A HANDBOOK FOR THE BAREFOOT COUNSELLOR

QUALITY CARE GIVING

IN

HIV and AIDS

PREFACE

CRS India's North-east office started the LIFEAID project in October 2008 in the three states of Manipur, Mizoram and Nagaland. This three year project seeks to reach out to PLHIV throughout the life of the project period. It has adopted a holistic approach and is an attempt to integrate different care and support services for PLHIV and to bring in a sense of ownership at the community level through a multi pronged approach targeting the PLHIV, care givers and the community as a whole. While trying to achieve these goals, it is critical to build and strengthen the capacities of the implementing partners through which the different services will be provided to the PLHIV and the larger community.

It has been a felt need that the counselors at the Positive Living Centers under the LIFEAID project need to be equipped with the necessary counseling skills which would enable them to reach out to and counsel the PLHIV and the care givers effectively.

With the limited understanding of this highly specialized area of counseling at CRS India North-East office, it has been decided that it would be appropriate to outsource it to MIND India who have the requisite professional skills and experience to develop the Handbook, conduct the training programme for the counselors and assist in monitoring activities.

This handbook has been specifically developed for the counsellors working at the Positive Living Centers of the LIFEAID project in various organizations under the Catholic Relief Services involved in the care and care and support of the HIV and AIDS infected and affected populace in the North Eastern States of India.

ACKNOWLEDGEMENTS

1. add names
2.

ABBREVIATIONS USED

a. CRS – Catholic Relief Services
b. HIV – Human Immuno Deficiency Virus
c. AIDS – Acquired Immuno Deficiency Syndrome
d. PLHIV – People Living with HIV
e. PMTCT – Prevention from Mother to Child Transmission
f. PPTCT – Prevention from parent to child transmission
g. PLC – Positive Living Centre
h. ART – Anti Retroviral Therapy
i. HAART – Highly Active Antiretroviral Therapy

CONTENTS

SECTION 1

COUNSELLING IN HIV and AIDS : THE HOLISTIC APPROACH

SECTION 1: COUNSELLING IN HIV and AIDS: THE HOLISTIC APPROACH

1.1 INTRODUCTION:

In modern day parlance counselling means a facilitating process through which people are enabled and empowered to help themselves in coping with situations. The process involves identification of possible solutions and to act with confidence in applying these solutions to the situation, well within the given environment . It is seen that, physical care giving exercises apart, it is counselling in the long term which ensure overall amelioration of quality of life. The latter also plays a vital role in addressing the concerns of the individual, his or her immediate family as well as the community by providing inputs towards building up of a self paced framework towards positive life and living. This aspect is what establishes counselling as one of the most effective tools for bringing about behavioural changes in high risk behaviour and vulnerable groups like drug and alcohol users, youth, adolescents, etc. It is also equally effective in ensuring success in adoption of preventive measures in situations inimical to life, livelihood and living.

Though the advent of counselling in India is of recent origin, the necessity for the service has multiplied exponentially. This is attributable to a great extent on the lifestyle changes sweeping the nation. These changes have been initiated by tremendous socio-economic growth, rapid urbanization, technology boom, mass media influence, etc. However, there is a severe dearth of professionals to cater to this growing need. This has compromised quality care giving in clinical as well as non-clinical settings. However, various organizations involved in providing care in areas like HIV and AIDS have improvised by training their grass root level workers on the basic skills necessary to address the care giving issues related to the populace under their care. Although counsellors in this field should have formal counselling training and receive regular clinical supervision as part of adherence to good standards of clinical practice, this “barefoot” band of paraprofessionals, undoubtedly have been able to bridge the gap in less complex cases, thereby freeing up the time of professionals, who are few and far between, to attend to the severe cases more effectively.

Nevertheless, there has been the felt need expressed mostly by the sufferers that these “barefoot” counselors sometimes gloss over issues and fail to refer cases beyond their level of expertise. It is also pertinent to state that a little knowledge can be dangerous and unfortunately in some cases, this adage is reflected in caregiver over enthusiasm which leads to what is called harmful counselling.

Various organizations have seen these effects and are keen to remedy the defects in the various processes of counselling being undertaken in the field. Catholic Relief Services (CRS) has been vociferously advocating effective counselling for people living with and affected by HIV and AIDS, their immediate family and the community. The organization has decided to empower the various paraprofessional personnel presently rendering services through the network of grassroot level societies and bodies under it, through short intensive training programmes aimed at enhancing specific skills areas and the art of referral. Moreover, it was felt that a manual needs to be developed to guide field workers on various issues connected to the process of counselling as well as provide case studies as reference to allow introspective application of the methods and techniques of counselling on which the selected personnel are to be trained on.

This hand book is designed with a view to be of help to the paraprofessionals who have selflessly dedicated themselves to the noble cause of providing care and support to people living with HIV(PLHIV) and their family members.

1.2. WHAT IS HEALTH

The World Health Organization defines health as “a state of complete physical, mental & social well being and not merely the absence of disease and infirmity"

1.2.1 Physical well being refers to the normal functions of body & body organs within the limitation of gender, age and occupation

1.2.2 Mental well being refers not only to the absence of mental illness but also to the awareness of one's talents, abilities, emotions, strengths & weaknesses.

1.2.3 Social well being refers to one's ability to interact with and adjust to other members of the society. It also means being responsible towards oneself, one's family, community & country.

1.3 HOLISTIC HEALTH

Though the above definition speaks of the three aspects of well being, for most of us, physical health is taken as the indicator of overall good health. But more and more evidence is being forwarded by various studies that apart from the three aspects as defined above the spiritual aspect of human existence plays a significant role in the treatment of disease conditions. Seeking cures only in relation to the physical, mental or social plane may not yield positive results in many disease conditions. Thus, nowadays, most care giving practices in patient management in healthcare systems also includes elements of the spiritual aspects of human living. This is what is called the holistic approach in health care.

Within the purview of counselling it is the holistic health of the individual which is taken into consideration. In other words, counselling takes into consideration the physical, intellectual, emotional, social and spiritual aspects of the individual concerned.

1.4 POSITIVE MENTAL HEALTH

One of the most important factors which contribute to positive holistic health at the individual level is a positive mindset which ensures building up abilities to cope with day to day functioning as well as meeting challenges related to work, social interactions, interpersonal relationships, coping with emotions, managing stress, etc. This is the area of positive mental health. There are various ways and means to achieve positive mental health and the key to the same lies within the individual. Counselling enables the individual to understand his or her own strengths and weaknesses and come to terms with them and thus reap the benefits of positive mental health

1.5 . COUNSELLING AS A TOOL FOR SOCIAL CHANGE

Effective counselling helps in the process of self discovery and awareness and allows for resolution of issues and conflicts within the self, amongst individuals, in group and community interactions. There are many instances where counselling at the individual level has yielded positive results at the family and community level in lowering levels of stress, conflict and anger. This has also been noticed in counselling sessions conducted with groups. The growth of such

interactions along with an increase in frequency of exposure can contribute to the development of a network of socially adjusted, responsible individuals and groups. This in turn in the long run will ensure positive behavioural changes in people hailing from different walks of life at all levels of the society. This surely will help in getting rid of many negative aspects present in the society.

In relation to HIV and AIDS, counselling will not only help the PLHIV in coping with their condition but will also help in initiating preventive measures and ensuring a healthy and positive life style among PLHIV.

COUNSELLING

- *provides psychosocial support*
- *strengthens the sense of individual responsibility*
- *helps to build on new information*
- *helps in understanding the need for modifying life styles.*
- *enables the process of getting to know the nature of the problem*
- *assists in making realistic decisions*
- *reduces the impact of problems on the individual and his or her family and friends.*
- *facilitates the building up of self confidence, self esteem and self respect*
- *brings about positive changes in life style*
- *facilitates behavioural change*

1.6 THE HOLISTIC VIEW

It is very essential that care giving in HIV and AIDS is based on holistic health as the intense psychological issues involved cannot be addressed otherwise. The PLHIV cannot be treated in isolation and the desired course of treatment lays down that the immediate family and the community needs to be sufficiently sensitized to the issues related to the care and support of the PLHIV. The trauma of living in the shadow of an uncertain tomorrow makes life nightmarish enough , without having to face the psychological and psycho-social stresses of

rejection by the family and community . Many a time it is found that social stigma forces many hapless PLHIV and their families to suppress facts as well as prevent testing. This negatively impacts public health indicators in the long run and also proves detrimental to the implementation of preventive action.

1.7 IMPORTANCE OF COUNSELLING IN HIV and AIDS

Counselling in HIV and AIDS is important because:

- infection with HIV is life long
- it helps to cope with HIV positive status
- it helps in improving quality of life of PLHIV
- it assists acceptance of changes in lifestyle
- it motivates one to be an agent of change
- it promotes behavioural change
- it helps in reducing risk taking behaviour
- it provides risk assessment for vulnerable persons
- it provides psycho-social support

1.8 AIMS OF COUNSELLING IN HIV/AIDS

Counselling in HIV and AIDS has two major aims:

1.8.1 To support PLHIV by preventing and reducing psycho-social morbidity associated with HIV infection and disease conditions:

1.8.1.1 In individuals

1.8.1.2 in relationships

1.8.1.3 Within immediate family members

1.8.1.4 The community.

1.8.2.To prevent HIV transmission:

1.8.2.1 By studying the factors and situations related to vulnerable individuals or groups.

1.8.2.2 Through concerted efforts on making people aware on identifying and understanding risky behaviour.

1.8.2.3 Helping people to call upon their own potential towards positive behaviour changes.

1.8.2.4 Working with the vulnerable individuals and groups to achieve and sustain behaviour change

1.9 WHO REQUIRES COUNSELLING

- PLHIV
- People recommended for HIV pre-testing
- People who want to test themselves for possible HIV infection.
- People with AIDS or other disease related to their HIV infection.
- The family and friends of PLHIV.
- Individuals and groups involved in high risk behaviour.
- Those not seeking help, but who display high risk behaviour.
- Persons seeking help because of past or current risk behaviour and planning their future.
- People experiencing difficulties with employment, housing, finances, family, etc., as a result of HIV sero status.
- Employers who hires PLHIV
- People unaware of the risk of HIV infection
- Health professionals who come into regular contact with PLHIV

1.10 ROLE OF THE COUNSELLOR IN HIV and AIDS COUNSELLING

The counsellor has a major role in the following aspects:

1.10.1 Advocacy:

1.10.1.1 Reducing stigma and discrimination by disseminating complete and accurate information on HIV and AIDS.

1.10.1.2 Facilitating greater acceptance in care and support programs

1.10.1.3 Promoting behaviour change

1.10.1.4 Promoting activism for equal opportunities and rights

1.10.1.5 Sensitizing general population on care and support of PLHIV

1.10.2 Health Education:

1.10.2.1 Educating caregivers on care giving practices

1.10.2.2 Disseminating correct information related to testing

1.10.2.3 Educating clients on self monitoring of the disease progression

1.10.2.4 Educating clients on treatment adherence

1.10.2.5 Spreading awareness on food habits and nutrition.

1.10.2.6 Arranging for awareness campaigns on the issues related to HIV and AIDS

1.10.3 Counselling:

1.10.3.1 Providing basic counselling services

1.10.3.2 Providing Psycho-social support

1.10.3.3 Providing individual and group counselling

1.10.3.4.Providing community support and help psycho-social rehabilitation.

1.10.4 Referral:

1.10.4.1 Spreading awareness on the need for referral

1.10.4.2 Establishing linkages with specialists and service centers

1.11 SETTING THE STAGE

It is necessary to understand that on a scientific level there are many psychological theories at work behind the interactions that take place between the counsellor and client. The scope of this work is too limited to elaborate on these as the focus is to enhance quality of care giving skills of the field worker

and the following principles will lay down rough guidelines towards achieving the same.

- Understand the various factors related to the problem area.
- Address the factors for each situation on an individual or group basis.
- Build relationship of trust and confidence with the client
- Avoid being forceful and refrain from making suggestions
- Lay emphasis on allowing the client to think
- Lay emphasis on the individual needs of the client.
- Ensure complete confidentiality.

1.12 THE PHYSICAL SET-UP OF THE COUNSELLING CENTRE:

The centre for HIV/AIDS Testing and Counselling should be as unobtrusive as possible keeping in view the severe stress and stigma associated with the condition. Moreover, unless confidentiality is assured people will not come forward voluntarily or otherwise, which may prove counterproductive in adoption of preventive measures. Thus, the room for the counsellor has to be separate with the least possibility of the conversation between counsellor and client being heard outside the room. Such private settings make the clients comfortable and allow them to come out with their deeper personal issues.

SECTION 2:

EFFECTIVE COUNSELLING

2.1 DEFINITION OF COUNSELLING

Counselling can be defined as a relationship between the client and the counselor where the counselor with his or her skills helps the clients to help themselves to overcome the problem situation by using their own resources and potentialities within an environment of unconditional acceptance.

2.1.1 It is a relationship. Here the emphasis is on the quality of the relationship offered to the client characterized through non-possessive warmth, genuineness and a sensitive understanding of the client's thoughts and feelings.

2.1.2 It involves a collection of skills. Counselling involves the use of many skills and not only the formal skills that the counsellor is trained on. These skills are used selectively depending upon the needs and states of readiness of the clients. Furthermore, they include group work and life skills training.

2.1.3 It emphasizes self-help. Counselling is a process with the aim of helping clients to help themselves. In other words, counselling helps the clients to find out ways and means on their own in taking responsibility towards their own actions or inactions.

2.1.4 It helps in making choices. Throughout their lives people are choosers. They can make good choices or poor choices. However, they can never escape the 'mandate to choose among possibilities'. Counselling aims to help clients become better choosers.

2.1.5 It focuses on problems of day to day living. Counselling is primarily focused on the choices required to make for daily living which people face at differing stages of their lifespan: for instance, maintaning good health finding a partner, raising children, and finding job as per one's capacity. .

2.1.6 It is a process. The world 'process' means movement or flow. Counselling is a process of interacting between two people or more where each is being influenced by the behavior of other thereby helping clients change specific aspects of their behaviour. This may take one to several sessions with the client depending on the need of the client.

2.2 COUNSELLING AND GUIDANCE

People believe that counselling and guidance are not different and mean the same thing . However, both these disciplines, though part of the psycho-

social support system are completely different in so far as their functional aspects are concerned. Guidance is based on explanation of facts regarding vocational, educational, health and social change and thereby directing and guiding individuals as per their needs.Guidance may includes , giving information, giving advice, making suggestions and recommendations, influence the client's values, attitudes, beliefs, interests, decisions etc with or without any threat or admonition**,** interviewing clients for which minimum counselling skills are required.

Counselling is the process of helping individuals to help himself and to develop his potentialities to the fullest by utilizing the maximum opportunities provided by the environment.. it is a service offered to the individual, who is undergoing a problem and needs professional help to overcome it. For counselling one has to go through the required training in counselling skills and therapies to handle individuals and groups.

Counselling is more broader in its aspect and application, it can be used in educational institutions, hospitals, industries etc. guidance can only be used in the educational area.

Example:. *asking clients to take their medicines on time is within the purview of guidance, whereas, enabling the client to effectively handle the issues surrounding the necessity of routine lifelong medication is the domain of counselling*

2.3 TYPES OF COUNSELLING

There are three basic types of counselling:

2.3.1 Supportive counselling: where the counsellor provides emotional support to the client.

2.3.2 Educative counselling: where the counsellor shares relevant concepts that stimulate thinking and understanding.

2.3.3 Reconstructive counselling: where the counsellor works on the deeper levels of personality changes.

Note: *Persons trained on the basic skills of counselling can to an extent do the first two kinds. Reconstructive counselling can be done only by those who are trained professionals with experience.*

2.4 CRITERIA OF AN EFFECTIVE COUNSELLOR

- **Trustworthy:** the client is assured that trust can be reposed on the counsellor
- **Objective:** The counsellor should view the client's issues objectively without allowing personal biases to influence any views presented by the client.
- **Effective communicator:** the counsellor must be well versed in the art of effective communication.
- **Open minded:** The counsellor should accept everything that the client may present with an open mind.
- **Perceptive:** The counsellor must understand the need to be observant to give feedback to the client. .
- **Positive Mental Health:** The counsellor needs to be constantly aware of his or her own strengths and weaknesses. Therefore, it is necessary that two or more counsellors periodically share their views and discuss issues for a better understanding of their ownselves. This helps in the personal growth of the counselor, which in turn will help in understanding the client better.
- **Self Aware:** during a session the counsellor must be aware of what he or she says and does his or her self and the capabilities and abilities that he or she has.
- **Effective listener:** the counsellor must be a good listener
- **Committed**: the counsellor must be committed to provide his or her services completely to the resolution of the issues of the client

- **Non judgemental:** the counsellor must be completely impartial in his or her interactions on the views, opinions and actions of the client
- **Responsible:** the counsellor should assume responsibility for his or her actions and words.
- **Tolerant:** the counsellor should be tolerant towards the attitudes and beliefs of the client.
- **Attentive:** the counsellor should be minutely attentive to the words as well as actions of the client.
- **Informed:** the counsellor should be informed well enough so as to provide the right information whenever required during the course of the interactions with the client.

