

Counselor's Quality Assurance Inventory: Briefing notes

This inventory is a tool to assist counselors, observers, and center management to determine the level of counseling competency demonstrated by counselors. It provides an opportunity to strengthen existing counseling practice across counseling staff in Voluntary Counseling and Testing sites, as well as ensuring high quality services to the clients who access such services. The form is intended for use by counseling supervisors, site facilitators, external evaluators (who are trained counselors), and any other individual nominated as possessing the mandate to conduct quality assurance (QA) in counseling.

The purpose of administering the Counselor Quality Assurance Inventory should be clearly explained to counselors. It is essential that counselors perceive this process as one that enhances their professional development and contributes to the value of the counseling profession in general. Those who administer the tool should be able to develop rapport with counselors and be perceived as non-threatening in order to foster total engagement in the QA process.

The tool can be used in sessions:

- with actual clients (only after obtaining informed consent from the client to observe a session as well as explaining the reason for observing the session as a way of maintaining high quality services)
- with mystery clients
- with trainee counselors.
- where role play is used as simulation of counseling with actual clients

A baseline of **two counseling sessions should be assessed per counselor per round** (in which the general application of counseling skills as well as pre or post test counseling skills are observed).

Please ensure you have read these briefing notes before recording your observations and impressions. To establish a firm basis for your assessment, note partial quotations and specific observations where appropriate. If a counselor does not demonstrate a skill as per the skill category definition, be sure to document (in the comments column) a description of what was observed that led to your assessment. If you require more space use the back of the sheet with a "refer to backside" noted in the column.

After completion of the tool, and once the session is over, the supervisor should allow for 30 - 60 minutes to debrief with the counselor on their observations and to encourage counselor reflection of the session. Where this may not be feasible (e.g. clients are waiting for VCT), an appointment should be made with the counselor for a debriefing to occur as soon as possible.

VCT Counselor Quality Assurance Tool

Site Name: _____ Site Code: _____

Date visited: _____

Supervisor: _____

Counselor: _____

Type and number of counseling sessions assessed (circle as appropriate):

Pre test ___ Post test ___ General counseling ___ Follow up support ___ Counseling Role Play ___

Scoring: Excellent/very good (4), good (3), satisfactory (2), poorly done/not done at all (1)

Application of general counseling skills

SKILL	V. Good (4)	Good (3)	Satisfac tory (2)	Poor (1)	Not Applicable	Comments
1.Provides warm reception, greeting and introduction						
2.Explains and ensures confidentiality						
3.Initiates interaction and engages client in conversation						
4.Develops rapport and respect of client						
5.Demonstrates emotional warmth and support						
6.Exhibits a non-judgmental approach						
7.Listens effectively						
8.Uses a client-centered approach (which avoids inappropriate advice giving)						
9.Assesses client's needs appropriately						
10.Uses open-ended questions						
11.Communicates at client's level of understanding						
12.Provides relevant and correct factual information						
13.Seeks clarification where necessary						
14.Encourages client feedback						
15.Provides appropriate health education						
16.Uses appropriate praise						
17.Uses and responds to non-verbal communication						
18.Demonstrates ability to facilitate problem solving appropriate to issues at hand						
19.Uses silence well to allow for self expression						
20. Avoids premature conclusions						
21.Recognises own boundaries and limitations						
22.Refers clients to other counselors when appropriate						
23. Refers clients to care and support services appropriately (provides referral letter as required)						

24.Demonstrates flexibility, creativity and sensitivity in overcoming obstacles						
25. Ensures relative adherence to counselling protocol						

For INDIVIDUAL pre test counseling only

SKILL	V. Good (4)	Good (3)	Satisfactory (2)	Poor (1)	Not Applicable	Comments
26.Carefully explains confidentiality and anonymity of testing/result						
27.Assesses client's knowledge of HIV transmission related to personal risk behaviors						
28.Corrects misconceptions related to personal risk behaviors						
29.Assesses client's risks – explores circumstances of risk behavior /assesses suitability and motivations for testing						
30. Reviews risk reduction options						
31.Collaboratively develops plan for risk reduction with achievable steps						
32.Provides male and female condom demonstration (as appropriate)						
33. Assesses impact and feasibility of testing – assists client in testing decision						
34.Clarifies commitment to test or wait						
35. Assesses waiting period plans (including existing support system)						
36.Discusses disclosure plans (including partner, family member, friend etc)						
37. If testing today, obtains Informed Consent						
38.Encourages and responds to client's questions						

