HIV PREVENTION COUNSELING AND PARTNER ELICITATION
COUNSELOR REVIEW FOR TDH HIV PREVENTION CONTRACTORS

COUNSELOR_____**DATE**_____

REVIEWER_____**SITE**_____

- **REVIEWER MAY NOTE "N/A" FOR NOT APPLICABLE**
- **REVIEWER MUST PROVIDE DOCUMENTATION FOR ANYTHING MARKED "NEEDS IMPROVEMENT" OR "EXCEEDS STANDARDS"**

	EACH COUNSELING SESSION	NEEDS IMPROVEMENT	MEETS STANDARDS	EXCEEDS STANDARDS
1	*ESTABLISH/IMPROVE CLIENT'S SELF-PERCEPTION OF RISK*			
2	*IDENTIFY/SUPPORT BEHAVIORAL CHANGES ATTEMPTED*			
3	*NEGOTIATE A REALISTIC RISK-REDUCTION PLAN WITH CLIENT*			

COMMENTS: _____

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	COUNSELING CONCEPTS	NEEDS IMPROVEMENT	MEETS STANDARDS	EXCEEDS STANDARDS
4	*FEELINGS FIRST*			
5	*THIRD PERSONING*			
6	*NTH DEGREE*			
7	*OFFER OPTIONS, NOT DIRECTIVES*			
8	*"YOU ARE NOT THE TARGET"*			
9	*"WHO'S IN CHARGE"*			
10	*ASSERTIVENESS*			

COMMENTS: _____

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	BASIC COUNSELING SKILLS	NEEDS IMPROVEMENT	MEETS STANDARDS	EXCEEDS STANDARDS
11	*OPEN QUESTIONS*			
12	*ATTENDING*			
13	*PARAPHRASING*			
14	*REFLECTING FEELINGS*			
15	*PROVIDING INFORMATION SIMPLY, ONLY AS NEEDED*			
16	*REFRAMING*			
17	*CONSTRUCTIVE CONFRONTATION*			
18	*SUMMARIZING AND CLOSING*			

COMMENTS: _____

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	TEST DECISION COUNSELING	NEEDS IMPROVEMENT	MEETS STANDARDS	EXCEEDS STANDARDS
19	*BENEFITS/COSTS OF TESTING*			
20	*ANTICIPATED FEELINGS REGARDING TEST RESULTS*			
21	*CONFIDENTIAL AND ANONYMOUS TESTING OFFERED EQUALLY*			
22	*RELATIONSHIP BETWEEN TESTING & BEHAVIOR-CHANGE PLAN*			
23	*SUMMARIZE DECISION/ASSIST WITH IMPLEMENTATION*			

COMMENTS:_____

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	GIVING TEST RESULTS	NEEDS IMPROVEMENT	MEETS STANDARDS	EXCEEDS STANDARDS
24	*ASSESS CLIENT READINESS TO RECEIVE RESULTS*			
25	*INTERPRET RESULT/ENSURE UNDERSTANDING*			
26	*RENEGOTIATE/REINFORCE EXISTING RISK-REDUCTION PLAN*			
27	*ELICIT PARTNERS FOR NOTIFICATION (POSITIVES ONLY)*			

COMMENTS: _____

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	REFERRAL	NEEDS IMPROVEMENT	MEETS STANDARDS	EXCEEDS STANDARDS
28	*ASSESS CLIENT NEEDS FOR SERVICES*			
29	*PROVIDE REALISTIC REFERRALS TO MEET CLIENT NEEDS*			

COMMENTS: _____

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	PARTNER ELICITATION	NEEDS IMPROVEMENT	MEETS STANDARDS	EXCEEDS STANDARDS
30	*ELICIT PARTNER'S NAMES FIRST*			
31	*OBTAIN DESCRIPTIVE/LOCATING INFORMATION FOR EACH PARTNER*			
32	*ENCOURAGE PROVIDER/HEALTH DEPARTMENT REFERRAL*			
33	*COACH CLIENT ON EACH SELF REFERRAL*			

COMMENTS : _____

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PLAN OF ACTION:

1.)

2.)

3.)

4.)

5.)

*COUNSELOR SIGNATURE*_____DATE_____

*REVIEWER SIGNATURE*_____DATE_____