2.5 BASIC PRINCIPLES OF A COUNSELLING RELATIONSHIP

Counselling is an involved process and therefore it is important to understand some of the principles which guide this unique relationship between the counsellor and the client.

- **Respect:** To provide warmth and acceptance and recognize a person to be responsible for his or her own functioning.
- **Genuineness :** The counselor should be genuine, authentic and integrated in approaching the issues related to the client.
- **Unconditional positive regard:** The counsellor should care for the client without any sort of evaluation or judgment of the client's actions, feelings thoughts and behaviour .
- **Trust and Confidentiality:** The counselor should respect the right to privacy and avoid illegal or unwarranted disclosures of confidential information.
- **Empathy:** The counsellor has to understand the inner world of the client, what he or she thinks, feels and experiences in the world around him or her.

- **Availability:** The counsellor should be available to the client. Thus a time should be fixed when the counselor will be available for sessions and the counselor should abide by it.
- **Specificity:** The counsellor should be specific and to the point in addressing issues put forth by the client. Otherwise there will be confusion in the interaction.

  For example: *The counsellor can be very specific about facts and issues by asking the six questions as who, why, what, when , where and how.*

- **Non-Assumptive**: Do not assume what the client is going to say and base your interaction on it. The counsellor should with his or her skills find out the meaning of what the client is trying to express.
- **Recognizing the client's potential:** Try to find out the strengths and potentialities of the client which can be used to help the client to resolve his/her problem. At times the client may not be aware of his/her strengths and it is the duty of the counselor to help the client to do so.
- **Immediacy:** This means understanding of the feelings of the client at any given instant during a counselling session. The counselor should be aware at all times during the sessions about the feelings and body language of the client so that he or she can ask the client how he or she is feeling ..

  For example*: immediacy can be found out by asking the client during the session how he is feeling right now as the interaction is going on. This helps the counselor to focus and recognize the feelings and non verbal communication of the client during the interaction*

- **Confrontation:** This is to be used when there is sufficient rapport between the client and the counselor. Confrontation means to invite clients to change outdated ideas and mind set which is self defeating and harmful for self growth.

For example: *the client may have a mind set as "you cannot trust people". This may be harmful for the client as it does not allow the client to form positive relationship with others.*

- **Non Exploitative :** This means the counselor should not use the time allotted for the client for his/ her own healing by talking about his/her problems instead of using that time to listen and help the client . This also means that the counselor should not take undue advantage of the client's trust by developing intimate relationship with the client nor break confidentiality of the client.

  For example: *Talking about the client's problems with other clients or having a physical or emotional relationship with the client.*

- **Working without agenda:** The counselor should not plan out before hand on how the session should go. The counselor should go along with the client and move ahead depending on the readiness of the client.

- **Consultation:** It is a good thing to have regular supervisory and consultative sessions with colleagues, seniors counselors, psychiatrists and psychologists to sharpen skills, clear doubts and consider referrals where necessary.

2.6 OVER ALL PROCESS OF COUNSELLING

2.6.1 STEP ONE:

2.6.1.1 Listening and Exploring: establishing rapport, gain client's trust and define roles, boundaries and needs of the client. The counsellor assists the client in selecting a goal to work on. The role of the client is to share and the counselor uses the skills of active listening and exploring with empathy.

2.6.1.2 Attending: Attending to the client, both physically and psychologically, so as to make the client feel that the counsellor is " being with" the client and ready to work with the client. The counsellor by his/her very posture must let the client know that he/ she is 'with' him/her, that during the time they are together he/she is completely 'available' to him.

Although attending skills are easy to learn, attending carefully to the needs of the client requires a great deal of effort on the part of the counsellor.

Mere attending does not in itself help the client, but unless the counsellor attends both physically and psychologically to the person in need, he/she will not be able to help him/her. This stage is an essential part of the process of counselling and only based on its success can the other steps be attempted.

2.6.1.3Respect: The way in which the counsellor deals with the client must show the client that there is respect for him/her and that the counsellor is basically 'for' him/her and wants to be available and work with him/her.

Genuineness: The counsellor's offer of help has to be genuine and the client must feel that it is spontaneous and open.

2.6.2 STEP TWO: Understanding: The counsellor develops insight into the client's problems, helps the client to identify what is stopping the client from resolving the issues and attempts to motivate the client for change by helping the client to understand "the cost of no change". (e.g. what life will be like if the counselling goal is not achieved.)

2.6.3 STEP THREE: Problem Solving: The counsellor assists the client in selecting a particular problem to work on and helps the client generate and evaluate possible solutions to the problem by utilising the counselling techniques necessary to assist with the problem. The client is given homework assignment that involves practicing what he/she has learned in the sessions. The goal is to empower the client to reach a stage of solving problems associated with his/her life stresses.

2.6.4 STEP FOUR: Termination: The counselor brings to an end the counselling process without leaving the client in an uncomfortable state. The counselor achieves this by giving feedback, reviewing the action plan which the client was to implement as discussed in the third stage, summarizing the events and planning follow ups.

NOTE:

A counsellor should not feel locked into using each of the four steps. It is best to adjust the problem solving approach to the unique and emerging needs of the

client. In addition the counsellor may need one or more sessions to work through the problem solving process.

2.7 DO's and DON'Ts OF COUNSELLING

2.7.1 DO's :

- Learn what it means to be in relationship with others.
- Recognize signs of a developing relationship.
- Recognize signs of transference and counter transference.

2.7.2 DON'Ts :

- Panic
- Misinterpret
- Force our own or other's reactions.
- Don't be quick to try to solve problems

2.8 IMPORTANT SKILLS IN COUNSELLING

2.8.1 Attending Skills (Acronym SOLER)

Face your client **squarely** "I am available to you"

Open posture " I am open to you- non defensive

Lean forward " I am with you"

Eye contact " I am interested in you"

Relaxed, composed posture and facial expression " I feel confident and ready to listen and interact"

2.8.2 Effective Communication:

Communication plays a pivotal role in achieving individual, group, community and organization's goal. The success and failure of any system depends on the effectiveness of communication. Communication is "the process of passing information and understanding from one person to another. It is essentially a bridge of meaning a person can safely cross the river of misunderstanding that separates all people." The transmitted message is understood or interpreted in

the same manner as the originator of the message had intended it to be conveyed

2.8.2.1 Objectives of Effective Communication

2.8.2.1.1 To get the right information at the right time to the person who needs it

2.8.2.1.2 To get messages accepted, understood and acted upon

2.8.2.2 Non verbal communication

2.8.2.2.1 Eye contact: maintain eye contact with the client – do not look down at him/her. Lack of eye contact gives a feeling of "lack of interest" or "indifference" to the client

2.8.2.2.2 **Facial Expression:** should be calm and peaceful and should not be in contradiction of the counselor id saying. (tally verbal and non verbal communication)

2.8.2.2.3 **Gestures:** like nodding of head, humming (hm…hm) or hand gestures gives a feeling of acceptance and "getting heard" to the client

2.8.2.2.4 **Touch or hugging to show affection or understanding:** touch is important as a non verbal communication at the same time it is extremely important to be careful with touch and to respect the social unsaid code of the community on touch and the gender difference between the counselor and the client. In case of children some of them may accept being cared for however some children (both boys and girls) with experiences of sexual assault and abuse may either not liked to be touched at all or may perceive the touch as a " sexual gesture".

2.8.2.2.5 **Body language:** the counselor should have the ability to read and understand the body language of the client as well as be aware of his/her body language.

2.8.2.2.6 **Posture:** the posture the counselor assumes while talking and listening should convey a relaxed manner yet alert and interested. Sitting in a casual manner may show disinterested

and sitting too close, leaning too forward can be tense and intimidating.

2.8.2.3 Some good listening habits:

2.8.2.3.1 Listen without evaluating: Listen as well as you can without passing judgment a listener who is not critical, evaluative or moralizing, creates an atmosphere of understanding, acceptance & warmth.

2.8.2.3.2 Don't anticipate: Sometimes we think we know what people are going to say before they say it - & we say it for them. Often we are wrong. Don't jump the gun by anticipating the next moment. Stay in the present and listen.

2.8.2.3.3 Don't try to 'get' everything: Listen to the major points being made. Don't try to memorize details as you listen.

2.8.2.3.4 Don't fake attention: Acting is hard work. Faking attention requires more energy than really paying attention.

2.8.2.3.5 Review: Periodically review the portion to the talk given so far

2.8.2.4 Active Listening

2.8.2.4.1 The Three Keys to Effective Listening

2.8.2.4.1.1 Focus Your Attention

- Make the speaker the center of your attention.
- Look at the speaker , maintaining eye contact at a comfortable level – not a stare – down.
- Face your body towards the speaker. If you are sitting lean a little forward towards the person.
- Nod or smile.
- Give the client time and space to respond
- Be sure not to read or look around while the speaker is talking.

- Remember, different cultural groups use different listening behaviors.

2.8.2.4.1.2 Tune In To Understand

- Listen so you clearly understand the speaker's point of view.
- Do not interrupt. Tell your own stories or give your opinions without being asked.
- Listen not only for what has been said , but also for how it is being said.
- Restate the speaker's ideas and feelings.
- Listen with interest and respect even though you may not always agree with the speaker.

2.8.2.4.1.3 Ask For More Information, Opinions And Feelings

- Without interruption, encourage the speaker to tell you more by asking questions about why , what , how something happened.
- Offer comments like "I could well imagine how you are feeling".
- Ask for opinions and feelings to make sure you understand what the speaker is saying.

2.8.2.5 There are three types of listening

2.8.2.5.1 SUPERFICIAL LISTENING

In this type of listening people may be listening with a lot of their own preoccupations and hardly tune in to the wave lengths of the other person's communication leading to or reinforcing superficial relationships with hardly any trusting quality.

2.8.2.5.2 SELECTIVE LISTENING

In this type of listening a person listens to only that which he /she wants to and conveniently leaves the rest which might very well be the most important thing the other person is attempting to convey. Perhaps the listener gets involved with what is going on in his mind and will hence miss out a part of the incoming communication

2.8.2.5.3 ATTENTIVE LISTENING

In this type of listening one listens not only to the words and also to the body language, not only to the thoughts but also to the feelings of the person. This is deep and serious listening which enhances deeper trust and fuller ventilation preparing the ground for the client's healing and growth.

2.8.2.6 DO'S AND DON'TS OF EFFECTIVE COMMUNICATION

2.8.2.6.1 DO's

- Use simple, plain language that the client easily understands
- Show a sensitive approach to questioning
- Use open ended questioning to allow spontaneity of response
- Practice active listening
- Use affirmative sounds, paraphrasing, reflecting, use silence appropriately, clarifying
- Use voice tones, facial expression and body gestures to understand and convey correctly
- Ask indirect questions when talking about traumatic experiences
- Be aware of non verbal expressions

2.8.2.6.2 DON'Ts

- Don't interrupt the client too often
- Don't go into details of unpleasant or traumatic experiences
- Don't be judgmental or make negative remarks about the behavior of the client
- Don't do mind reading (do not assume what will be the response of the client or his/her feelings and thoughts)
- Don't label the client in any way
- Don't use dramatic ways of communicating. This is not an acting class
- Don't use multiple questions one after the another
- Don't ask questions where the client feels cornered to accept from your option of choices (would you like to eat roti or rice?)
- Don't ask questions that suggests the answer already in the questions (for example: you must be feeling sad, are you not?)

2.8.3 Empathy : The **c**ounsellor must respond to the client in a way that shows that he/she has listened and understands how the client feels and is saying about himself/herself. In a way, the counsellor must see the client's world from the client's view point It is not enough to only understand, the counsellor must be able to communicate his understanding to the client .

Empathy is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. It can help us to understand and accept others who may be very different from ourselves. It helps to improves social interactions and encourage nurturing behavior towards people in need of care and assistance.

Empathy should not be confused with sympathy, which involves feeling sorry for someone. Sympathy denotes agreement whereas empathy denotes understanding and acceptance of the person.

2.8.3.1 There are three dimensions of empathy:

2.8.3.1.1 **Perceptiveness:** do you perceive the client rightly?

2.8.3.1.2 **Know – how:** need to know how to respond

2.8.3.1.3 **Assertiveness:** challenging when called for

2.8.3.2 Empathy helps in managing feelings and emotions: Empathy helps **in m**anaging feelings and emotions anger and stress. This means that we take action to reduce the sources of stress, for example, by making changes to our physical environment or lifestyle. It also teaches us how to relax, so that tensions created by unavoidable stress do not give rise to health problems.

2.8.3.3 Empathy can be best expressed through effective communication skills: Effective communication helps us to express ourselves, both verbally and non-verbally. It enhances our ability to express not only our opinions and desires, but also needs and fears, allows us to seek for advice and help in times of need.

2.8.3.4 How and when to use empathy: the counsellor has to use empathy at every step of the counselling process:

2.8.3.4.1 Respond to core or main messages stated verbally and non verbally by the client. For example: *say words like, "OK" , "I see" , " I*

understand". etc., and your facial expression and body language has to suggest that you are with the client.

2.8.3.4.2 Respond to the context, not just the words.

2.8.3.4.3 Don't pretend to understand, say " I think I have not understood that part, ", " could you please repeat that" , or " could we go over it again" Do not proceed by pretending to understand by falsely nodding and making understanding sounds like , ok; ok, aha;

2.8.3.4.4 Be flexible so that the client doesn't feel threatened

2.8.3.4.5 Note the client's stress and resistance, why they arise, are you as a counselor playing a role in it?

2.8.3.5 Poor substitute for empathy

No response

Interpretations

Advice

Parroting

2.8.3.6 Tactics for empathy in communication

2.8.3.6.1 Give yourself enough time to reflect and understand on what the client is saying and get the core message

2.8.3.6.2 Use short, precise and accurate responses after listening to the core or main messages. Even when the client rambles , tries to evade the real issues or pretend to be interested in being helped or give half information , the counsellor should try to find out additional information about facts and feelings without making the client feel threatened.

For example: I don't understand that part can you please explain? Where is it ? What did you say after that? Where did it happen ? What happened then? How did you feel then, etc.

2.8.4 Concreteness: Means to make the conversation more specific. Even when the client rambles , tries to evade the real issues or pretend to be interested in being helped or give half information , the counsellor should try to

find out additional information about facts and feelings without making the client feel threatened.

For example: I don't understand that part can you please explain? Where is it ? What did you say after that? Where did it happen ? What happened then? How did you feel then, etc.

2.8.5 Probing and Prompting : A question or statement that seeks to gain significant, clear and helpful information from the clients. Prompting, is part of probing where the counselor's role is to encourage the client to begin or continue to speak or act at any point within the session by offering linking statements, reminding the client where a sentence was broken and using expectant non verbal gestures thereby helping the client to move into beneficial stages of helping.

Probes and prompts help the client to express his /her feelings, emotions, interaction etc. in regard to any situation or problem

Example: *Probes*

'It is not clear to me which of these two options you would like to choose'

Tell me what you mean when you say "it is better not to talk about my wife"

"What is preventing you from implementing the plan?"

Example: *Prompts*

Non verbal prompts: to nod, to smile, to lean forward to show interest in the interaction.

Verbal prompts:

"Please carry on"

"You stopped where you were saying how your husband's death affected you"

2.8.5.1 Some principals in the use of probes

- Use probes to help the client achieve focus and clarity
- Use probes to help the client to fill in the missing pieces

- Use probes to help the client to get a balanced view of the problem situations
- Use probes to help the client to move into beneficial stages of counselling

2.8.5.2 Types of probes:

- **Open questions:** these are questions that are open- ended and it is left to the person to give an answer in his/her own words after a good thought over it. They typically begin with – how, what, why etc.