For COUPLE pre-test counseling only

SKILL	V. Good (4)	Good (3)	Satisfactory (2)	Poor (1)	Not Applicable	COMMENTS
39.Ensures that each couple member has given Informed Consent						
40.Ensure each couple member is aware that he/she is expected to disclose their test result to their partner						
41.Conducts pre test counseling						
42.Performs risk assessment (together or separately) as appropriate						
43.Conducts male and female condom demonstration (as appropriate)						
44.Assesses impact of testing on						

each member of the couple (including discussion of sero-discordance)						
45. Assesses waiting period plans						
46. Discusses support system						
47. Invites questions and responds accordingly						

For NEGATIVE RESULT post-test sessions only

SKILL	V. Good (4)	Good (3)	Satisfactory (2)	Poor (1)	Not Applicable	Comments
48. Assesses readiness of client to receive results						
49. Sensitively provides negative test results and assesses impact of result on client						
50. Discusses meaning of test result						
51. Assesses most recent exposure and need for retest (window period) as applicable						
52. Reviews clients knowledge of HIV/AIDS						
53. Reviews risk reduction options						
54. Collaboratively develops appropriate risk reduction plan						
55. Assesses/refers client for further counseling/care or support services as appropriate						
56. Makes available written materials and condoms whilst promoting the importance of maintaining negative status						
57. Allows client to ask questions and respond appropriately						
58. Completes record keeping						
59. Links client to appropriate services to support risk reduction (provides referral letter if necessary)						

For POSITIVE RESULT post test sessions only

SKILL	V Good (4)	Good (3)	Satisfactory (2)	Poor (1)	Not Applicable	Comments
60. Assesses readiness of client to receive results						
61. Sensitively provides result and assesses impact of result on client						
62. Provides time for client reflection/reaction						
63. Discusses strategies of hope including benefits of early medical treatment (OI's, STIs, TB/PCP prophylaxis) and positive living						
64. Discusses avoidance of (re) infection/risks to self and others						
65. Reviews client's knowledge of risk reduction and current practices						
66. Discusses plans for partner/s						

notification						
67. Arranges follow up post test session and/or assists client with referral to additional care and support service as appropriate						
68. Provides reading & IEC materials on test results or other as appropriate (including family planning, ARV, etc)						
69. Offers clients condoms to take home						
70. Discusses PMTCT as appropriate						
71. Allows client to ask questions and responds accordingly						
72. Links client to medical and other appropriate services as necessary (provides referral letter to necessary post test care, support services)						
73. Completes record keeping						

FOR GIVING RESULTS TO COUPLES

SKILL	V Good (4)	Good (3)	Satisfactory (2)	Poor (1)	Not Applicable	Comments
74. Revisit pre-test issues						
75. Assesses impact of test results and identifies with clients best way to proceed (separately or together)						
76. Assists one member of the couple to share their result with his/her partner						
77. If both positive, proceeds as per positive individual protocol						
78. If both negative, proceeds as per negative individual protocol, focusing on maintenance of negative status						
79. If sero-discordant discusses facts, issues and risk reduction strategies (and referral letter)						
80. Makes appointment for follow up session for positive and discordant couples. For negative couples, offers follow up as per identified risk behaviors						
81. Makes appropriate referrals in support of risk reduction and/or medical or other services (provides referral letter to all discordant and positive couples)						
82. Completes record keeping						

Additional Comments (areas of strength, weakness, etc)

Recommendations for follow up: (supervision/peer support/refresher training/capacity building etc)

Signed: (evaluator) _____

Signed: (counselor) _____

Date: _____

Explanation of Skills Categories

Overall Counselling Skills:

1. Provides warm reception, greeting and introduction

Provides an introduction of him/herself and encourages client to feel comfortable in their surrounds through application of a welcoming and non-threatening manner.

