### COUNSELLING SKILLS

1. Provides warm reception  
   - Yes  
   - No  
   - N/A
2. Explains confidentiality  
   - Yes  
   - No  
   - N/A
3. Engages client in conversation  
   - Yes  
   - No  
   - N/A
4. Exhibits a non-judgmental approach  
   - Yes  
   - No  
   - N/A
5. Listens effectively  
   - Yes  
   - No  
   - N/A
6. Avoids inappropriate advice giving  
   - Yes  
   - No  
   - N/A
7. Communicates at client’s level of understanding  
   - Yes  
   - No  
   - N/A
8. Provides relevant and correct information  
   - Yes  
   - No  
   - N/A
9. Seeks clarification where necessary  
   - Yes  
   - No  
   - N/A
10. Uses and responds to non-verbal communication  
    - Yes  
    - No  
    - N/A
11. Uses silence well to allow for self expression  
    - Yes  
    - No  
    - N/A
12. Who is doing most of the talking?  
    - Counsellor  
    - Client  
    - Both partners in a couple  
    - One partner in a couple

### INDIVIDUAL PRE-TEST

1. Assesses knowledge of HIV  
   - Yes  
   - No  
   - N/A
2. Assesses client motivation for testing  
   - Yes  
   - No  
   - N/A
3. Collaboratively develops risk reduction plan  
   - Yes  
   - No  
   - N/A
4. Does condom demonstration  
   - Yes  
   - No  
   - N/A
5. Discusses disclosure with partner  
   - Yes  
   - No  
   - N/A
6. Obtains informed consent  
   - Yes  
   - No  
   - N/A

### TESTING SKILLS

1. Number of finger pricks  
2. Follows standard operating procedures  
3. Fills out standard laboratory register

### INDIVIDUAL POST-TEST

1. Sensitively provides test result and assesses impact on client  
   - Yes  
   - No  
   - N/A
2. Addresses client reaction  
   - Yes  
   - No  
   - N/A
3. Collaborative risk reduction plan  
   - Yes  
   - No  
   - N/A
4. Discusses disclosure with partner  
   - Yes  
   - No  
   - N/A
5. Makes condoms available  
   - Yes  
   - No  
   - N/A
6. Makes appropriate referrals  
   - Yes  
   - No  
   - N/A
7. Clarifies if need for retesting (neg)  
   - Yes  
   - No  
   - N/A
8. Discusses medical benefits of treatment and care (pos)  
   - Yes  
   - No  
   - N/A

### COUPLES PRE-TEST

1. Ensures each couple member has given informed consent  
   - Yes  
   - No  
   - N/A
2. Ensures that each couple member is aware that they are expected to disclose their test result to their partner  
   - Yes  
   - No  
   - N/A
3. Performs risk assessment  
   - Yes  
   - No  
   - N/A
4. Discusses possibility of serodiscordance  
   - Yes  
   - No  
   - N/A
5. Discusses impact of testing on each member of the couple  
   - Yes  
   - No  
   - N/A
6. Allows couple to raise questions  
   - Yes  
   - No  
   - N/A

### COUPLES POST-TEST

1. Sensitively provides test result to both partners  
   - Yes  
   - No  
   - N/A
2. Assists disclosure  
   - Yes  
   - No  
   - N/A
3. Develops joint risk reduction plan  
   - Yes  
   - No  
   - N/A
4. Discusses medical benefits of treatment and care (pos)  
   - Yes  
   - No  
   - N/A
5. If sero-discordant discusses facts, issues and risk reduction strategies  
   - Yes  
   - No  
   - N/A
6. Allows couple to raise questions  
   - Yes  
   - No  
   - N/A

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I am here to observe you and support you. This will help us to see what you are doing well and which areas you may require some additional support. I will only observe you with the consent of the client, whose confidentiality I will maintain.
Guidelines for Counsellor Observed Practice

Rationale

With the consent of the client, a counsellor can request to be observed by an experienced counsellor whilst in session. The value of observed practice is that it gives the counsellor instant feedback from a supportive senior counsellor or supervisor. The objective nature of the checklists help them to know whether they have conducted a client-centred session, have remembered the key components of the pre- and post-test counselling protocols and how well they dealt with the client’s emotional reaction. Supervision by observation is intended as a continuation of the learning process and as such should be supportive rather than fault finding. Where rapid testing is conducted in room it serves as a useful tool to observe adherence to standard operating procedures for rapid testing as well. It is designed to be used in all approaches and settings where HTC is conducted and for observing counselling sessions with couples as well as with individuals. The tool will require adaptation to local circumstances and protocols.

“I am here to observe you and support you. This will help us to see what you are doing well and which areas you may require some additional support. I will only observe you with the consent of the client, whose confidentiality I will maintain.”

When to use Observed Practice

Observed practice can be used at the end of training but before a trainee is certified as competent. National guidelines may stipulate the number of sessions that are required to be observed but a minimum of ten is recommended that includes at least one session with a couple and at least one which involves giving a positive result.

Observed practice can also be used for on-going professional development with more experienced counsellors. Used regularly (twice per year) it is suitable when relationships are supportive when a culture of mentoring already exists and when individual one-on-one support may be required.

“I plan to observe a number of sessions and some of the different situations that you might face. When I am observing, I will not interrupt the session unless absolutely necessary. I will sit out of the way in a place that does not intrude.”

How to complete the Tool

1. The observer should be familiar with the approach, counselling protocols and, where applicable, the standard operating procedures for rapid testing at the site where the observation is taking place.
2. Each client needs to be told that training is in process and asked if their consent sought for having an observer in the session.
3. Confidentiality should be maintained at all times by the observer. This creates an atmosphere where the participant can develop confidence and also learn by example about confidentiality from the observer.
4. Indicate the date and site, counsellor’s and your own names
5. Tick whether the HTC approach as this determines the counselling protocol that is followed. For VCT sites co-located in health facilities tick VCT is the session was client-initiated and PITC if the session was provider initiated.
6. Fill in the column on counselling skills as you go along. If you observe a particular skill then indicate this. At the end of the session take a few moments to go back to this section and reflect on the counsellor’s use of skills. This column applies to all approaches of HTC
7. Some questions may not be appropriate to the approach (PITC, VCT or home-based). While there may be overlap the PITC sessions are shorter and follow a shortened protocol with a slightly different focus. If this is the case and the skill or information is not part of the protocol tick N/A (not applicable).
8. Fill in the protocol-specific sections according to the session that is being observed (individual or couple session)
9. In settings where in-room rapid testing is conducted then fill in the number of finger pricks that were required and whether standard operating procedures were adhered to.

“Let me give you some feedback on the session I just observed. The aim of the feedback is to support you and to help you learn so I will focus it on specific areas that you did well and areas where you might have done things differently..”