  Example: *Can you tell me something about the way you feel now? Or what would you like to do tomorrow?*

- **Closed questions:** these are a question that are close ended and restricts the client to answer in either yes or no response. These type of questions are of some value in the beginning during the information gathering phase of the interview, when quick unambiguous information is required.

  Example*: How often do you take medicine in a day? Or would you like to go now or later to the ICTC centre?*

- **Suggestive questions:** these are a question that are close ended and restricts the client to answer in either yes or no response and at the same time suggests an answer to the client directly or indirectly as it is something that is a reflection of the counselor's ideas and feelings.

More examples:

Open-ended questions	**Closed-ended questions**
How do you plan to feed your baby now that you know your sero status?	Will you breastfeed your baby now that you know your sero status?
Where does your partner live?	Does your partner live with you?

2.8.6 Confronting and Challenging: The counsellor challenges the discrepancies, distortions and concealments in the client's life and his/her interactions within the helping relationship. This helps the client develop the kind of self understanding that leads to constructive behavioural change.

Example: *you have been saying that you are not pressured by your friends who are using (injecting drugs), yet in the conversation you have been admitting to being pressured by your friends to use drugs*

2.8.6.1 Challenging helps to:

Clarify problem situations

Develop new perspectives

Search for what the client needs are

Review what is going right and what is going wrong

2.8.6.2 Goal of confrontation or challenging

Invite the client to change outmoded, self defeating thinking patterns into self liberating patterns.

Example: *'never trust a man' or 'you cannot trust anyone in this world' to 'one has to be careful about trusting people'*

- To change self defeating internal actions and daydreaming.

Example: *'I am not capable of changing anything' or 'everything will become alright on its own'*

- To change self defeating external actions, negative monologues, aggressive behavior towards self and others.

Example: *'I will infect everyone' or, 'what is the point of trying', or 'there is no use of putting an effort, finally there is only death'.*

2.8.7 SUMMARIZING: Summarizing accurately reflects back to the client from time to time within and across sessions, the substance or the gist of what they have expressed and provides focus and direction to the process of counselling.

2.8.7.1 S**ummaries also proves helpful**

- When the session seems to be going nowhere
- When the client gets stuck
- When the client is uncertain where to begin , it is better to ask the client then to put together the major points
- When the counselor needs to prevent clients not to repeat, but to move forward
- When the client needs help to go more deeper into the interaction or issue
- When the counsellor has to offer an alternative frames of reference for viewing his behaviour. *For example: the counsellor might suggest that his/her communication style seem biting or sarcastic to others.*

2.8.7.2 **Feedback Principles which needs to be kept in mind while summarizing**

- Focus your feedback on the person's behavior not on his personality. For Example: You may say *"the person talked frequently in the meeting", rather than saying the person is a "loud mouth"*
- Focus your feed back on descriptions rather than on judgment. Refer to what has occurred not to pass your judgment of right or wrong, good or bad, but to describe the situation. For example: You may say, *"the way you reacted to the situation is disturbing" instead of saying "what you did is not right in the situation"*
- Focus your feed back on a specific situation rather than on abstract Behavior. Feedback that ties behavior to a specific situation and is given immediately after the behavior has occurred increases self-awareness. For example: You may say, *you always act in anger instead of saying - yesterday during the session you acted angrily*

- Focus your feedback on the “here and now” not on the “there and then”. Immediate feedback is most helpful. For example: You may say, *“lets discuss how you are feeling now”*
- Focus your feedback on sharing your perception and feelings rather then on giving advice. For example: *You may say, “how do you feel about the prospect of saying alone” instead of saying “I think you should just go ahead and stay alone”*
- Do not force feedback on other people. Feedback should serve the needs of the receiver, not the needs of the giver. *For example: I think I should tell you how you reacted instead we can have a chat about the incident if you like*
- Do not give people more feedback than they can understand. This will confuse feedback should be short, accurate and to the point.
- Focus your feedback on actions that the person can change. *For example: you have a very quite personality instead you will have to speak assertively if you do not want people to take advantage of you.*

2.9 SPECIFIC TECHNIQUES IN COUNSELLING

2.9.1. Group counselling: Counselling in a group allows the client to gather insight into one’s issues with the help of the groups’ interaction. Individual counselling may follow group counselling to clarify any individual doubts. The composition of the group can be arranged on the basis of age, sex, issues, etc. The ideal number for group counseling is six to eight members.

In this approach the counselor places the person in a group context ,usually consisting of persons with similar issues and concerns , to bring about changes in attitudes ,behaviors and situations , for the individual and to the group as a whole .

2.9.1.1 These are some advantages of Group counselling-

- It provides an opportunity to understand that other people also have similar problems.

- It offers a caring and supporting environment to be open, honest, and frank in sharing.
- It gives opportunity to test ideas and solutions to problem, as a feedback evaluation from the group can be obtained.
- It provides opportunity for modeling and learning desirable behaviors from each other.
- Problem solving of common difficulties are more efficiently resolved in a group setting.
- Group members motivate each other for change.
- The counselor with knowledge of group dynamics can easily facilitate change.
- Knowledge and learning in key life issues such as sex education, peer activities, substance use, career planning ,health can all be ideally dealt within group work .
- It is very efficient in focusing on centre-based issues and problems that affect the children, and to be able to give criticism and suggestions in running of the centre.

2.9.1.2 Role of a Group counselor

- Form a fairly homogenous group.
- Don't be authoritative, but direct the process and flow of group sessions as an observer –facilitator.
- Stimulate participants to express, verbalize.
- Give an equal opportunity for all to speak.
- Direct the flow of communication.
- Set limits for disrespectful or aggressive behavior.
- Make sure everybody is listening when a member is talking.
- Clarify the content of what is being said by summarizing, defining and making links.
- Avoid imposing your solutions.

- Negotiate a contract, put it in writing ,get all participants to sign it and then monitor and evaluate the group's goal achievement.
- Be impartial and non –aligned in your manner.

2. 9.2 Grief Counselling

The mental processes that go into operation when there is a loss or deprivation of a loved one or something precious are called bereavement.

2.9.2.1 Dynamics of grief

2.9.2.1.1 **Shock**: It is a kind of psychic numbness that overtakes the person. Some people faint. The duration of this shock varies from person to person. In some instances people seem to experience shock some time after they get the news. In a very real sense it is a blessing that shock is generally the first reaction. This is a built-in mechanism within the personality whereby we are spared for a while the experience of intense pain, which may otherwise be too hard to bear.

2.9.2.1.2 **Denial:** Realization of the loss, acceptance and adjustment to the loss is a delayed and painful process in which the lost object is given up gradually and only after a struggle. Some people cannot accept that death hasoccured to their near and dear ones and like to be in a make believe world where they imagine that the person is still alive.

2.9.2.1.3 Emotional **reactions:** We find varieties of emotional reactions in the bereaved persons.

- Most people are deeply hurt.
- Some get very angry with themselves or with those who attended on the person who died such as doctors, nurses, relatives or helper/ servants.
- Some feel guilty that they didn't do enough or that they didn't have a chance to make up for strained relationships.
- Again it is seen that some feel guilty because some time when they were very angry they had wished the death of the person who died

2.9.2.1.4. **Depression:** When feelings are bottled up depression is experienced Bereavement being a situation of intensely painful experience, and a lot of these may be unexpressed and unworked through, grieving persons often go through periods of depression. This is another aspect of the bereaving process. They need not remain depressed.

2.9.2.1.5 **Release:** All these feelings find an outlet through sharing verbally. Very often in bereavement verbal sharing is not enough. Therefore people cry. They sob. Some do it more physically, by beating their chests etc. Tears are God-given gifts to express excess of joy, sorrow and many other feelings. This release is good and important It is through release that people re-live their experiences that are unworked through and find relief.

2.9.2.1.6 **Remembering:** This is another aspect of bereavement. People remember, recall so many experiences they had together with the loved one they lost. This is very much like flash-backs we see in the cinema. Like a reel these experiences come back into the mind. Everything in the house reminds them of their beloved, example: chairs, bed, books, plates and places. They are over-whelmed by these memories. Usually the first sets of memories are the pleasant, the good, and the idealized. Later on unpleasant and indifferent memories also come. They need somebody to listen to.

2.9.2.1.7 **Adjustment:** Among other things the death of a loved one can disrupt and dislocate the routine functions in a family. A family gets used to the roles and functions of each member and depends on them. To restore the balance of the functioning and relationships in that family it takes time, effort and sometimes people go through a lot of difficulties.

2.9.2.1.8 **Acceptance:** As the time goes by and as the bereaved persons get opportunities and seek opportunities to work through, fuller acceptance emerges. The memories will never disappear. The love will not be stolen. The pain will

diminish and eventually disappear. It takes varying times for different persons. In the Indian culture there is a very wise practice that no auspicious event takes place till at least a year after the death of a significant relation in the family. Interestingly many psychologists also agree that it takes normally six months to one year to work through the painful experience of grief.

2.9.2.2 Some of the principles that are useful in grief counselling are:

2.9.2.2.1 **Listening:** The counselor should listen and encourage the client to express his/her hurts, memories, and her total experience.

2.9.2.2.2 **Re-Living:** The counselor should help the client to re-live his/her experience. The recalling is different from re-living. Many people recall and in therapy it may not be adequate for catharsis to take place. When a person re-lives he is likely to get greater relief.

2.9.2.2.3 **Finishing the unfinished:** The counsellor should help the client go through fantasy to say to the father all that he/she wanted to say and did not say before the person's death. In such cases visualization of the last encounter by the client helps them to say goodbye to the deceased.

2.9.2.2.4 **Encourage crying:** if the clients wish to shed tears. It is important for the counsellor to allow and encourage tears. Harm can be done if we block tears.

2.9.2.2.5 **Encourage Decision-making:** In the state of shock a person is usually feel helpless and so assistance in practical things by the relatives or friends would be a great help. It is, however, very important not to take away all decision-making from the client.

2.9.2.2.6. **Encourage involvement:** One of the emotional reactions that are commonly found is withdrawal from activities. It is quite understandable. However, it is important to encourage the client gradually to get involved in activities.

NOTE: In this whole process, cultural and religious practices and implications are equally important in the Indian context. Religious

practices such as memorial services, remembrance days, get-together of families, provide periodical opportunities for expression and consequent working through of grief. Faith, hope in the providence of God, the concept of life after death, all has an important place in this adjustment and acceptance. Over and above all these techniques and principles, genuine empathy and emotional support as a caring person is of utmost important.

2.9.3 Trauma Counselling

Traumatic stress disorders cover the after effects of situations that fall 'beyond the range of human experience' such as disasters, accidents or assault. There are 2 types of stress disorders, Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD). The majority of people may experience mild distress responses and/or behavioural change and these individuals are likely to recover without requiring any treatment. They might benefit from family and community support. Some may have symptoms such as insomnia and anxiety and are likely to benefit from psychological counselling and medical supportive interventions.

A small group will develop psychiatric illnesses such as PTSD or major depression and will require specialized treatment

ASD occurs within 2 to 3 days of a traumatic event and lasts for a month or less, while PTSD begins within a month but lasts for more than three months. The sufferers repeatedly re-experience the ordeal in the form of flashback episodes, memories, nightmares, or frightening thoughts, especially when they are exposed to events or objects which are connected to the event. In PTSD, anniversaries of the event can also trigger symptoms.

People with PTSD also experience emotional numbness and sleep disturbances, depression, anxiety, and irritability or outbursts of anger. Feelings of intense guilt which is called survivor guilt is also common where the victim may feel guilty for having survived.

Unfortunately, though PTSD is highly prevalent in the general population, treatment seeking for the same, is not. That is, very few people take the symptoms seriously enough to seek professional help.

2.9.3.1 Post Traumatic Stress Disorder(PTSD)- Usually occurs after exposure to a traumatic event like natural disasters, accidents, fire, rape, torture, aimed, conflict, riots etc.

It is characterized by irritability, startle response, hyper vigilance, heightened emotions, nightmares, intrusive thoughts and flash backs about the trauma event , panic attacks and sleeplessness, memory loss.

2.9.3.2 Symptoms of Post Traumatic Stress Disorder (PTSD)-

- Repeated, disturbing memories, thoughts or images of past trauma.
- Repeated, disturbing dreams of past trauma.
- Suddenly acting or feeling as if trauma from the past were happening again.
- Feeling very upset when something reminds of past trauma.
- Avoiding thinking or talking about past trauma or avoiding having feeling related to it.
- Avoiding activities or situations because they remind you of past trauma .
- Trouble remembering important parts of past trauma.
- Loss of interest in activities which you previously enjoyed.
- Feeling distant or cut off from people.
- Feeling emotionally numb or unable to have love feelings for those close to you.
- Feeling as if your future will be short cut.
- Having physical reactions (such as heart pounding, troubled breathing, sweating).

- Trouble falling or staying asleep.
- Feeling irritable or having outbursts.
- Difficulty concentrating.
- Being ‘super alert’ or watchful or on guard.
- Feeling jumpy or easily startled.

2.9.4 CRISIS INTERVENTION

Crisis Intervention means responding to persons gripped with the pain of loss or upset which demands of them new adaptations, decisions and choices. Crisis is defined as a “crucial time” and a “turning point in the course of anything”.

It is a term used for an individual’s internal reaction to an external hazard. Crisis Intervention is a management of temporary loss of coping abilities- a person’s normal reaction to an emotional hazardous situation.

There are two basic types of crisis, Developmental and Situational or accidental

Normal developmental crisis are the predictable, though critical experiences we all go through in the maturation process, such as emotional turmoil of adolescence or middle age.

Situational crisis are exceptional and unpredictable, they are emotional trials and dysfunctions which result from unusual circumstances.

A person in crisis needs to work through two board kinds of tasks like material arrange mental - like for funeral ceremony arrangement and psycho social support- like a person needs to deal with feelings of loss and longing.

Other skills besides basic skills in counselling which could be helpful are: ABC method of crisis intervention by Warren L Jones,

A achieve contact with the person and build rapport

B boil down the problem to its essentials which requires responding to and focussing on the feelings and meanings of the clients (patients at hospital) so that they can define in their own minds what has happened, what they are actually feeling and why.

C copes actively with the problem. The counsellor helps the people in crisis to evaluate and mobilise their resources, develop a plan of action and make specific changes directed toward resolving the crisis.

2.9.5 COUNSELLING THE SUICIDAL

We all experience feelings of loneliness, depression, helplessness, and hopelessness, from time to time. The death of a family member, the breakup of a relationship, blows to our self-esteem, feelings of worthlessness, and/or major financial setbacks are serious problems which all of us may have to face at some point in our lives. Because each person's emotional makeup is unique, each of us responds to situations differently. In considering whether a person may be suicidal, it is imperative that the crisis be evaluated from that person's perspective. What may seem of minor importance to someone else--and an event that may be insignificant to you can be extremely distressful to another. Regardless of the nature of the crisis, if a person feels overwhelmed, there is danger that suicide may seem an attractive solution.

2.9.5.1 Warning Signs: There are several warning signs that may contribute to a person having suicidal thoughts. These include:

- Lack of energy,
- Listlessness
- Increased daydreaming
- Mood swings
- becoming withdrawn
- Feelings of guilt
- Impulsive or risk taking behaviour
- Change in sexual interest
- Self harm eg cutting
- Reduced interest in your appearance
- Increased drug or alcohol use
- Disturbed sleep patterns (more or less than usual)

- Anger

2.9.5.2 How can the counselor help?

- Remain calm. In most instances, there is no rush. Sit and listen--really listen to what the person is saying. Give understanding and active emotional support for his or her feelings.
- Deal directly with the topic of suicide. Most individuals have mixed feelings about death and dying and are open to help. Don't be afraid to ask or talk directly about suicide.
- Encourage problem solving and positive actions.
- Remember that the person involved in emotional crisis is not thinking clearly; encourage him or her to refrain from making any serious, irreversible decisions while in a crisis. Talk about the positive alternatives which may establish hope for the future.
- Get assistance. Although you want to help, do not take full responsibility by trying to be the sole counsel. Seek out resources which can lend qualified help, even if it means breaking a confidence. Let the troubled person know you are concerned--so concerned that you are willing to arrange help beyond that which you can offer.
- Suicide prevention experts have summarized the information to be conveyed to a person in crisis as follows: "The suicidal crisis is temporary. Unbearable pain can be survived. Help is available. You are not alone."