2. Explains and ensures confidentiality

Regarding information discussed within the session and issuing of test results. Limitations of confidentiality must also be discussed such as access by another counselor to client files if existing counselor is unavailable at the time of the next follow up visit.

3. Initiates interaction and engages client in conversation

Introduces information in a neutral tone and manner and encourages the client to feel free to explore the range of issues for which they have presented today.

4. Develops rapport and respect of client

The counselor must foster an effective working relationship with the client. The client must deem the counselor as confident and professional in their role.

5. Demonstrates emotional warmth and support

A pleasant tone, positive facial gestures including a natural smile, appropriate use of nodding and gentle encouragement helps clients to experience the benefits of open communication.

6. Exhibits a non-judgmental approach

Clients need to feel free to express themselves and to discuss issues of a sensitive nature without fear of being condemned or judged as a result of their actions. Counselors should refrain from using negative or condescending language.

7. Listens effectively

Does not interrupt the client unnecessarily. Responds to client/s questions through paraphrasing, reiterating, and clarifying. This should be done in an empathic manner.

8. Uses a client-centered approach (which avoids inappropriate advice giving)

Works with where the client “is at” in their life. Is not prescriptive in their approach. Promotes and demonstrates understanding of the uniqueness of individuals.

9. Assesses client’s needs appropriately

Respectfully helps the client to focus on issues relating to their individual circumstances (regarding testing and risk practices). If a client has presented for issues non-specific to the site (e.g. non HIV or VCT related) the counselor should be able to demonstrate their assessment skills in determining how to proceed. This will depend upon the policy of the service, the external referral options available within the locality, and the client’s needs/wishes.

10. Uses open-ended questions

Uses questions beginning with “who”, “what”, “where”, “when”, “how”, and “tell” in order to stimulate meaningful responses. This is especially pertinent in discussion of risk assessment and risk reduction.

11. Communicates at client’s level of understanding

Avoids use of jargon, technical terms or words that are beyond the client’s level of comprehension.

Explains medical and technical aspects clearly and simply. Incorporates the style of language of the client in discussion.

12. Provides relevant and correct factual information

Provides accurate information that is of benefit to the client. It may be inappropriate to talk at length on prevention of mother to child transmission (PMTCT) to a woman beyond reproductive age, or to discuss anti-retrovirals at length to someone with no access to such.

13. Seeks clarification where necessary

Does not pretend to understand if a client appears unclear or gives mixed messages. The counselor takes time to ensure that he/she is aware of the issues at hand.

14. Encourages client feedback

After providing information, asks appropriate questions to determine if clients have understood information. Assesses client intentions, plans and inquires as to the client's current emotional state.

15. Provides health education appropriately

Delivers relevant HIV/AIDS and related health education that is suited to the client's needs. The counselor should not deliver health educational material that is not related to a particular client's context.

16. Uses appropriate praise

Affirms client's efforts regarding risk reduction and/or behavior change through use of smile, nods and verbal encouragement.

17. Uses and responds to non-verbal communication

Conveys sincere interest by maintaining eye contact as is culturally appropriate. Negative non-verbal signs such as eye rolls, sighs, anger, disdain, finger shaking, and expressions of disinterest such as yawning should be avoided. The counselor must also be attentive to the non-verbal messages conveyed by the client, especially those that may indicate distress or anxiety.

18. Demonstrates ability to facilitate problem solving appropriate to issues at hand

Discusses potential obstacles for the client in a respectful and non-confrontational manner. Assists with problem identification through breaking down aspects in to tangible components, and helping the client to envisage beneficial solutions.

19. Uses silence well to allow for self-expression

Demonstrates comfort at allowing the client "to be" when necessary. Avoids the temptation to fill silence with dialogue that may hinder the reflection process.

20. Avoids premature conclusions

The counselor must allow for the client to work at their own pace and arrive at their own risk reduction plan and/or testing plans rather than being coerced in to agreeing to take on decisions desirable to the counselor.

