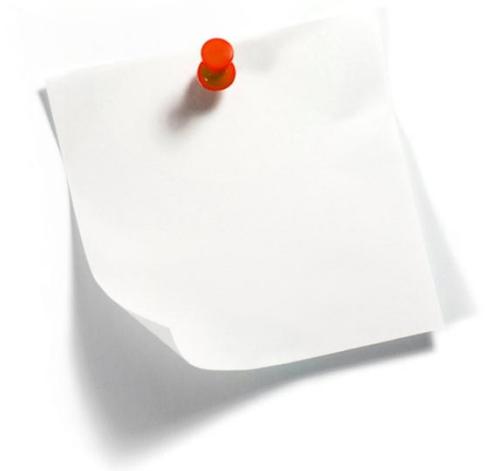
# FOUNDATIONS OF HIV COUNSELING AND TESTING

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DSHS Mandatory Update

# Agenda

- Introductions
- Review Key Changes from PBC to FCT
- Review Key Elements of FCT
- Question and Answer Period



# FCT vs. PBC

- Every client who requests a test does not require prevention counseling.
- The RRS uses professional discretion to determine if in-depth counseling is required.
- There is more flexibility in how the protocol is used, or if it is used at all.
- There is increased emphasis on prevention with individuals who are HIV+ and linkage to care.

# Goal of FCT



To improve the ability of providers to conduct HIV testing, counseling, and linkage to care.

# Workshop Objectives



**By the end of the workshop, participants will be able to:**

- Demonstrate appropriate application of counseling skills and concepts.
- Demonstrate appropriate application of behavior change theory and techniques to support individuals in making behavior changes that will reduce their risk of acquiring or transmitting HIV/STD/HCV.

# Workshop Objectives, cont...

- Demonstrate the five components of the client-centered risk reduction process, utilizing the protocol.
- **Demonstrate application of DSHS standards for giving test results.**
- **Demonstrate knowledge of DSHS standards for linkage to care for the HIV+ client.**