2.10 REFERRAL AND TERMINATION

As the client gets well, is self empowered, do not need to depend on the sessions to make decisions in life or is terminated as there is a need for referral, the counselor can either terminate the session or refer which ever the case may be. In either case the counselor should prepare the client for it. The question of referral is not quite as simple as it appears. The counsellor has to consider several important and very closely related aspects, such as:

- Why a person is referred.
- Who the referral is made by.
- How is the referral structured.
- How the client perceives the referral, etc

2.10.1 Principles of Referral Counselling

2.10.1.1. People are likely to accept your referral, if wherever possible, you have personal knowledge of the agency or the person referred to. Or if you have reasonable grounds to believe that whom you have referred to is a competent person in that area.

2.10.1.2 You may write a note and send them or you may take them personally and introduce them. With persons who are strangers to the person you have referred them to, taking them personally if and when possible will facilitate the development of trust among them.

2.10.1.3 It is important to explore with your client his feelings about seeing the other counsellor. Some clients may feel rejected by you. If so, it is important that they have a chance to express and you have a chance to clarify why you are referring. Honesty pays. Of course one has to do it skillfully, discreetly.

2.10.1.4 It is important to remember, and let your clients know, that by the act of referral you are not abandoning them and that your interest in them and their welfare will continue. It is important to show this through periodic enquiries and asking for feedback and continuing a supportive relationship.

2.10.1.5 There can be clients for you to refer to a specialist primarily to get his opinion and then you may continue with the person. If this is their situation, it is important that your client knows it.

2.10.1.6 In instances like referring a person to a mental hospital, it is important to work with the family to help them to accept his illness to clarify if there are those false notions or irrational taboos and stigma attached to mental illness.

2.10.1.7 If you consistently don't like a person and are not able to, or do not want to change, referral is suggested. In counselling you cannot help a person whom you constantly and consistently dislike.

2.10.1.8 If some one is referred to you by another person or agency with a note giving some opinion about their impressions, I suggest that you keep that information at the back of your head and satisfy yourself that you have facts before you. A lot of harm can be done if you blindly accept the opinions of those who referred without verifying yourself.

2.10.1.9 It must be remembered that sometimes referral can be followed by your working with the client in consultation with or under supervision from a recognized professional in your area. This will also give you some protection and also protection to the client

2.10.2 General guideline for referral to mental health professionals (psychiatrist or trained clinical psychologist)

If one or more of the behaviors and symptoms given below are observed, the chances are that the person may be more severely disturbed mentally and his or her problems will require more comprehensive and advanced psychiatric or psychotherapeutic interventions that can be dealt with only by trained mental health experts. Hence no time should be wasted in referring the person to an appropriate mental health agency. Against each symptom given below and the probable cause is indicated within parentheses *(brackets)*

- Extreme restlessness or agitation (Anxiety Disorder)
- Crying without any reason, weeping spells .(Depression)
- Outbursts of anger , violence ,destructive behaviour (Psychosis)
- Extreme moodiness (depression, psychosis ,Post Traumatic Stress Disorder PTSD.) .
- Neglecting care of self or personal hygiene (Psychosis , Severe depression)
- Excessive fear or panic reactions (Anxiety or Panic disorders, PTSD)
- complaining of unexplained aches ,pains, fatigue (Somatization Disorders)

- Withdrawal from all social interactions and activities (Depression, Severe Anxiety or Psychosis)
- Compulsive ritualistic behaviors like repeated washing of hands, bathing over and over again (Obsessive Compulsive Disorder).
- Severe disturbance in sleeping or eating patterns (Symptomatic of many disorders)
- Odd or bizarre behaviour or mannerisms like hearing voices, irrelevant talk, seeing things ,muttering to oneself (Schizophrenia, Manic Depressive Psychosis).
- Suicidal attempt or repeated talk of dying (Depression)
- Disoriented and confused behavior, memory disturbance (Psychosis, PTSD).
- Extreme attention seeking behaviors .(Hysteria, Personality Disorders, PTSD)
- Substance abuse- addiction to alcohol , tobacco, illicit drugs, medications etc. (Substance Abuse Disorder).
- Frequently getting into sexual relationships with multiple partners or not being able to enter into an intimate sexual relationship (Personality Disorder).
- Nightmares, flashbacks of trauma event, startle reactions .(PTSD)

2.10.3 Referral **to other Professionals**

If any of the following is observed during the course of counselling or associating with the client, then referral to appropriate agencies should be made:

- Possibility of STI/HIV/AIDS to the appropriate ICTC
- Pregnancy – due to some presenting symptoms or behavior patterns to be referred to gynecologists.

- Medical symptoms such as skin infections, dental problems, infections, injuries, weakness, anemia, to be referred to a general physician or a specialist consultant.
- Care and support services related to educational sponsorship livelihood issues, income generation, housing etc. to be referred to appropriate government agencies or to NGO's rendering such services.

2.10.4 A brief checklist of referral

THOSE WITH	WHOM TO REFER TO
Vocational problems	Talent information bureau & agencies
Those whom you dislike and cant get over the dislike	More experienced counsellors or terminate
those who do not respond to several sessions of counselling, if still interested	More experienced counsellors
Spiritual problems	Pastors, priests, religious leaders
Serious emotional problems having great difficulty to work and interpersonal relationship and /or behavioural abnormalities	Mental health professionals like psychiatrist, clinical psychologist and psychiatric hospitals
Physical problems	Doctors
Legal problems	Lawyers
Educational problems	Educators

2.11 MENTAL HEALTH OF THE HELPING PERSON

2.11.1 Positive mental health means:

- feeling in control
- being able to make rational decisions
- being in touch with our feelings
- being able to form positive relationships
- feeling good about ourselves
- knowing how to look after ourselves

We all have our ups and downs, but if the downs start to take over it is a sign that we need to take some action.

2.11.2 Factors for decrease in mental health

2.11.2.1 Excessive Demands - the reward of good work is more work- good work brings in more work

2.11.2.2 Administrative Pressures - pressure that arises out of various kinds of things that you are called upon to do and are responsible for.

2.11.2.3 Financial Strain- due to lack of proper budgeting, spouses not communicating with each other , thus the other spouse not aware of the real financial picture, lack of discipline.

2.11.2.4 Social Isolation- due to work pressure, not having a deeper relationship with a friend, confidant, personality types.

2.11.2.5 Professional Incompetence and Competition - People are more bothered about how others are doing in their lives in comparison to themselves. Thus there is either unfocussed competition or unnecessary comparison.

2.11.2.6 Psychological Tensions – like disappointments, dejection, distressed, hurt, anger, and guilt

2.11.3 Why should we look after ourselves:

- It is our right
- It shows our self esteem
- It gives proof of our self worth
- It will help us become more self confident
- If we show we care about ourselves others will start to care
- We will have a greater chance of a longer and healthier life.

2.11.4 How do we look after ourselves

- Enjoy “Little things”
- Recognize your capacity, Compare yourself to yourself
- Pay attention to your professional competencies.
- Delegate responsibilities

- Separate home and office life
- Take breaks, don't take too much at one go
- Have a life outside work
- Be assertive, learn to say 'NO'
- A regular physical check up
- Relax, recreate
- Have a friend to confide in.
- Utilize the spiritual resources,
- 'Get organized' prepare a list of activities, priotise and schedule them
- Don't worry what other people are thinking of you. They are busy worrying over what you are thinking of them

2.11.5 Mental health for Counsellors

2.11.5.1 Questions that the counsellor can ask themselves to check on the effectiveness of the session

How effectively am I doing the following:

- Establishing a working relationship – to check on rapport building and relationship building skills
- Helping the client to tell their stories and move the interaction ahead by using my skills
- Helping the client to move into action.

2.11.5.2 Questions that the counsellor can ask themselves for personal growth

- What have I learned about my personal needs, and how they are likely to operate in a counseling relationship?
- What did I learn about my values and my attitudes and beliefs and how are these operating either for or against establishing effective relationships with the client?
- What steps can I take now to increase the chance of becoming an effective person and counselor?

2.12 ETHICS

A counselling relationship denotes that the person seeking help retains full freedom of choice and decision and that the counsellor has no authority or responsibility to approve or disapprove of the choices or decisions of the client the counsellor's primary obligation is to respect the integrity and promote the welfare of the client with whom he or she is working. For that the counsellor should maintain and follow minimum ethical principles

- Respect the rights and views of the client
- Be punctual for the sessions
- Set an example through personal behaviour and attitude
- Not to indulge in an physical or emotional relationship with the client while the helping process is on
- Maintain confidentiality of the interaction to foster trust.
- Counselling materials, such as records of counselling including interview notes, test data, correspondence, tape recording and other documents are to be considered professional information for use in counselling and for no other purposes.
- The client should have complete and full knowledge of the conditions under which he may receive counselling assistance at or before the time he enters the counselling relationship.
- The counsellor reserves the right to consult any other professionally competent persons(s) about his client. In choosing his professional consultant(s) the counsellor must avoid placing the client in any embarrassing situations.
- The counsellor shall terminate a counselling relationship when s/he cannot be of professional assistance to the client because of lack of competence or personal limitation. In such instances the counsellor shall refer the client to an appropriate specialist. In the event the client declines the suggested referral, the counsellor is not obligated to continue the counselling relationship.

- When the counsellor learns from the counselling relationship of conditions which are likely to harm others over whom his institution or agency has responsibility s/he is expected to report the condition to the appropriate responsible authority, but in such a manner as not to reveal the identity of his/her client.
- In the event that the client's condition is such as to require others to assume responsibility for him or when there is clear and imminent danger to the client, the counsellor should report the fact to an appropriate responsible authority and/or take such other emergency measures as the situation demands.

SECTION 3:

SPECIFIC AREAS OF HIV and AIDS COUNSELLING

3.1 WHAT IS HIV and AIDS COUNSELLING?

Counselling in HIV and AIDS has become a core element in a holistic model of health care, in which psychological issues are recognized as integral to patient management. One to one preventive counselling has a particular contribution in that it enables frank discussion of sensitive aspects of a patient's life—such discussion may be hampered in other settings by the patient's concern for confidentiality or anxiety about a judgmental response. Also, when patients know that they have HIV infection or disease, they may suffer great psychosocial and psychological stresses through a fear of rejection, social stigma, disease progression and the uncertainties associated with future management of HIV. Good clinical management requires that such issues be managed with consistency and professionalism, and counselling can both minimize morbidity and reduce occurrence.

3.1.1 Main Functions of HIV Counselling

- To enable testing
- To handle anxiety on disclosure of test results
- To cope with anxiety regarding spread of infection and reduce psychological morbidity associated with HIV infection and disease conditions.
- To handle physical isolation and hospitalization.
- In case of discrimination within the community or family.
- In case of loss of employment, housing, etc.
- To handle interruption of education, financial problems, etc.
- To handle physical effects of illness, disease progression
- To provide psychosocial support in case of loss of relationships, bereavement, anger, loneliness & depression

3.1.2 Different HIV Counseling Programmes and Services

- Counselling before the test is done or pre test counselling
- Counselling after the test for those who are HIV positive and HIV
- negative

- Risk reduction assessment to help and prevent transmission
- Counselling after a diagnosis of HIV disease has been made
- Family and relationship counselling
- Bereavement counselling
- Telephone “hotline” counselling
- Outreach counselling
- Crisis intervention
- Structured psychological support for those affected by HIV
- Support groups

3.2 PRE AND POST TEST COUNSELLING

3.2.1. The Four Guiding Principles

Testing and counselling in HIV and AIDS is broadly guided by the following principles:

3.2.1.1 Voluntary: the client must come forward voluntarily and must be aware that he or she has a right to decline testing. Mandatory HIV testing is considered unethical as it violates basic human rights of freedom of choice and right to privacy. WHO and UNICEF do not support mandatory testing.

3.2.1.2 Informed consent: this means that the client has been given clear, accurate and unambiguous information about HIV testing so that he or she can make an informed decision about whether to accept or decline testing. In certain cases written informed consent may not be necessary but prior to obtaining informed consent, the client must understand the purpose and benefits of the test, and the testing and counselling process, including their right to refuse testing.

3.2.1.3 Confidentiality: All records will be strictly confidential so that client trust can be established and maintained. Clients should be reassured apart from those who are directly involved will have access to the records and that too on a “need-to-know” basis.

3.2.1.4 Post-Test counselling support and services: HIV test results must always be provided in person within a post test counselling session. The results can be provided to the individual or couple as the case may be. The counsellor must provide clear information and help in the decision making process about next steps.

3.2.2 Pre HIV Test Counselling

Pre HIV Test counselling is to provide information, assess risk and respond to the client's emotional needs. During pre – test counselling, the counsellor provides to the individual an opportunity to explore and analyze his/her situation and consider being tested for HIV. Pre HIV test counselling is mainly centered around the individual personal history and risk of being or having been exposed to HIV, the client's understanding of HIV and AIDS and previous experience in dealing with crisis situation. It helps the client to understand the implications of not being tested. It also prepares the client to accept his or her necessity to go in for testing.

3.2.2.1 Why is Pre HIV Test counselling necessary?

- Infection with HIV is life long
- To prepare the client for any type of results, whether negative, positive or indeterminate
- Diagnosis of HIV infection can lead to psychological pressures and anxieties that can delay constructive life style change or worsen illness.
- Timely adoption of behavioral change can prevent a person from transmitting the virus to others.
- To provide client risk reduction information and strategies irrespective of whether testing proceeds
- To provide options for Prevention of Parent To Child Transmission (PPTCT)
- To provide an entry point to treatment and care

3.2.2.2 Process of Pre HIV test counselling

- Establishing rapport with the client
- Discussing reasons for seeking counselling
- Exploring client's understanding about HIV and modes of transmission
- Giving relevant and accurate information
- Correcting misconceptions, if any

3.2.3 Assessing risk during pre HIV test

It is important that the counsellor assesses the actual level of risk of the client as opposed to the client's perception of risk during the pre-test counselling. In order to do so the counsellor needs to ask explicit questions about an individual's various practices including occupational practices, sexual practices, drug using practices, perinatal (from mother to child), contaminated blood through blood transfusion, organ transplant, other surgical procedures and being part of a group with known high risk lifestyles viz, drug addicts, visiting commercial sex workers, prisoners, truck drivers. While doing so the counsellor should find out if the client has any learning or language difficulties before going into the session. It should be kept in mind that the counsellor should at all times use the counselling skills at hand during risk assessment.

3.2.3.1 Process of Risk Assessment

- Find out what the client knows about the test and give information about the HIV test and testing procedure
- Explain what is meant by HIV positive, HIV negative and indeterminate test results and the implications of each
- Explain what is meant by the window period
- Explain when the results will be ready
- Explain that the results will be given during post test counselling session
- Tell that the results are confidential and explain how clients' confidentiality is protected
- Inform the client of the cost of the test and determine whether they are eligible to have cost reduced or waived

- Allow time for the client to think through issues, ask questions and get clarification
- Help client to mentally prepare for a positive or negative test result. The counsellor can use imagery exercise to prepare the client
- Explore risk of depression, suicide, violence etc
- Help client come to his/her own decision about taking the test, restating that the process is entirely voluntary
- Obtain informed consent if client decides to take the test
- Discuss follow- up arrangements for post- test counselling

3.2.4 CONCERNS RELATED TO HIV TESTING:

3.2.4.1 What if the client decides not to take the test?

If the client decides not to take the test, help the client to summarize his/her risk reduction plan and tell the client that he/she can come back to discuss anything further. Accurate information should be provided about referral services appropriate for client's needs identified during the session, for example, family planning, STI treatment, support for drug users/ families of drug users, support for victims of rape, etc. Often a client's concerns about testing are rooted in family, culture and community. Hence it is important to inform the client on the risks involved with relation to his or her decision, so far as the health of the family and the community is concerned.

3.2.4.2. Steps for clients who decline HIV testing

The following steps provide an overview of the protocol for clients who decline testing.

- Offer individual counselling either on-site or by referral, if not offered previously.
- Identify and address barriers to testing.
- Discuss risk-reduction including exclusive breastfeeding, antenatal care, safer delivery, postnatal care and infant care.
- Re-offer HIV test or develop a plan for client to return for HIV test.

- Provide referrals to family planning, ICTC and other healthcare services.
- Provide written information such as the client information brochure if applicable.

3.2.4.3 When counseling a woman who needs approval before consenting to being tested:

As HIV testing becomes part of routine care, it is increasingly likely that women will be offered testing and will know their HIV status before their partners. Some women are uncomfortable being tested for HIV without their partner's or extended family members' knowledge.