21. Recognizes boundaries and limitations

The counselor should be explicitly clear within their role as "helper". Counselors should not act beyond their role in any manner e.g. making false promises or working with clients beyond their skills base.

22. Refers clients to other counselors when appropriate

In keeping with the former, counselors should possess self-awareness and wisdom to know when a client may benefit from referral (e.g., a more experienced counselor, one who is older/younger/or opposite gender etc.).

23. Refers clients to care and support services appropriately

All clients should be given the option of referral for additional service provision where appropriate. Counselors must have adequate knowledge of services available and how to access them. In addition, counselors should provide a letter of referral as necessary.

24. Demonstrates flexibility, creativity and sensitivity in overcoming obstacles

In keeping with the client-centered approach, a counselor should be skilful in determining appropriate ways to empower clients. Use of proverbs, synonyms, folktales, biblical tales, song, and drawing can be excellent tools for facilitating awareness (subject to the client's background, values, attitudes and beliefs).

25. Ensures the session follows the counseling protocol

To ensure consistent delivery of this evidence-based model of HIV prevention counseling, counselors should guide the session as intended in the counseling protocol and as outlined in counselor cue cards and/or according to training.

Pre test counseling skills

26. Carefully explains confidentiality and anonymity of testing/result

Explains the Center policy on privacy - including inability to provide test results in writing or by phone, use of code numbers, providing results only to the client and that certification documentation can not be provided.

27. Assesses client's knowledge of HIV

Asks client to describe his/her knowledge about HIV transmission and prevention and corrects gently any misconceptions.

28. Corrects misconceptions

Where the client is misinformed e.g. transmission through mosquitoes or deep kissing, provides correct information in a clear, simple manner.

29. Assesses client's risks/need for test

Asks why the client has sought to test and determines the existence and nature of risk. Explains additional transmission risks (not previously mentioned by client). Emphasizes that any risk affecting a partner affects the client. Describes the "window period" for sero-conversion relating to last risk exposure.

30. Reviews risk reduction options

Discusses with the client knowledge of risk reduction strategies and explores any strategies that are currently used e.g. safer sex with all partners/casual partners/limiting alcohol intake etc.

31. Collaboratively develops plan for risk reduction

Works with the client to develop realistic and manageable plans. Ways of making these plans acceptable and achievable for the client and potential partners should be explored. The counselor should build upon the client's strengths and current self-practices as much as possible.

32. Provides male and female condom demonstration (as appropriate)

Wherever appropriate the counselor should encourage the client to undertake the demonstration (where they state proficiency in use). Counselors should then provide support for correct actions and suggest aspects for improvement. Where "models" are available they should be used.

33. Assesses impact and feasibility of testing

Help the client to contemplate the costs and benefits of knowing their sero-status. Discuss risk of re-infection and transmission to others. Provide supportive information on the benefits of knowing one's status e.g. medical treatment, positive living, counseling, peer support etc

34. Clarifies commitment to test or wait

Provide a context in which the client is able to make an informed decision on whether to test or to postpone.

35. Assesses waiting period plans (including existing support system)

Evaluates how the client would cope with time between the current visit and receiving their test result. Offers emotional follow up support as required.

36. Discusses disclosure plans (including partner, family member, friend, priest etc)

The counselor explores with the client, with whom they might share their result with after testing. If the client responds "no one", the counselor should use a problem solving approach to attempt to identify one safe individual. This person would be someone who would demonstrate unconditional support for the client, irrespective of the outcome of their sero-status. In addition, the issue of disclosure with sexual partner/s should be adequately explored in the context of the individual client's circumstances.

37. If testing today, obtains Informed Consent

The counselor must explain the consent form to the client and ensure it is signed before blood is drawn.

38. Encourages and responds to client's questions

Provides an unhurried setting for clients to pose questions. Answers in a supportive manner and allows pause for clients to reflect and clarify where necessary. Provides supportive reading materials and/or referral as available and appropriate.

Couple Counseling Skills:

39. Ensures that each couple member has given Informed Consent.

40. Ensure that the individual is aware that he/she is expected to disclose their test result to their partner

See 36. In addition, the counselor must ensure they are informed to return for test results together, and that during post test counseling mutual disclosure will be facilitated.