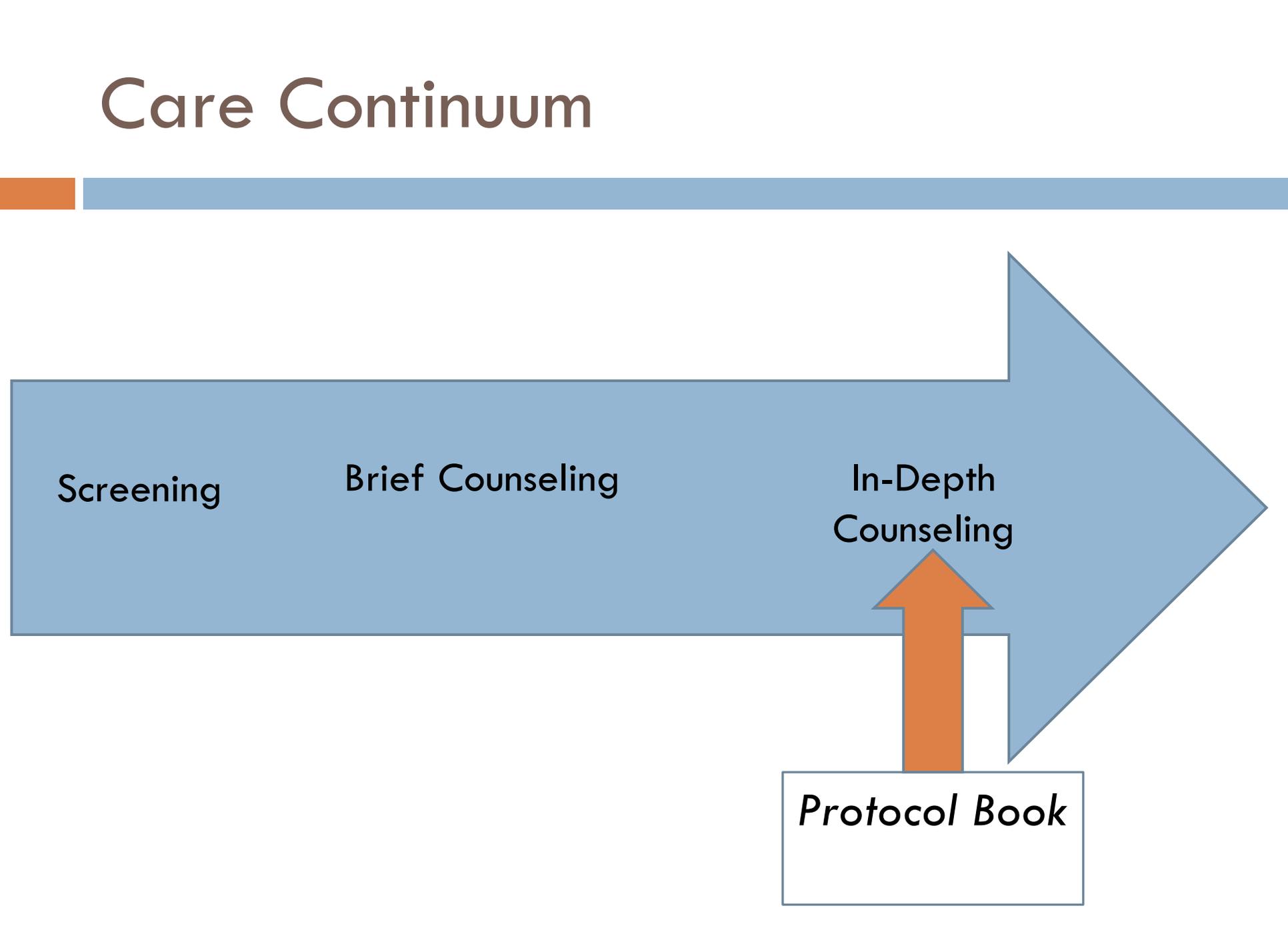
# Care Continuum

Screening

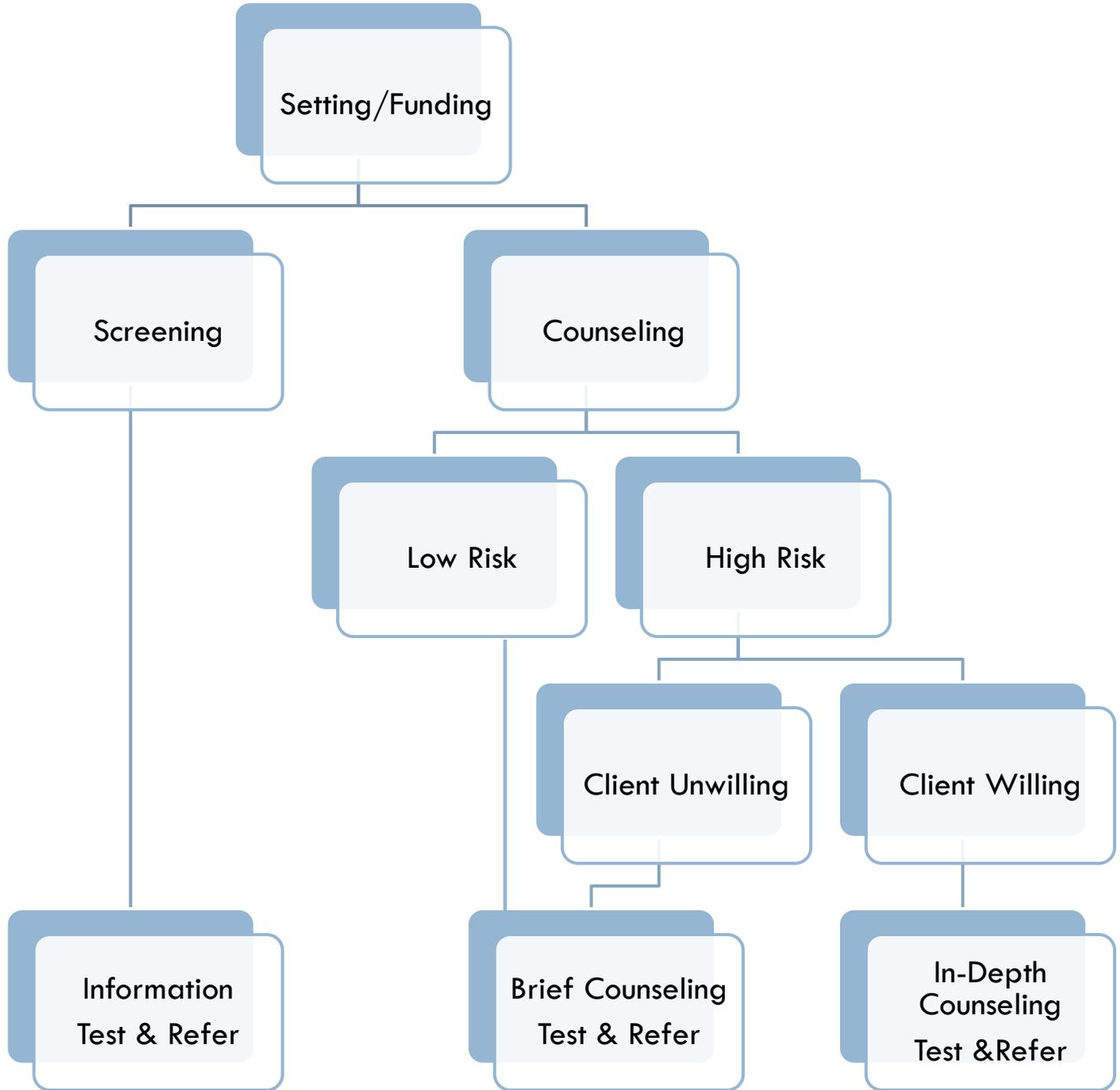
Brief Counseling

In-Depth  
Counseling

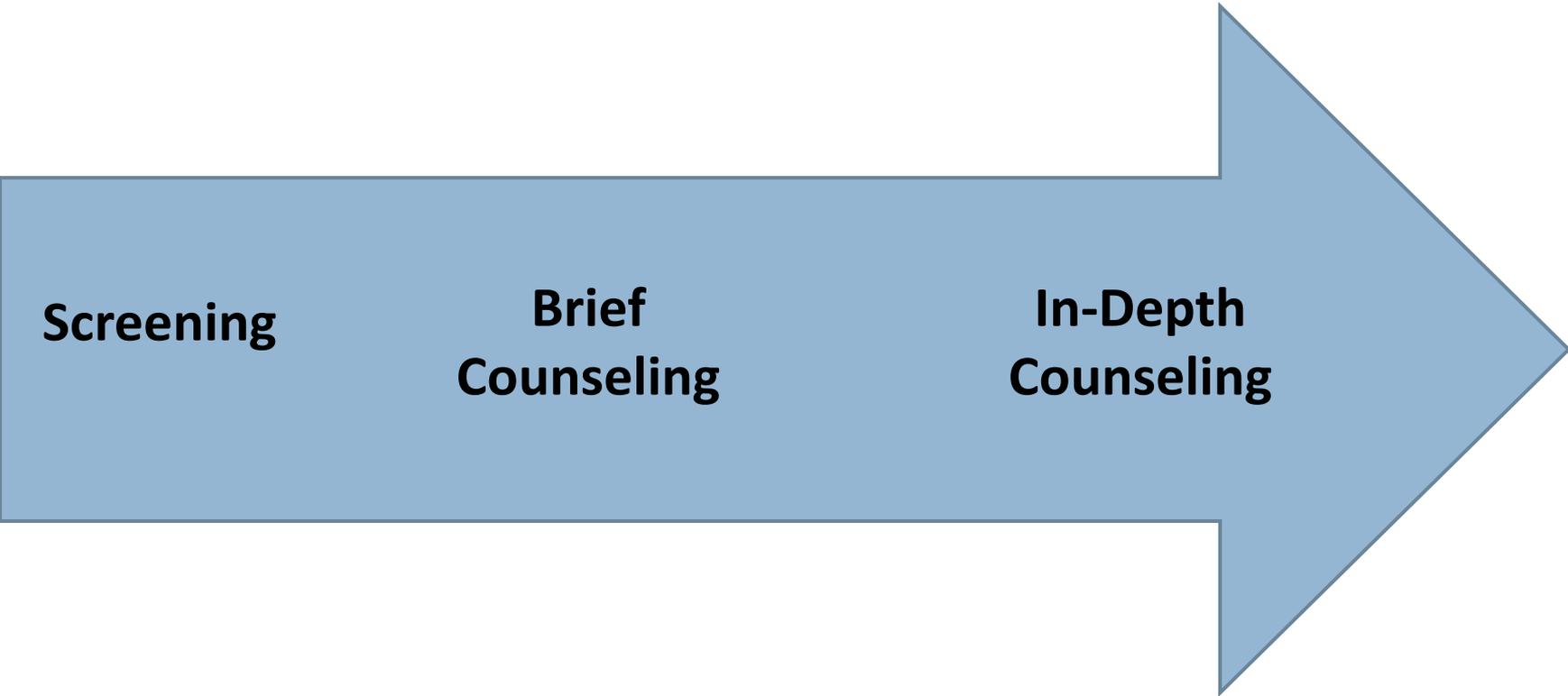
*Protocol Book*



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# Service Continuum



**Screening**

**Brief  
Counseling**

**In-Depth  
Counseling**

***Risk reduction counseling is not appropriate for all clients.***

**Partner**

**Sexual Risk Factors**

**Drug Risk Factors**

**Other**



# Counseling Continuum

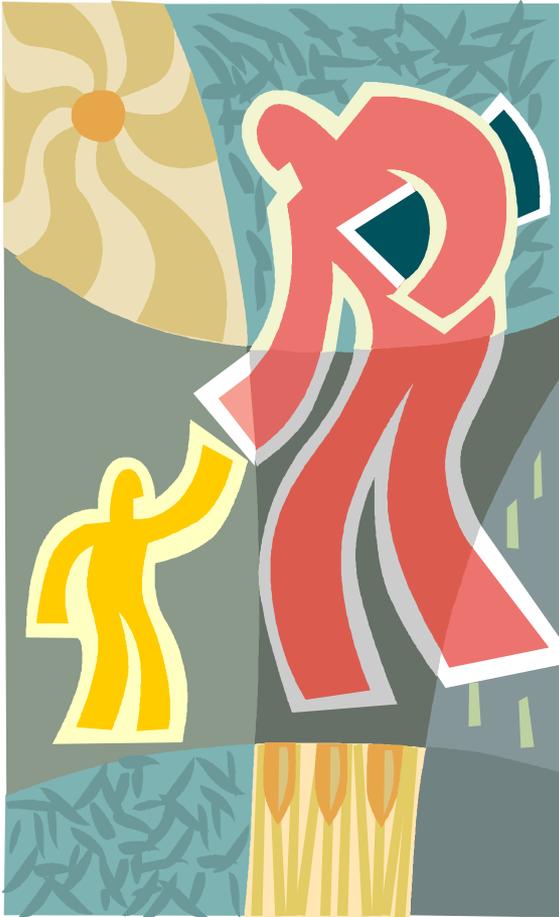
- Conduct a basic risk assessment with all clients.
- Use your professional judgment to decide if the client would benefit from risk reduction counseling or if they are low-risk and can proceed to testing.
- If the client does not need in-depth counseling, wrap-up, and proceed with the testing process.

Brief Counseling

In-Depth Counseling

# HIV National Strategy

## Linkage to Care



***“Establish seamless systems to immediately link people to continuous/coordinated care.”***

Statewide HIV Prevention Plan

<http://www.dshs.state.tx.us/hivstd/planning/cpg.shtm>

*Q. How does your agency follow-up or document that your client accessed the referral for HIV medical care?*



# Confirmation of Medical Care

- ❑ Confirmation (verbal or written) from the care provider
- ❑ Evidence of a medical appointment in a care reporting system
- ❑ Evidence of a CD4 or viral load test
- ❑ Confirmation from intermediate providers, such as DIS, case managers
- ❑ Self-report from the client

# Summary

- Every client who requests a test does not require prevention counseling.
- The RRS uses professional discretion to determine if in-depth counseling is required.
- There is more flexibility in how the protocol is used, or if it is used at all.
- There is increased emphasis on prevention with individuals who are HIV+ and linkage to care.

# Questions