- Review the benefits of learning her HIV status during her current visit.
- Suggest that the client discuss testing with her partner and return for testing later.
- If couple testing and counselling is available, reschedule or refer the client and her partner for a couple counselling and testing session.
- Ask if the client would like her extended family included in the testing and counselling process. If she would, then encourage family members to attend the Pre-Test session.
- Conduct the post-test session individually or with a couple (if the client can bring her partner or a family member).

3.2.4.4 When a woman is unable to protect herself from HIV:

When counselling a woman who feels she cannot change the behavior that put her at risk for HIV, in addition to the approaches above:

- Review sources of family and community support.
- Discuss creative ways that she can negotiate condom use.
- Consider discussing alternative income-generating schemes.
- If it is likely that she exchanges sex for money, refer her to an HIV prevention program that targets sex workers, if available.

3.2.4.5 Perception of low-risk for HIV infection:

Some clients feel they do not need to be tested because they do not think they are at risk for HIV, or they believe none of their partners has been at risk for HIV. When counselling a woman who perceives she is at low-risk of acquiring HIV:

- Review sexual transmission of HIV. Remind her that HIV is common in the community and that since every pregnant woman has had unprotected sex she is potentially at risk for HIV infection.
- Explain that her risk is closely associated with both her sexual history and her partner's sexual history.
- Mention that an HIV-infected person may look and feel healthy but is still able to transmit the virus.
- Reiterate that testing is especially important in pregnancy to prevent HIV transmission to the baby.

3.2.4.6 Fear of testing and learning the results:

Another reason clients may decline HIV testing is that they fear their results will not be kept confidential or they fear stigma, discrimination, abuse or blame for bringing HIV into their family. Healthcare workers should try to identify the source of fear in order to provide appropriate counselling. When counselling a woman who fears testing or learning her result:

- Reassure the client that records are kept private and not shared with anyone except healthcare workers involved in their direct care. As always, ensure confidentiality is strictly observed.
- Suggest that the client consider inviting a relative or friend to accompany her when she is tested.
- Find out if the client would want couple HIV counselling. If so, reschedule or refer the client and her partner for couple HIV counselling and testing.

3.2.4.7 Fear of illness or infecting others:

When counselling a client who is afraid of illness and of infecting others:

- Remind client that most people test HIV-negative and that regardless of status, most people report relief just to know their HIV status.

- Remind the client that if she does test HIV-positive she can be referred for HIV treatment, care, prevention and support services that will prolong her life. She can also take steps to protect her partner and infant from HIV.

3.2.4.8 Assumes to be HIV-positive:

When counselling a woman who assumes she is HIV infected even though she has not yet tested:

- Explain that learning her HIV status will relieve her anxiety about not knowing.
- Explain that if confirmed that she has HIV, she can take steps to lower the chance of passing HIV to her infant and partner. She can also seek the care and treatment she will need to live a healthier life with HIV. This will help her take care of her baby and family. If her partner has tested HIV-positive, explain discordance and stress that her partner's result does not mean she is HIV-positive too.

3.2.4.9 Institutional barriers:

Clients may decline testing because their counsellor did not strongly recommend testing or because their counsellor had a judgmental attitude. Counsellor attitudes, particularly their attitudes towards PLHIV, can dramatically affect the uptake of PMTCT services. Usually the women stated that they were afraid of being ridiculed by staff members for doing something wrong. Other institutional barriers to HIV testing include lack of onsite Pre Test counselling, lack of onsite testing and long waits for test results.

3.2.5 Prevention

As prevention of HIV infection is the primary goal of the counselling interaction the counsellor can use the five main steps in such situation:

3.2.5.1 Determining whether the behavior of an individual or group of individuals involves a high risk of infection.

3.2.5.2 Working with the people concerned so that they understand and acknowledge the risks associated with their behavior.

3.2.5.3 Defining with them how their life, attitude values and self image is linked to these behaviors.

3.2.5.4 Helping individuals to define their potential for attitude shifts, behavior modification and change.

3.2.5.5 Working with individuals to introduce and sustain the modified behavior.

Counselling in the context of prevention can take the form of primary prevention and secondary prevention. Primary prevention is intended for people at risk but not known to be infected. It focuses on risk behavior. Secondary prevention takes place where clients are known or thought likely to be infected. Its main emphasis is on preventing transmission.

3.2.6 Post HIV Test Counselling

3.2.6.1 Purpose: The purpose of the Post-Test session is to provide the individual or couple with the HIV test result and to offer counselling, preventive education (including risk-reduction messages and safer infant feeding counselling) and support and referrals to appropriate services. The Post-Test session is crucial for explaining and encouraging the client with HIV infection to accept the PMTCT interventions that will benefit her and her infant.

3.2.6.2 Process of post HIV test: The foundation of a good post test counselling session is laid during pre-testing counselling. If pre-test counselling is done well the counsellor would already have a strong rapport with the client. The client coming for HIV test results is likely to be anxious and those receiving positive HIV antibody test results will be usually distressed. It is therefore desirable that the counsellor who provided pre-test counselling also provides post- test counselling

HIV results should be given simply, and in person. For HIV negative patients this may be a time where the information about risk reduction can be repeated – for example , asking the client and referring to the points discussed during the pre test session on risk reduction. This allows for the key messages to be further reinforced.

With some clients it may be appropriate to consider referral for further work on personal strategies to reduce risks—for example one to one or group interventions.

The window period of 12 weeks should be checked again and the decision taken about whether further tests for other sexually transmitted infections are appropriate.

HIV positive patients should be allowed time to adjust to their diagnosis. Coping procedures rehearsed at the pre-test discussion stage will now need to be reviewed in the context of the here and now;

- To help client understand and cope with the HIV test results
- To provide the client with any further information required
- To help client make immediate, short term and long term plans
- To help clients decide what to do about disclosing their test results to their partners and concerned others
- To help clients reduce their risk of getting infected with HIV again
- To help clients to take action to prevent infecting others
- To help clients assess the medical and social care and support they need
- To help clients to establish link with PLHA groups , if needed

3.2.6.3 Points to be kept in mind during Post HIV Test counselling

- Cross check all results with the client's file. Be aware of non-verbal communication when calling the client to the counselling room- be calm when you call the client in for giving the result
- Prepare the client for the result. Be direct in giving the result.
- Break the news in an emotionally supportive atmosphere
- Allow time to the client to absorb the result.
- There may be different reactions such as: silence, anger, sorrow, shock, pity, blame. The reactions need not be in a sequence.

- Deal with immediate emotional reactions and provide support for anticipatory grief
- Provide reassurance about the client's immediate safety
- Discuss health, reproductive and treatment issue. If the client does not have AIDS, remind the client the difference between HIV and AIDS. Also inform him/her that even people with HIV can remain healthy for a long period of time
- Discuss personal, family and social implications and help the client identify the main concerns at this stage – for example, anxiety, depression, disclosure of test results to spouse/ partner and implications of this disclosure such as discrimination, potential violence or rejection from spouses/ partners or family , etc.

3.2.6.4 Managing client's emotional responses during post HIV test counselling

- Draw a plan for follow up counselling and medical check up
- Remind the client the right to privacy and maintenance of confidentiality in respect of medical information
- Provide support to establish linkages for treatment, care and support during the course of the disease
- Provide support to establish linkage with self support groups of PLHIV
- Strengthen client's emotional resources

3.2.6.5 How to handle client's emotional status during post HIV test counselling

Examples:

If the client breaks down and starts crying: it is important to allow the client to let him/her cry/ give him/her space to ventilate the feelings. Offer him/her tissues or hanky in a way of telling it is okay to cry. Give empathetic

response like “This must be difficult for you, would you like to talk about it? Would you like to tell me what is making you cry?”

Anger: the client might start swearing or exhibit outburst of anger. Do not panic, stay calm and give the client space to express feelings. Acknowledge that these feelings are normal and let him/her talk about what is making him/her angry

No response: this could be due to shock or denial or helplessness. Check that the client understands the result. Be on the alert for suicidal thoughts and ideas.

Denial: this could be verbal or non verbal. Counsellor should acknowledge client’s difficulty in accepting the information. Let them talk about their feelings.

3.2.7. Post HIV Test Status and counselling

3.2.7.1 Post HIV test counselling when the test results is negative

- Cross check all results with the client’s file and blood samples
- Explain the meaning of negative test results – including repeating the test, if there is possibility of the client being exposed to HIV in the 6 months before testing (window period).
- Explain the importance of HIV prevention and risk-reduction steps, repeating what was discussed during the pre test session
- Discuss partner’s HIV status, benefits of sharing test results with partners and encouraging the partner to undergo test.
- Address any fear, apprehensions which may still be there with the client.
- Encourage continuous healthcare attendance and delivery in health facility, and promote exclusive breastfeeding for mothers.
- Discuss follow-up plan options and resources for support and check for referral needs

3.2.7.2 Post HIV test counselling when the test results is positive

- Cross check all results with the client’s file and blood samples

- Explain the meaning of positive test results and give support
- Address any fear, apprehensions which may still be there with the client.
- Discuss partner's HIV status, benefits of sharing test results with partners and encouraging the partner to undergo test.
- Encourage continuous healthcare attendance and delivery in health facility, and promote exclusive breastfeeding.
- Discuss available treatment and encourage treatment adherence.
- Provide information on available treatment, care, nutrition, family planning and support services.
- Discuss follow-up plan options and resources for support and check for referral needs
- Encourage healthcare visits and return visit.
- Encourage infant testing and older children for HIV testing

3.2.7.3 Post HIV test counselling when the test results is indeterminate

- Encourage the client for retesting in view of the fact that occasionally tests results may not be certain
- Help client to adjust with intervening period of uncertainty and anxiety
- Provide the client with related knowledge
- Encourage the client to adopt safer sexual practices

3.2.8 Overview of the Pre HIV test and Post HIV test counselling process

3.2.8.1 Rapport building and risk assessment:

- Build rapport with client through techniques used in counselling
- Discuss risk assessment
- When appropriate confidence level has been established ask the three questions

  a. *Why do you want to be tested? (If not willing to answer ask the client to state the necessity of being tested)*

b. *If tested, who are you going to tell and why?*

c. *What are you going to do when you get the test results?*

(Ask the client to imagine what his/her response will be if the test is positive/negative)

3.2.8.2 Session I: Explanations and providing information

- Explain multisession model
- Discuss confidentiality
- Take psycho-social history
- Explain the meaning of testing
- Explain risk and benefit of testing
- Help the client identify support system or persons

3.2.8.3 Session II : Clearing doubts and reinforcing support

- Review HIV test information
- Support during the test
- Discuss importance of follow up
- Allow the client to ask questions

3.2.8.4 Session III : Preparing for the result

- One week before the result is known. This visit is strongly recommended for clients with limited social support
- Remind the client that you do not have the test results
- Assess the client's emotional status
- Deal with any emotional issues with the help of the techniques of counselling
- Prepare the client for the result

3.2.8.5 Session IV : Post test counselling

- Acknowledge that you have the test results
- Check the client's emotional status

- Work with the feeling level for positive or negative results
- Give results
- Listen and give support
- Encourage follow up

3.2.8.6 Session V : Follow up, referral and termination

- Continue to listen to the client
- Be a sounding board
- Do not try to give quick fix solutions
- Assess if they are having any mental health problems like depression, suicidal tendencies. If so , do refer accordingly
- Continue to have touch with the client and the referred agencies for the client's status
- Follow up on the client's progress
- Terminate gradually as per the need and status of the client

3.3 COUNSELLING FOR COUPLES AND FAMILY

Couple and family counselling has unique challenges and opportunities that counsellors must manage in order to help couples make informed decisions about HIV testing. Because there is more than one client involved in the counselling session, the counsellor must be aware of the dynamics and how best to handle them. Having multiple clients also requires that the counsellor be skilful in directing the conversation so that all parties can participate fully. Counsellors need techniques to diffuse potential blame and tension that may be present when discussing personal or sensitive issues such as concerns about HIV risk.

In couple counselling, spouses / partners receive HIV counselling together. The counsellor provides the same messages as in a group Pre-Test session and specifically addresses the couple's concerns.

3.3.1 Advantages of Couple Counselling and Testing

- Spouses / Partners hear information and messages together, enhancing the likelihood of a shared understanding.
- The environment is safe for couples to discuss concerns.
- The counsellor has the opportunity to ease tension and diffuse blame.
- Post-Test counselling messages reflect the test results of both.
- Neither spouse / partner is burdened with the need to disclose results and persuade the other spouse / partner to be tested.
- Couple counselling facilitates the communication and cooperation required for risk- reduction such as condom use.
- Prevention, care and treatment decisions can be made together, including decisions about PMTCT interventions such as infant feeding.

3.3.2 Basic Recommendations

- Create a trusting relationship with the couple.
- Communicate that the opinions of both partners are important.
- Remain neutral.
- Give each partner the opportunity to share feelings and ask questions.
- Obtain consent for testing from each partner and encourage him or her to agree to “shared confidentiality,” which means that the couple will make decisions together about to whom they will disclose their test results.

3.3.3 Pre-marital counseling

Pre- marital counselling concerns the important stage of choosing a mate. It involves the coming together of two individual issues/ factors that need to be handled during pre- marital counseling, which may culminate into a successful marriage alliance are:

- Social life
- Religious and other values

- Relatives and dependents
- Occupational demands
- Physiological factors – RH factors, gynecological investigations, HIV status.
- Personal factors – genealogy of both the partners, understanding each other, expectation sharing
- Mental illness in the family – understanding and coping with it.

3.3.4 Marital counseling

It has three important areas.

- Pre- marital counseling
- Counseling for better marital harmony
- Counseling to eliminate/ forestall a marriage from breaking up

However there are certain factors that has to be emphasized

- Expectation sharing
- To know their needs – whether they want to keep the marriage
- The counsellor should go by their needs and not by what they think is right
- To check their compatibility and level of communication and understanding

3.3.5 There are four major issues of conflict observed in couples and families

3.3.5.1 **Self- worth:** Each person wants to be loved, accepted, cared for and respected.

3.3.5.2 **Communication:** effective communication is the key to effective interpersonal relationship. For this active listening between partners and among family members is required and the counsellor can help the individuals to learn new ways of communicating.

3.3.5.3 **Rules:** every family has their own rules of living. It is important to review those rules and making new rules if need be.

3.3.5.4 **Relationship with outside world:** The need for social interaction is different for different individuals which need to be appreciated by the partners.

3.3.6 Steps to facilitate resolution of conflicts in interpersonal relationship among family members.

- Treat problem of relationship without personal involvement
- Treat all matters impartially
- Facilitate direct communication
- Assist in enhancing listening skills
- Deal with one issue at a time as per their agenda
- Make present conflict a basis of learning to cope with future conflicts
- Set rule for not causing physical abuse to oneself or to one's partner
- To refer if necessary.

3.3.7 Role of the counsellor in couple and family counselling

- The first task of the counsellor is to build an alliance, or partnership, with the couple. Rapport has to be build with the couple as well as with the man and the woman separately. Hence separate sessions should be taken for the individuals before going in for couple counselling. This gives each person an opportunity to share his or her point of view on issues and allows the silent partner to listen to his or her partner.
- Questions that are easy to answer and important to the relationship are good for encouraging both partners to talk freely during the counselling session. For example: "Tell me about your family and how many children you have" or "What brings you two in today?" It is necessary for the counsellor to have a combination of close ended and open ended questions.
- The counsellor should pay attention to the different types of communication that occur during the counselling session, making sure

that he/she directs communication in such a way as to support each of the individual.

- The counsellor should encourage the couple to speak to and engage each other. The more the couple is supported by the counsellor for addressing issues and concerns as partners—in terms of “we” rather than as “I” —the more likely they will be able to cope with the challenges of HIV.
- The counsellor should remember that communication can be both verbal and nonverbal. In addition to questioning the clients, the counsellor should use nonverbal signs such as eye contact, nodding and smiling to encourage communication.
- The counsellor acts as a limit setter for any emotional or physical abuse that may take place during the sessions.
- The counsellor is also a role model for the couple and the family members by the way he/she behaves and conducts himself/herself at all times. Thus personal growth of the counsellor is very important and cannot be ignored.
- The counsellor should give emotional support and provide insight and understanding wherever there is any anxiety and confusion so as to help necessary behavioral changes.

3.3.8 Some Tips to Ease Tension and Diffuse Blame

While all HIV counselling is emotionally difficult, counselling couples can be particularly challenging. One partner may suspect HIV infection is a sign of a partner’s infidelity. A woman may fear her partner’s reaction to learning she is HIV-infected. For couples who are HIV-infected, partners may feel grief and may be worried about the future of their family. It is therefore crucial that the counsellor have the ability to prevent blaming of the partners and ease tension.