40. Conducts pre test counseling

Follow process as per individual protocol

41. Performs risk assessment (together or separately) as appropriate

The counselor should encourage client self-determination on whether to undertake the risk assessment together or separately. The counselor should outline the benefits of both options and request feedback from both parties. Where it is evident that there is one dominant party within the couple that may hinder an effective joint assessment, the counselor should recommend separate assessments be carried out. However, the ultimate decision on whether to undertake risk assessment together or separately rests with the couple.

42. Conducts male and female condom demonstration as appropriate Wherever appropriate the counselor should encourage the client to undertake the demonstration (where they state proficiency in use). Counselors should then provide support for correct actions and suggest aspects for improvement. Where “models” are available they should be used.

43. Assesses impact of testing on each member of the couple (including discussion of sero-discordance)

See 36. In addition, couples must be made aware of sero-discordance and related issues.

44. Assesses impact of counselling and testing on couple (including discussions of sero-discordance)

The counselor should ensure that the couple understands that their results might be discordant and that this result does not necessarily imply infidelity (ie role of past behavior on individual status). The counselor should also seek to ensure that each partner would be safe following disclosure of a positive result through asking questions about future plans in the event that one or both partners are found to be positive.

45. Assesses waiting period plans.

Evaluates how the client would cope with time between the current visit and receiving their test result. Offers emotional follow up support as required.

46. Discusses support system.

The counselor explores with the client, with whom they might share their result with after testing. If the client responds “no one”, the counselor should use a problem solving approach to attempt to identify one safe individual. This person would be someone who would demonstrate unconditional support for the client, irrespective of the outcome of their sero-status. In addition, the issue of disclosure with sexual partner/s should be adequately explored in the context of the individual client’s circumstances.

47. Invites questions and responds accordingly.

Provides an unhurried setting for clients to pose questions. Answers in a supportive manner and allows pause for clients to reflect and clarify where necessary. Provides supportive reading materials and/or referral as available and appropriate.

Negative Result Sessions

48. Assesses readiness of client to receive results

Evaluates client’s level of anxiety regarding test results with emphasis upon coping mechanisms.

49. Sensitive provides negative test results and assesses impact of result on client

Delivers the result in a neutral tone and allows the client to absorb the news. Asks how the result affects the client. Assesses client reaction.

50. Discusses meaning of test result

Provides factual information. Helps the client to define what they understand by the result.

51. Assesses most recent exposure and need for retest (window period) as applicable

Discusses the window period. Helps the client to define their level of risk. Encourages the client to re-test at the appropriate time as appropriate.

52. Reviews client’s knowledge of HIV/AIDS.

Asks client to describe his/her knowledge about HIV transmission and prevention and corrects gently any misconceptions.

53. Reviews risk reduction options.

Discusses with the client knowledge of risk reduction strategies and explores any strategies that are currently used e.g. safer sex with all partners/casual partners/limiting alcohol intake etc.

54. Collaboratively develops appropriate risk reduction plan.

Works with the clients to develop realistic and manageable plans. Ways of making these plans acceptable and achievable for the clients and any other potential partners should be explored. The counselor should build upon the clients' strengths and current practices as much as possible.

55. Assesses/refers client for further care/care or support services

Clients should be offered direct linkages with care and support services as well as follow up counseling if any high risk practices or exposures are present and/or likely to continue.

56. Makes available written materials and condoms whilst promoting the importance of maintaining negative status

Offers written information appropriate to client's needs as well as condoms. Reiterates that a negative result does not mean a negative result for life and empowers the client to commit to designated risk reduction plans.

57. Allows client to ask questions and respond appropriately

Provides an unhurried setting for clients to pose questions. Answers in a supportive manner and allows pause for clients to reflect and clarify where necessary. Provides supportive reading materials and/or referral as available and appropriate.

58. Completes record keeping

Completes post test form and any other relevant documentation.

59. Links client to appropriate products/ services to support risk reduction

Provides client with condoms and/or preventive IEC materials. At client

Positive Result Sessions

60. Assesses readiness of client to receive results

Evaluates client's level of anxiety regarding test results with emphasis upon coping mechanisms. Determines potential suicidal ideation. Suicidal ideation should be ruled out if results are to be issued today.