The following strategies can help the counsellor during particularly turbulent sessions.

3.3.8.1 Normalize feelings, reactions and experiences: Help the couple recognize that what they are feeling is normal and that many others have had similar experiences.

3.3.8.2 Use silence effectively while maintaining a supportive and look : During difficult moments, allow the couple time to be silent so they can collect their thoughts and respond or comment accordingly.

3.3.8.3 Focus on the couple's present and future: Help the couple focus on their present and future together and on ways to support one another. Emphasize that the past cannot be changed but give instances of couples and families living effectively with HIV. Take the help of positive speakers if need be.

3.3.8.4 Express confidence in the couple's ability to deal with HIV-related issues constructively: Reflect on their shared history and how they have effectively addressed challenges together in the past.

3.3.8.5 Reinforce positive actions taken by the clients: Praise the couple's willingness to be counseled and resolve and face the challenges that HIV presents.

3.3.8.6 Acknowledge the feelings the couple expresses and displays: Let them know that over time the intensity of these feelings will probably change and they will begin to be able to adapt and move on.

3.3.8.7 Redirect and reframe questions and discussions that are placing blame or are angry: Help the couple identify the feelings that underlie their anger. Fear, anxiety and uncertainty may be expressed as anger, aggression, or hostility.

3.3.8.8 Use active listening and empathy as needed: Use active listening at all times and empathy wherever needed.

3.3.8.9 Focus on solutions, not problems: While it is important to acknowledge each partner's feelings, the counsellor should focus the couple's attention and energy on generating solutions.

3.4 COUNSELLING FOR CHILDREN

There are certain basic needs of a child which should be met like adequate nutrition, education, medical care, safe shelter, congenial home environment, congenial living environment and unconditional love and affection. The people who should ensure the basic needs of a child are parents, if parents fail and/or are absent, it is the responsibility of the other caregivers in the family followed by the local Government, as per law. Finally, it is the responsibility of all adult people in the society.

Children infected and affected with HIV include children where one or both of the parents are either living with HIV or AIDS or have died of AIDS. These children may have experienced emotional and trauma of seeing their parents being ill or die, discrimination by other children and adults, and emotional worries about their own continuing illness. Most of them may experience post traumatic stress disorder (PTSD). They require special counselling such as trauma counselling. Older children may need counselling related to sexual issues and on the avoidance of risk behavior. Thus it is best for older children to undergo life skills training along with individual and group counselling.

3.4.1 Below are some symptoms related PTSD that a counsellor should look out for

3.4.1.1 Children 5 yrs and younger:

- Persistent fear of being separated
- Excessive clinging
- Crying , screaming
- Problems in sleeping
- Nightmares
- Regressive behaviour

3.4.1.2 Children: 6 to 11 years:

- Withdrawal from others / activities
- Act out with disruptive behaviour

- Difficulty in concentration
- Irrational fears
- Irritable
- Outbursts of anger and fighting
- Depression , anxiety , guilt , numbing
- Lower grade

3.4.1.3 Children: 12-17 years

- Flash backs
- Avoid reminders of the event
- Abuse of drugs and alcohol
- Suicidal thoughts
- Never school performance

3.4.2 How to manage PTSD in children

- To gradually find out what incidences the children remembers and allow the child to talk about it.
- Do not force the child to talk
- Allow the child to draw what is on his mind and express his feelings. This will give the counsellor an idea of where to begin with the child
- Use group counselling with the child

3.4.3 How to start interaction with children undergoing emotional stress and trauma

The counsellor has to go for the interaction with an open mind. One cannot assume that children will open up and talk. In fact it is more difficult to handle children than adult clients as they do not have the adequate vocabulary to express themselves or may not feel the need to share. Hence the counsellor should be prepared to accept and modify the conversation as it goes.

3.4.4 Some helpful tips:

- **Choosing a space:** preferably a child friendly room or open space with some amount of privacy. Do not select the principal's room or the classroom as the child may not feel at ease there.
- **Be visible to others:** avoid an isolated spot, if the counsellor is talking one to one. It is important to remember the safety rules and duty to protect children
- **Children only:** it is better to ask other adults to leave, unless it is culturally inappropriate. However some children may feel comfortable with a trusted adult around. Make sure that the adult so not prompt or correct the child in any way.
- **Seating arrangement:** try to sit on the same level as the children. Don't take the best and bigger chair for yourself. It they are sitting on the floor or on ground, join them
- **Be careful of body language:** it usually helps to put children at ease by 'mirroring' their body language. But don't make it look obvious
- **Introduce yourself:** it is worth taking time over explaining clearly and simply who you are and where you are from, what you are doing and why
- **If in a group:** ask each child to introduce themselves individually. It may help to boost their confidence if they get a chance to say something about themselves. You may play a small ice breaking game with them to make them more comfortable. Don't force if they are not willing.
- **Use of language:** try to suit your language to the children. Use clear explanation which could be understood by children
- **Silence:** if there is silence, be with the child and do not push the child to speak if they don't want to
- **Keep questions open and not closed:** for example, "How did you feel when that happened?" rather than "Did that make you angry?"
- **Drawing pictures:** you can ask younger children to draw pictures and then ask them to talk about it.

- **Give encouragement:** encourage children once they start talking- let them know from your facial expression and empathetic words that they are doing well.
- **Confidentiality:** before initializing the interaction but after the ice breaking session you can let the child know about confidentiality. This will help the child to be at ease

NOTE: If you can't handle a child for some reason, it is probably best to finish as soon as possible, without leaving them feeling that they have failed and request one of your colleagues to follow-up.

3.4.5 How to help the child to normalize life after a trauma?

The sooner the child goes back to normal day to day routine the better is the recovery. Thus below are some of the ways to do so.

3.4.5.1 Daily Scheduling activities

- It helps children structure their time
- It helps them have a regular routine to make them feel in control of their life and have positive experiences
- It also establishes predictability and consistency.
- Daily activities can be targeted towards small goals which are easy in the beginning and gradually increased to more challenging situations which they can then face better.
- For academic or study related difficulties consult a psychologist or a special educator. It is important to remember that referrals can be made any time during the counselling or associating with the child. However, periodic written feedback from the individual or institution referred to should be taken and /or asked for with specific instructions for follow up that the counsellor or the organization's staff need to undertake.

3.4.5.2 Building Self Esteem: The following points are to be kept in mind in the interactions with children so that positive self esteem of the children can develop.

- Praise the child's efforts at every opportunity which deserves praise, irrespective of the outcome.
- Focus on giving positive messages.
- Encourage the child to take responsibility to carry out small tasks.
- Induce a sense of achievement by giving tasks and assignments to be completed within a specific period of time.
- Promote identity formation.
- Provide a sense of security and belonging.
- Encourage action, even if it means committing mistakes
- Find activities they can do well so that the children experience the feeling of success
- Give her a special sense of importance
- Help in grooming ,sense of pride in appearance
- Encourage child to adopt "role models"
- Reduce and remove feelings of guilt, self blame
- Provide opportunities for positive peer interaction
- Guide the child in practicing appropriate responses to anticipated problem situations

3.4.6 Managing anger in children: a few tips for the counsellor

- Let the child recognize the anger within her / him, whether it is due to hurt or guilt.
- Ask the child to examine whether it is worth it .
- Teach the child to give the provoker benefit of doubt instead of feeding it further.

- Teach the child some ‘instant’ calming techniques e.g. counting 1 to 10, Make an action that delays the response like taking sips of water ,taking 3 quick deep breathes and breathe out slowly .
- Teach coping ‘self talk’ – saying helpful statements like ‘calm down’, ‘relax’, ‘don’t get excited.’ Tell the child that she can walk from the anger situation, to do ‘time out’ on herself till she is calm enough to come back to it.
- Teach the child to take out pent up anger in creative ways – through energetic games and sport activities , listening to calming music, dancing, using soothing aromas .
- Anger can also be expressed in non threatening ways by writing a letter to the person the child is angry with or keeping a journal and recording angry thoughts and feelings as a venting process.
- Explain how the child can use imagery to cope with anger arousing situations and feelings.
- Anger can be handled by teaching the child to draw a picture of the person he/ she is angry with, or made a clay model representing that person or use a hit- me-doll which could be used for ventilating angry feelings by tearing , destroy or hitting these as a cathartic process.

3.4.7 Role of a Counsellor in Anger Management

- Stay calm yourself when the child has an outburst
- Calm down the child with a quiet, low, even voice.
- Remove all onlookers from the spot or those involved in the fight
- Listen to the child’s version of the conflict
- Empathize with the child’s feelings, but show disapproval of their behaviour
- When the child is calmed down discuss alternative ways of dealing with the conflict situation.

3.4.8 Use Imagery exercise to help child overcome emotional stress and trauma

Tell the child that you are going to play an activity called: I Wish, I Hope (the counsellor can use any other imagery exercise. The one given below is an example of imagery exercise. This exercise can be also as a group activity)

- Introduce the activity by saying that we all have dreams and hopes.
- Give the children a minute to think of some wishes and hopes. They do not have to share them with the rest of the group.
- Discuss that "I wish" is short-term because it says, "I wish I could do well in my interview next week" but "I hope" is long-term because we say, "I hope I get the promotion."
- Then prepare them for a imagery exercise. If you can, play some soft music in the background. Ask the participants to close their eyes and relax their hands, arms and feet.
- Tell them, very slowly, softly and in one tone, "Close your eyes". Pause
- "Your neck and shoulders are relaxed. There is no strain anywhere". Pause
- "Imagine that you are seeing yourself on the road of your life." Pause
- "On the road there are many people you know, your friends and your family." Pause
- "You come to a junction and realize that you are in the next year." Pause
- "Think. What do you look like? What are your clothes like? What are you doing? Who are your friends at that time? Who are you with? Are you at home? Are you working? Are you healthy? Are you happy? Have you changed any of your behavior? Are you happy?"
- After a pause of about 10 seconds, say to the participants, "You are now walking again on the road and now you are five years older." Keep on adding years depending on the age range of the children
- At the end, very softly ask the participants to open their eyes and relax. Do not say anything for a minute or two.

- Ask if anyone would like to share her or his wishes and dreams. Do not force anyone. Ask the participants if they felt it was easy to visualize their future.
- Was it easier to look at their life for the next year or for 10 years later? Were there any problems they saw?
- What would they have to do now to realize their dreams?

Note: Ask them to set a goal now based on what they have imagined. Help them to make a specific, clear, simple goal.

Examples:

"I will go to school everyday".

"I will try to be happy even if my friends tease me.

"I will make new friends in school".

3.4.9 Here is a writing which may help the counsellor as a reminder of what needs to be done for a child.

CHILDREN LEARN WHAT THEY LIVE

If a child lives with criticism, he learns to condemn.

If a child lives with hostility, he learns to fight.

If a child lives with ridicule, he learns to be shy.

If a child lives with shame, he learns to feel guilty.

If a child lives with tolerance, he learns to be patient.

If a child lives with encouragement, he learns confidence.

If a child lives with praise , he learns to appreciate.

If a child lives with fairness, he learns to justice.

If a child lives with security, he learns to have faith.

If a child lives with approval, he learns to like himself.

If a child lives with acceptance and friendship, he learns to find love in the world.

3.5 COUNSELLING FOR WOMEN

Counselling can benefit women at risk, pregnant women or women wanting to become pregnant— who are either HIV-positive or unaware of their HIV status. It facilitates them to make informed decisions about whether to become pregnant if HIV positive; whether to take a test before pregnancy or during labor and delivery (L&D). Counselling lays down the ground work for Prevention of Parent To Child Transmission (PPTCT) of HIV.

The Pre-Test session offers an opportunity to explain the benefits of testing and the services available depending on HIV status and to encourage uptake of testing.

The purpose of the Post-Test session is to present the results, discuss what the results mean and for those who test HIV-negative, how to stay HIV-negative. For clients who test HIV-positive, the Post-Test counselling session will also include how to live positively and how to reduce the likelihood of transmission to their infants and partners.

Counselling plays a major role in PPTCT. Being the most significant source of infection in children below the age of 15 years parent to child transmission of HIV can occur during pregnancy, at the time of delivery or through breast feeding. A pregnant woman living with HIV has an approximately 30% chance of passing the virus to her new born baby. There is evidence that the infection can occur as early as the first 12-15 weeks of gestation.

3.5.1 Steps in Testing and Counselling for PPTCT: In recognition of the public health and individual benefits of widespread implementation of Prevention of Parent to Child Transmission (PPTCT) services; the overall goal of HIV testing in the PPTCT setting is to identify women in need of PPTCT services.

- Conduct Pre-Test session with individual client, with couples or groups (ANC and possibly PD settings).
- Offer HIV test at the end of the Pre-Test session. The client can accept or decline testing
- Perform HIV test by trained personnel in government approved hospitals
- Provide counselling to client who declines HIV test to encourage future testing.

- Conduct Post-Test counselling for all clients who were tested. *(In the L&D setting, there may be two Post-Test sessions: a brief one before the infant's birth during which only the essential information is provided and a more in-depth follow up counselling session after delivery. Interventions and referrals are provided during the Post-Test counselling session.)*
- Suggest client return for a subsequent healthcare visit for follow-up counselling, education, support and referrals.

3.5.2 What is the Purpose of the Pre-Test Session?

The purpose of the Pre-Test session in all PPTCT settings is to provide the woman or couple with adequate information to make an informed decision about HIV testing.

3.5.3 Steps to be followed in the Pre-Test session

- Help the client understand HIV and AIDS.
- Explain the importance and benefits of HIV testing.
- Explain HIV testing procedures.
- Explain importance of partner testing: Discordance, Disclosure and partner referral
- Explain risk-reduction and available services.
- Prevention of sexual transmission of HIV
- PPTCT interventions, including ARV prophylaxis and safer infant feeding
- Referral for prevention, care, treatment and support
- Encourage continuous healthcare attendance (and delivery care).

3.5.4 Encouraging partner participation: Counsellors should encourage clients to invite male partners to participate in HIV testing and counselling services. Testing men, either together with their female partner or separately, is essential to:

- Gain the male partner's support for PPTCT interventions.

- Support adherence, since HIV-positive pregnant women who are tested with their partners are more likely to adhere to PPTCT interventions. If the male partner is HIV-positive also, the couple can be referred together for treatment, care, prevention and support services.
- Identify discordant couples and support the HIV-negative partner to stay negative through risk-reduction. The HIV-negative partner in a discordant couple is at extremely high risk of acquiring HIV infection.
- A “discordant couple” is a couple in which one partner tests HIV-positive and the other tests HIV-negative. In many countries, discordance is common. As many as 3 out of 10 couples tested are likely to be discordant, especially in PPTCT settings.
- Support women and men who test HIV-negative to stay negative through risk-reduction.

3.5.5 What is the Purpose of the Post-Test Counselling Session?

The purpose of the Post-Test session is to provide the woman or couple with the HIV test result and to offer counselling, prevention education (including risk-reduction messages and safer infant feeding counselling) and support and referrals to appropriate services. The Post-Test session is crucial for explaining and encouraging the client with HIV infection to accept the PPTCT interventions that will benefit her and her infant.

It is important for the woman or couple to have time to reflect on the test result and understand the options. Ideally, couple and/or family follow-up counselling should be arranged. It is critical to provide a message of hope and support and to help the woman or couple recognize that they are not alone.

All HIV test results, whether positive or negative, must be given in person and tailored to the woman’s situation. Post-Test counselling sessions are conducted in private, either individually or as a couple. During Post-Test counselling, it is important to put the woman or couple at ease. The counsellor should make every effort to provide a quiet and private room for the discussion.

3.5.6 Steps for Post-Test counselling for clients who test HIV-negative:

- Explain negative test results.
- Discuss importance of partner testing and discordance.
- Explain importance of HIV prevention and risk-reduction steps.
- Encourage continuous healthcare attendance and delivery in health facility[1], and promote exclusive breastfeeding.

3.5.7 Steps for Post-Test counselling for clients who test HIV- positive:

- Explain positive test result and provide support.
- Discuss available PPTCT services, including PPTCT interventions, including ARV prophylaxis, safer birth and safer infant feeding
- Discuss importance of partner testing and prevention of sexual transmission of HIV
- Discuss discordance, disclosure and partner referral
- Provide information on available treatment, care, nutrition, family planning and support services.
- Explain the importance of infant testing and of older children for HIV testing

3.5.8 How to handle women who has previous HIV-negative test results:

Some clients who have tested negative for HIV previously or whose partner recently tested negative for HIV may not recognize the need for re-testing. It is common for people to think that a negative test result from months or years ago is still valid. Others assume that a negative HIV test suggests immunity or that a partner's recent negative test result reflects their own.

When counselling a woman who previously tested HIV-negative:

- Praise the woman for having been tested.

[1] For women who are pregnant (ANC settings).

- Explain that though she was HIV-negative in the past, she could have been infected since her last test.
- Inform her that a negative HIV test does not imply immunity; unfortunately, no one is immune to HIV.
- Remind her that repeating an HIV test during the current pregnancy is important to prevent HIV transmission to the baby.
- If her partner has tested HIV-negative, explain that her partner's result does not mean that she is HIV-negative.

3.5.9 Disclosure of HIV status:

Disclosure of HIV status to family and partner can be the first step in seeking support for adherence to PPTCT interventions, partner testing and acceptance of referrals for HIV-related care, treatment and support. Fear of stigma and discrimination prevents many women from disclosing their HIV status, even to their partner. Approaches that may help clients deal with stigma and encourage disclosure include:

3.5.10 Steps in Disclosure:

The counsellor can help the client through the following steps in disclosure

3.5.10.1 Whom to disclose

The counsellor can help the client plan who to disclose to by assessing their current relationships and responsibilities.

- Have they disclosed to their partners?
- Do they want to disclose to the family members first or to someone close to them. Allow them to select who they want to be the first person to know
- Prepare the client to face hostile reactions if there may be any
- Make the client aware about positive networks and support groups in their communities

3.5.10.2 When and where to disclose

- Discuss the importance of a safe and comfortable place where they can disclose

- Discuss choosing a time that will suit the client and their family/friends

3.5.10.3 How to disclose

- Help the client to keep the message simple. Clients do not have to tell others everything about how they got HIV or details of their status
- Prepare the client to answer probable questions
- Let family/friends know their support id needed by the client

3.5.11 Disclosure to children

If the clients have children, counsellors should help them through issues related to disclosure to children.

- Prepare the client by stating that there is no “best” age to disclose to children. The parent is the best judge of when to disclose depending on the maturity level of their children
- Prepare the client for reactions like fear, anger, disappointment, depression
- Use mock practice sessions to help the client prepare to present a hopeful picture to the children while talking about HIV and AIDS, medical care and treatment

3.5.12 Partner Notification

Partner notification is a process when an individual tells his/her partner(s) about his/her HIV positive status. The process also includes ensuring that the partner(s) gets counseled and tested for HIV. If the partner is positive, then the process of counseling and linking the partner to care and support need to be ensured. If the partner is negative, the couple receives counseling based on their needs (safer sexual practices, treatment required for partner, how to manage reactions of partners, etc).

3.5.12.1 Partners that need to be notified

- All sexual partners of the PLHIV
- All those sharing needles/syringes with the PLHIV

3.5.12.2 Importance of telling the partner

- If sexual partner is negative (discordant couple), there can be prevention activities put in place so the partner do not contract HIV in future
- It helps partners get the medical attention they need if they are positive
- If both members of a couple are positive and aware of their status, there is the opportunity to reduce the worsening of infection through re-infection
- Partners have the right to know (Supreme Court of India states that if a person has HIV and they knowingly expose another person, they are punishable under law)
- Telling one's partner shows the client values their relationship and wants to ensure healthy lives for all involved
- Encourage partner involvement in PPTCT activities as key to increasing women's uptake of services. Male participation in couple counselling increases uptake of PPTCT interventions, particularly HIV testing.

3.5.13 Approaches to telling the partner

3.5.13.1 Self–disclosure: Individual PLHIV take responsibility of informing partner personally. However, support of a counsellor or care provider may be required in preparing the individual prior to the disclosure.

3.5.13.2 Dual Disclosure: Individual PLHIV choose to tell partner in front of a counsellor or family member or trusted friend. Or the Counsellor supports the PLHIV during disclosure and acts as a resource.

3.5.13.3 Counsellor Disclosure: Individual PLHIV bring their partner to the counsellor and the counsellor discloses the status to the partner.

3.5.14 Women, Violence and Telling Partners: Female PLHIV must be given special consideration because they may be vulnerable to violence upon disclosure of their status to their male partners.

3.5.14.1 If a woman's husband or partner has:

a. History of violence,
b. History of alcohol abuse,
c. Threatened violence in the past,

then necessary caution must be considered in planning disclosure of her HIV status to her partner.

3.5.14.2 If there is a concern of violence against the woman disclosing, she should be counseled to disclose only when:

a. She feels safe and assured that she is not at risk for physical violence

b. She feels she has a safe alternative living arrangement in case it is not safe to live with her husband

3.5.15 Role of the counsellor in disclosure and partner notification

3.5.15.1 Explore client's feelings about telling partner(s).

- Have you thought about telling your partner(s) about your test result?
- What are your feelings about talking to your partner(s) about your test result?
- What are your concerns"?

3.5.15.2 Remind them that result does not indicate partner's HIV status.

- Your test result does not indicate what your partner's result will be.
- Your partner must be tested in order to know his or her result.

3.5.15.3 Identify partners who need to be informed.

- Whom do you believe may need to know about your result?
- It is your personal decision to choose whom to tell. (Encourage client who tested HIV-positive to disclose to past sexual partners so that they can be tested.)

3.5.15.4 Discuss possible approaches to disclosing HIV status.

- When should you tell them? Usually when the client is ready. In most situations, the client takes time to consider whom to tell and how to tell them.
- Where is the best place to have this conversation? Pick a private place to tell the person, at a time when the person is relaxed.

3.5.15.5 Preparing the client for disclosure:

- What do you want to tell them about your HIV infection?
- What are you expecting from the person to whom you are disclosing your HIV status?
- What is the worst consequence that might happen if you were to tell him?
- How would you deal with this?
- Accept their reaction. You cannot control the fears and feelings of others.
- Stay calm, even if the other person gets angry or emotional. If the person does react badly, it is better to wait for the person to calm down. Once the person is calm, ask him/her to explain why he or she is feeling this way. Try to address the person's concerns. If you do not feel that the person will listen to you, suggest talking with the HIV counsellor together.
- Be patient. It may take some time for those you tell to process the information.

3.5.15.6 Support client to refer partner for testing.

- Are there particular partners you are worried about?
- Tell me your feelings about asking your partner to be tested.
- How would you and your partner handle it if he or she were HIV-negative? How about if he or she were HIV-positive?

3.5.15. 7 Initiate mock practice sessions: Initiate a series of mock questions, situations and responses and practice a probable conversation.

Example:

Let's imagine that I am your partner. Tell me about your results and I will respond.

How do you believe your partner will react to your telling her or him?

(ask client to think how the partner may act or react, or to anticipate partner reactions)

How have you handled difficult conversations in the past?

(Provide support in case of the client breaking down and not knowing in what way the partner may respond) There has been a lot we have talked about today. It is a challenge to deal with being HIV-infected. With time and support, you will adjust and be able to live positively.

3.5.15.8 Note for Counsellors:

- Counsellors may have to recruit men through personal invitations and publicity campaigns and may have to rearrange their clinic hours and client flow to make it more conducive to having men attend clinic.
- A Woman is often more likely to disclose to another woman before disclosing to her partner. If so, encourage the client to disclose to a trusted female friend;.
- Set up ways to identify and support women who are likely to experience negative outcomes from disclosure; this may include, for example, couples counselling, accompanying women when they disclose to their partners, domestic violence screening of all women and the establishment of referral networks with women's shelters.
- Encourage clients to attend support groups.
- Support and participate in community-level interventions that increase knowledge about HIV and PPTCT, encourage disclosure and reduce stigma.
- Use the Post-Test counselling session to provide all clients with individual counselling and education to support their adherence to PPTCT interventions

3.5.16 conducting the L&D Pre-Test session

It is difficult to conduct session during L & D. but since it is important to make the woman aware of PPTCT services thereby lowering the chance of passing HIV to her baby. It provides an opportunity to seek care and treatment to live a healthier life and to help her take care of her baby and family.

There may be times when the women may decline testing during labour and delivery. This may be due to the fact that delivery is a stressful and hectic time

for women. Women who are focused on pain relief and preparing themselves for delivery may not be able to focus on counselling messages. Other women may decline HIV testing because they do not want to receive “bad news” before the birth.

3.5.16.1 Guidelines for conducting the L&D Pre-Test session.

- Make the woman sit comfortably and establish as rapport before initiating the session.
- Assure confidentiality of the session.
- Speak in soft tones, but make sure she can hear.
- Use a temporary screen or curtain around the bed for privacy, if available,
- The session can be conducted in a corridor, waiting area, or any other quiet place where some degree of privacy is possible.
- If there is no record that the client had an HIV test during this pregnancy, inform her that she will receive information about HIV testing.
- Ask her whom, if anyone, she would like present for the session. If she would like to be alone, ask the family to leave the room for just a moment.
- Ask whom she would like to be present when she receives the test result.

3.5.16.2 Guidelines for conducting the L&D Post -Test session.

- The purpose of the Post-Test session is to provide the woman or couple with the HIV test result; to offer counselling and prevention education including risk-reduction messages as well as support and referrals to services.
- For those who test HIV-positive, the Post-Test session should also provide a summary of PPTCT interventions including ART and infant feeding options.
- All HIV test results, whether positive or negative, must be given in person, conducted in private and tailored to the woman’s or couple’s HIV status.

- The counsellor should provide all of the essential information during this Post-Test counselling session, since this session may be the only Post-Test counselling session for a woman with limited access to healthcare services.
- In the ANC and PD settings, the Post-Test session for a client who tests HIV-negative is brief, typically 5–10 minutes; the session can last about 15–30 minutes for a client who tests HIV-positive.
- In the L&D setting, the Post-Test session during labour should be as brief as possible and include essential messages only. The Post-Test session that takes place after delivery reinforces and elaborates on messages provided during labour.
- It is especially important that counsellors make referrals for treatment, care, prevention and support for these women and their infants. Before discharge, all clients, regardless of HIV status, should be given appointments for postpartum and baby clinic visits and referred for follow-up care. Referrals should include the name of the clinic, contact person, contact information and the date and time for the first post-natal visit.

3.6 COUNSELLING FOR TREATMENT ADHERENCE

3.6.1 Adherence: Adherence means the degree to which a patient exactly follows a prescribed treatment regimen that has been designed in the context of a partnership between the client and the counsellor. Adherence to your HIV treatment regimen, also called Highly Active Antiretroviral Therapy (HAART for short) means taking your prescribed medicines at the right time, in the right doses and in the right way.

Significant developments in combination anti-retroviral therapy have led to a surge of optimism about long term medical management of HIV infection, and people are now living much longer with HIV.

Poor adherence may negatively impact a drug's effectiveness thereby lowering the quality of life of PLHIV.

Adherence to ART or HAART involves the following elements:

- Taking all the medicines which make up the client's combination in the right quantities.
- Taking pills at the right times. Taking medication at the wrong time can cause a rise in viral load and this may lead to the development of drug resistance.
- Making sure of taking medication with or without food according to instructions. Some medicines need to be taken with food to ensure that the body absorbs them properly but others need to be taken on an empty stomach, a certain amount of time before or after you eat. It can also be important that you eat the right kind of food – the amount of fat you eat can make a difference to how well some drugs are absorbed.
- Checking for reactions with any other medication or drugs. This includes medicines that have been prescribed to the client or bought over the counter including complementary or alternative therapies.
- Also to be aware that some recreational and illegal drugs can have potentially dangerous interactions with anti-HIV medication.

(Anti-retroviral therapies (ART) are drugs that suppress or prevent the activity of a retrovirus such as HIV. This is done by disrupting the HIV enzyme's ability for genetic copying or for making virus that can infect other cells. Also known as: Anti-retroviral treatment, Anti-retroviral (ARV), HIV therapy, Anti –HIV drugs)

3.6.2 Hurdles to Adherence: Patient adherence is an important factor in the efficacy of drug regimens. However, taking a complicated drug regimen—often taking large numbers of tablets several times a day—is a constant reminder of HIV infection. The presence of side effects can often make patients feel more unwell than did the HIV and some may be unable to cope with the side effects.

Counselling may be an important tool in determining a realistic assessment of individual adherence and in supporting the complex adjustment to a daily routine of medication.

Intervention associated with improved adherence to antiretroviral therapy (ART) can include multi-disciplinary medical team, medication counselling, with reinforcement at each visit.

The counsellors together with the health care team should encourage or work together with clients to develop personalized plans to ensure adherence to multi-drug regimens.

3.6.3 Some key principles to assist counsellors while offering psycho-social support to the client during antiretroviral therapy:

- Encourage clients to be active participants in their own treatment.
- Give clients access to educational materials that describe how to take pills and what the possible side effects will be.
- Provide information about where and how to access physical, social and psychological support.
- Provide practical support (or where to receive these) in the form of pill boxes and charts. It is important to keep in mind that some clients may have worries about finance, housing etc. in such cases, the counsellor will use the skills of empathy and problem solving but should not act beyond their prescribed role.
- Help clients to identify life style characteristics that could interfere with the treatment plan. See how you could link drug regimens with “established daily routines”.
- If the client is interested, the counsellor could assist by doing a practice session of the ART therapy. This could help to give a feeling of what it will be like to be on ART and find out the possible difficulties in adhering to the therapy.
- Help the client to know when and how to access regular feedback on viral load and T-cell counts
- Assist the client to develop ways and means to find out how the treatment is working. For example: maintaining a medication dairy, alarms, regimen pictures, calendars, stickers etc.
- Use supportive counselling at all times
- Use problem solving skills wherever necessary. Help the client to weigh the pros and cons of the ART regimen

- Group counselling can be used where discussions about treatment is addressed
- Use social and family networks.
- Use of alternative therapies, for example relaxation techniques, imagery exercise, massage, etc.
- Exploring individual potential for control over manageable issues.

3.6.4 Causes of uncertainty with the client while adhering to antiretroviral therapy.

3.6.4.1 Common fears that the client may have:

- The cause of illness
- Progression of disease
- Management of dying
- Prognosis
- Reactions of others (loved ones, employers, social networks)
- Effects of treatment
- Long term impact of antiretroviral therapy
- Impact of disclosure and how this will be managed

3.6.4.2 How to help the client reduce these fears:

- Allow the client to have a say in the kind of drug treatment
- Allow the client to ask as much questions as need be
- Give information which is needed by the client. Do not overload the client with information
- Allow the client to decide when they want to start ART
- Allow the client to decide when/how frequently they want to like a consultation

3.6.5 Dealing with side effects

- The counsellor should not underestimate the daily challenges of side effects and other symptoms of HIV. It is very important that counsellors are able to empathize with the difficulties that client's experience in regard to their ART regiment
- Never minimize what the client is experiencing or label them as "difficult" clients.
- It is important for counsellors to assess the functional impact of any side effect on an individual's life. For example: if a client is experiencing a bad bout of diarrhea, it may be necessary to ask specific, close ended, probing questions like "How often?" "Is it manageable or not?". These answers will help the counsellor to assess the health status of the client and inform the health worker's team or refer accordingly.
- Counsellors need to remind themselves that people living with HIV and AIDS from active listening and total involvement and commitment of the counsellor to acts as a motivator and supporter to ART
- The counsellor should try to use every opportunity to talk about preventive counselling and touch upon safer sex practices to help prevention of new infection and re- infection

3.6.6 Art and Children

The same anti-retroviral drugs are used with children as with adults except that the dosages are smaller and adjusted according to the age and weight of the child. Children who use ART have normal growth and development, thus quality of life of the child can be enhanced if complicated infections are prevented.

Some tips for ART Adherence Counselling for children

- Try to work as closely as possible with as least one parent or primary care giver, as they are frequently needed to play the role of treatment assistant to the child
- Remember who the client is. It is the child and not the parent/primary caregiver

- Depending on the age of the child and maturity, believe in the child's ability to act responsibly, be independent and understand the importance of adherence.
- Include the child as much as possible in all consultation/counselling sessions. Talk to them and ask for their thoughts and feelings. Don't talk to the adult only
- During the ART readiness assessment, engage with the child. Remember to make use of open ended questions to bring out the child's fears and apprehensions
- Provide clear, short messages with the child. Use words which are easily understood by the child.
- The child may go through stages when he/she is tired of having the medicine, become angry or rebellious. Be patient, allow the children to express his/her feelings. Explain the importance of the medicine.
- Do not lie to the child at any point of time or give false promises. The counsellor should explain this to the parents/primary care giver. For example: some parents may say to the child that "you will become a superman when you grow up if you have this medicine". It will break trust between the parent –child and may be harmful for the personality development of the child.
- Try to make the child take charge of the ART regimen by explaining the importance of adherence and how it will help the child in future. It will be helpful to do if the counsellor and the parent/primary caregiver is encouraging and compliments the child on the small achievements the child makes on his/her own.