61. Sensitively provides result and assesses impact of result on client

Delivers the result early in the session in a neutral tone. Allows the client to absorb the information. Asks how the result affects the client. Communicates acceptance of client's reaction through verbal and non-verbal responses.

62. Provides time for client reflection/reaction

Allows adequate pause and silence for the client to react and internalize information. Offers a glass of water or facial tissue as required.

63. Discusses benefits of early medical treatment (OI's, STIs, TB preventive therapy/PCP prophylaxis)

Provides strategies of hope through discussion of advantages of medical evaluation, prevention and/or and treatment options. Discusses actions a client can take to protect and enhance his/her immune system.

64. Discusses avoidance of (re) infection/risks to self and others

Discusses recommendations for preventing the spread of HIV to others including spouses. Emphasizes the importance of protecting oneself to avoid further depletion of the immune system through exposure to other STDs and other strains of HIV.

65. Reviews client's knowledge of risk reduction and current practices

Discusses client's current practices and safer sex behaviors, revisits the client risk reduction plan made earlier.

66. Discusses plans for partner/s notification

Highlights the possibility of receiving psychosocial support and enhancing capacity to protect partner/s. Where the client fears retribution or is reluctant about notifying a partner, the counselor should explore strategies to address this issue. Role play and coaching can be useful tools. The counselor should explore the advantages and disadvantages of notification. Challenging skills may be required by the counselor – especially in relation to promoting the client's "duty of care". The counselor should provide literature on facilitating disclosure as available and/or appropriate.

67. Arranges follow up post test session and/or assists client with referral to additional care and support services

All positive clients should be encouraged to attend a follow up post test session at a time that allows for full absorption of test results. Referral to care and support services (including for TB preventive therapy, co-trimoxazole prophylaxis to prevent PCP, access to anti-retroviral therapy, etc) should also be facilitated. This includes access to other people living with HIV and/or a support group and/or post test club.

68. Provides reading materials, condoms etc

Especially literature on positive living, nutrition, TB and opportunistic infections, and STI services and ARVs where appropriate.

69. Provides client with condoms to take home

70. Discusses prevention of mother to child transmission of HIV (PMTCT) as appropriate

Both positive men and women of reproductive age should be made aware of PMTCT, its potential to exacerbate disease progression in the pregnant mother, and the range of options available to prevent such transmission.

71. Allows clients to ask questions and respond accordingly.

Provides an unhurried setting for clients to pose questions. Answers in a supportive manner and allows pause for clients to reflect and clarify where necessary. Provides supportive reading materials and/or referral as available and appropriate.

72. See 67.

73. Completes post test form. See 57

Giving Results to Couples

74. Revisits pre-test issues including the meaning of negative, positive and discordant results.

75. Assesses impact of test results and identifies with clients best way to proceed.

See 60. Explores and assesses feasibility of proceeding individually or together.

Evaluates client's level of anxiety regarding test results with emphasis upon coping mechanisms.

76. Assists one member of the couple to share their result with his/her partner

Does not disclose an individual test result without the client's permission. Encourages client self determination. Facilitates disclosure.

77. If both positive, proceeds as per positive individual protocol.

Focus on individual risk reduction plan as well as risk reduction as a couple.

78. If both negative, proceeds as per negative individual protocol, focusing on maintenance of negative status

Focus on individual and couple risk reduction plans.

79. If sero-discordant discusses facts, issues and risk reduction strategies

Emphasize that the negative partner can remain negative and that the importance of risk reduction strategies (as individuals and as a couple)

80. Allows clients to ask questions and respond accordingly.

Provides an unhurried setting for clients to pose questions. Answers in a supportive manner and allows pause for clients to reflect and clarify where necessary. Provides supportive reading materials and/or referral as available and appropriate.

81. Makes appointment for follow up session for positive and discordant couples. For negative couples, offers follow up as per identified risk behaviors.

82. Makes referrals to appropriate follow up medical or other supportive services as necessary.

83. Completes record keeping.