3.6.7 Art and Working with Couples

Some tips for ART Adherence Counselling for couples

- The counsellor should remember to protect and build the relationship of the couple

- Always offer confidentiality: do not share what was shared by the partners during individual sessions. Treat individual sessions as separate from couple counselling session
- Accept only informed consent: it can be difficult to obtain true consent when one partner is in the same room as a manipulative partner. Thus it is better to spent a few minutes with each partner alone
- Create an environment of free expression as best as possible: by having individual sessions with the partners separately to gain rapport and trust and then go for joint session with both the partners being present. This will help the partners to express their fears and expectations before they enter couple counselling session.
- Encourage active listening and communication by asking the partners to read and interpret not only the verbal message but also what the partner is trying to communicate non verbally.
- Try not to centralize yourself: the counsellor should act as a facilitator and a source of support to the relationship by facilitating communication between the partners by helping them to build up on their strengths and providing factual information whenever necessary.

3.7 COUNSELLING PLHIV

3.7.1 Positive Living

In the context of counselling, positive living means, living well with HIV which includes taking care of body, mind and soul. Positive living outlines a specific number of activities which help improve the immune system, avoid common infections and maintain a positive outlook of life. Understanding feelings is a big part of the process. It may take time to accept the HIV status, but once it is done, it is easy to fight the illness.

Positive living also means reinforcement of preventive behavior, facilitating positive living by providing accurate, realistic and science based information, addressing comprehensive needs of people living with HIV and counselling all HIV positive patients, pre – ART and post - ART

3.7.2 Why is Positive Living important?

- HIV is unique because it interacts with the immune system over a much longer time span than any other known infection. The virus itself not only damages the immune system over time, but it causes the body to use up nutrients at a faster rate than the body is used to as it fights both HIV and opportunistic infections.
- Positive Living is important for PLHIV who are either asymptomatic or symptomatic.
- Positive Living helps to stay healthy for as long as possible and make informed decisions about avoiding and managing opportunistic infections.
- Introducing Positive Living early in the course of HIV infection is helpful in giving people time to absorb information and make lifestyle adaptations gradually.
- Positive Living offers much- needed information and support required to overcome opportunistic infections and regain health.
- Positive Living is a much needed forerunner and companion to successful ART, putting in place the knowledge, skills and practices that support good decision making and treatment adherence.

3.7.3 Steps to Positive Living

How can you help PLHIV live a good life?

- Ensure that the person eat healthy food with a mixture of staple foods, leafy green vegetables, fruits and also high protein food.
- Help the person stay as active as possible; exercise helps prevent depression and anxiety.
- Practice safe sex.
- The person should be encouraged to take rest when tired and get enough sleep. But motivate the person to continue to work, if health permits.
- Help the person stay occupied with meaningful activities.

- Give both physical and emotional affection.
- Encourage him/her to meet his friends and family members as often as possible.
- Encourage him/her to talk to someone he/she can trust about the diagnosis and illness.
- Ensure that the person living with HIV seek medical attention for health problems and follow the advice given which includes taking steps to prevent other infections.
- Ensure that if he/she is on ART is maintaining adherence to the regime.

3.7.4 The family and positive living

3.7.4.1 Importance: Families are very important for people with HIV infection or AIDS and they can help them to live positively. A family home can be a shelter:

- Where a person is assured that he/she is loved and accepted.
- Where one is able to express feelings openly.
- Where one would be loved and feel part of the family.

3.7.4.2 Support and Sharing: If a person has HIV AIDS, it is good for the family to know about it. This would enable the entire family:

- To give emotional support, love and care.
- To help with daily chores in times of sickness.
- To help make plans for the future.
- To share some of the financial burden.
- To prevent further HIV transmission.

3.7.5 Positive Prevention:

Positive prevention is part of a comprehensive prevention strategy which includes programs to assist PLHIV to take measures to avoid the possibility of exposing others to infection (Global HIV Prevention working group 2003).

PLHIV have always had an essential role to play in preventing new infection. The challenges however is to ensure that these strategies are implemented within an ethical framework – without putting PLHIV at increased risk of stigma and discrimination and without violating their human rights.

3.7.5.1 Why Positive Prevention?

- One positive person is involved in each case of HIV transmission
- PLHIV have the right to live well with HIV
- HIV prevention, treatment, care and support are inter-related
- The availability of antiretroviral therapy (ART) led to a dramatic decline in AIDS-related deaths and a new era in which many persons diagnosed with HIV can expect to lead active and productive lives that extend for decades. The treatment optimism could at times lead to unprotected sex behavior.
- Multi drug resistance and HIV super-infection strongly suggests the need for an increased focus on HIV prevention, directed towards PLHIV.

3.7.5.2 Positive prevention is based on five core values:

1. To promote the recognition that PLHIV are part of the solution to the impacts of the disease and should be included in prevention efforts.
2. To encourage the involvement of PLHIV in all aspects of health promotion and prevention activities.
3. To develop health communication and prevention strategies targeted at PLHIV.
4. To protect and promote human rights and dignity issues for PLHIV including the right to privacy, health care, confidentiality, informed consent, and freedom from discrimination.
5. To ensure programs and services are available, accessible, and relevant to the diverse populations of PLHIV.

3.7.5.3 Aims of Positive Prevention

- Supporting PLHIV to prevent transmission of HIV to others

- Prevent the possibility of HIV re-infection
- Protect the sexual health of PLHIV
- Avoid new sexually transmitted infections
- Make informed decisions about health choices
- Delay progression to AIDS
- Supporting PLHIV to maintain health and remain healthy.

3.7.6 Key strategies in Positive Prevention

Seventeen positive prevention strategies are given below under four main categories. When using these strategies, it should be noted that most of these interventions are not stand-alone. Rather, organizations will need to implement a combination of these strategies alongside each other or perhaps in partnership with other organizations.

3.7.6.1 Individually focused health promotions

3.7.6.1.1 Voluntary confidential counseling and testing (VCCT) for early identification of HIV infection

3.7.6.1.2 Providing post test and ongoing counseling for PLHIV

3.7.6.1.3 Encouraging beneficial disclosure and ethical partner notification

3.7.6.1.4 Providing counseling for sero-discordant couples

3.7.6.2 Scaling up, targeting and improving service and commodity delivery

3.7.6.2.1 Ensuring availability of voluntary counseling and testing

3.7.6.2.2 Providing antiretroviral treatment for Positive Prevention

3.7.6.2.3 Reducing stigma & integrating Positive Prevention into treatment centers

3.7.6.2.4 Providing services for preventing mother-to-child transmission

3.7.6.3 Community mobilization

3.7.6.3.1 Facilitating post-test clubs and other peer support groups

3.7.6.3.2 Implementing focused communication campaigns

3.7.6.3.3 Training PLHIV as peer outreach workers

3.7.6.3.4 Reinforcing Positive Prevention through home-based care

3.7.6.3.5 Addressing HIV-related gender-based violence

3.7.6.4 Advocacy

3.7.6.4.1 Involving PLHIV in decision- making

3.7.6.4.2 Advocacy for Positive Prevention

3.7.6.4.3 Legal reviews and legislative reform

3.7.6.4.4 Advocacy for access to treatment

3.7.7 Prevention of other opportunistic infections: You can help your loved one to take precaution to protect him/her from other diseases

- Help your loved one to protect him/her from any diseases through immunization.
- Ask the doctor at the PLC doctor about vaccines for flu, pneumonia and Hepatitis.
- Help your loved one to carefully clean any cuts and scrapes, and keep wounds covered.
- See that uncooked fish, eggs, or meat is avoided.
- Ensure that the HIV positive person does not share personal items like razors or toothbrushes.
- Educate/tell your loved one that unprotected sex or needle sharing should be avoided.

3.7.8 Role of counsellor in counselling PLHIV

The counsellor can help the client develop a personal positive prevention plan. The main points for discussion are:

- Making regular visits to doctor for treatment adherence
- Helping clients stick to ART regimen
- Encouraging clients to take help of positive network and other social network in the community to strengthen their social support.

- Educating and providing accurate and scientific based data on HIV
- Providing information on safer sexual practices and encouraging abstinence wherever applicable, especially with young people
- Encouraging healthy eating habits
- Supportive counselling to family and friends so as they can help the client to remain active and feeling positive towards life.

3.8 COMMUNITY BASED CARE AND SUPPORT

You can take the person from the culture but cannot take the culture away from the person. This itself explains the role of community in supporting positive living of PLHIV.

There are several community sensitization program which are available and the counsellor should be aware of these programmes. Community sensitization program is a grass-root level participatory activity where the facilitator and the participants discuss and share information and knowledge in order to gain correct and complete understanding on an issue (E.g.: HIV, stigma and discrimination, etc). The counsellor should make an effort to be familiar with the communities they work with and with their people so that the counsellor understands the cultural patterns and the social systems that exits.

The objective of the community sensitization program is to encourage the community to talk freely about HIV and AIDS, just as it talks about any other illness. Community organization like Self Help Groups, youth clubs, religious groups, local political and social organizations should be mobilized to raise awareness and provide care and support to PLHIV and their families.

3.8.1 Community groups should organize:

3.8.1.1 Educational session on HIV prevention and care

3.8.1.2 Help and support PLHIV through:

- Financial assistance
- Food aid
- Spiritual support

- Medical care and support
- Ambulance/transportation for medical care
- Taking care and supporting infected/affected children. For eg., if the parent is hospitalized, the community can arrange/take turns of a care giver for the children to provide them with food, to send them to school etc.
- Reducing Stigma & discrimination
- Addressing Myths and misconceptions around HIV

3.8.2 Merits and Demerits of Community Sensitization Program:

Merit	**Demerit**
Participants gain more knowledge through a participatory process	May be dominated by few participants
Participants can share information which the facilitator may not be aware of	Side discussions and distractions may arise
Capacity building process for the community	Different ideas may arise which may prevent arriving at a consensus
Personal interaction among participants and sharing of creative ideas	Time consuming in planning and mobilizing the community
Opportunity to clarify doubts immediately	
Can evaluate the program immediately	

3.8.3 Methods of conducting Participatory program:

Brainstorming	Conceiving the idea immediately
Buzz session	Quick discussion in group of 2/3
Case study	A factual situation to be discussed for a specific solution
Demonstration	Showing in action
Group exercise	Working out a problem to arrive to a common consensus/solution in a group of 4/5
Lecture	One way verbal delivery on a topic
Role play	Demonstration by imitating scene of a situation
Debate	Presentation of different opinion by different persons on a topic
Pair exercises	A short discussion in a group of two
Multi media	Using different media tools at a time for a specific purpose
Individual exercise	Working out a task individually without asking question to others
Quiz	Asking question to test knowledge
Didactic	A short verbal delivery (Mini lecture)

3.8.3 Community Based Rehabilitation:

3.8.3.1 Care and support provided to PLHIV by community members

(voluntary organizations, neighbors, friends, community volunteers, community leaders, church and religious bodies): These care options should not be viewed in isolation but rather as a continuous series of care wherein one type of care takes over from the other as per the need of the hour. PLHIV may require care options individually or in combination at different stages, depending on the need.

Care providers can include family, friends, neighbors, doctors, nurses, counsellors, health workers, and religious leaders. Their support can give strength to the PLHIV to face the HIV infection and improve his/her quality of life. When the client is unable to move from home, the primary focus of the family members and the counsellor should be palliative Care. The goal of palliative care is to relieve pain, minimize suffering and improves quality of life of PLHIV and families through prevention and relief of suffering. It can be given at home or a place, if available, where the patients and their families will be treated with dignity and dying is taken as a normal process. PLHIV can benefit from services such as pain alleviation that do not require institutionalized care.

3.8.3.2 Role of family, friends, neighbors and community in Care of PLHIV

3.8.3.2.1 Family & Friends: Family and friends plays a very crucial role in providing care and support to PLHIV. They can ensure that their loved ones living with HIV are loved, accepted and that he/she has a place to be safe. They can help PLHIV in many ways like:

- Providing the much needed psychosocial support by dispelling fear and making them feel loved
- Taking care of their nutrition and other basic needs
- Reduce stress
- Taking temporary domestic responsibility when they are sick
- Taking them for health care services when sick
- Helping them adhere to their treatment
- Encouraging and facilitating to join a support group
- They don't judge or discriminate
- They educate themselves about the disease
- They don't propagate myths and misconceptions about the disease

3.8.3.2.2 Neighbors: Neighbors can help support a family that is affected by HIV by simple things such as:

- Helping with house hold work

- Collecting water
- Going to market
- Cooking food
- Caring for children
- They don't judge or discriminate
- They educate themselves about the disease
- They don't propagate myths and misconceptions about the disease

The neighbours can also spend time with the family and make sure that the family feels that they are safe and are still part of the community.

3.8.3.2.3 Network/Support Group of positive people: People living with HIV should be encouraged to join network or support group of positive people so that they could overcome stigma and discrimination and continue to take active participation in decision making process which directly affects their lives.

3.8.3.2.4 Support from religious groups: Religious groups and leaders play a vital role in reducing stigma and discrimination towards PLHIV and their families. They should be encouraged to become fully involved in all religious related activities. Religious leaders could also provide emotional and spiritual support to individuals living with HIV and their families.

3.9 COUNSELLING FOR CAREGIVERS

Often caregivers feel frustrated or depressed because of the demanding nature of their work, compounded with the unpredictable nature of HIV related illnesses. This situation is called caregiver burnout. At this point, the caregiver requires support from outreach workers and counsellors and other care providers to reduce stress, enhance productivity and efficiency.

3.9.1 Factors causing stress:

- Personal biases may present a barrier in accepting the infected or affected person.

- Death and grief for loved ones can be overwhelming and cause stress for caregivers.
- Knowing that there is no cure for HIV may lead to frustration and depression, particularly if unaware of ART benefits.
- Concern for one's own health can reduce motivation of caregivers.

3.9.2 Results of stress:

- Decreased concentration.
- Increased frictions at home and work.
- Depression.
- Lack of enthusiasm and energy.

3.9.3 Preventing Burnout: To prevent burnout of caregivers in the family, it is essential to provide opportunities to relax and relieve emotional pressure. Some suggestions:

- Delegating and sharing responsibilities with other family members and friends.
- Seeking support from a counsellor or support group, if available.
- Expressing emotions rather than keeping them hidden.

3.9.4 Personal coping mechanisms:

- Deep breathing: Taking long slow deep breath for couple of minutes.
- Relaxation exercises: Gentle physical exercises can ease muscle tension and bring relaxation. Examples are slow head sways, head rotation and head hangs.
- Workouts: A physical workout relieves anxiety and makes the person feel good.
- Body massage: Relaxing massages offer a break and may prevent the build-up of stress which makes the immune system less efficient.
- Yoga: Yoga renews energy, focuses the mind and calms emotion. Asanas help to stretch and limber the body; pranayama increases the flow of oxygen, and meditation relaxes the mind.

- Laughter: An excellent way to relax while putting a person in a happy, unstressed state of mind. Laughing can boost immune function, lift spirits, exercise facial muscle and enhance digestion.
- Sleep: enables the body and mind to rest, rejuvenate and enhance immune function.

3.9.5 Caregiver Support Groups

A support group can provide an opportunity for caregivers to talk freely, in confidence, and be encouraged. Caregivers can form or join an existing group to talk and discuss their problems, offer solutions to others, share experiences and provide support to each other.

However, it is important to be clear about the purpose of getting together. Some groups may be formed simply for members to have a place to talk to each other, share feelings and experiences. Other groups may join together to work towards a common goal or need, such as campaigning for improved medical care or providing information about HIV. The functions of the support group may include:

- Help caregivers feel that they are not isolated and alone with their problems.
- Provide a way for caregivers to meet people and makes friends.
- Help an individual become more confident and powerful.
- Provide a platform to organize activities.
- Make links between people from different backgrounds and increase understanding and tolerance.
- Help to share resources, ideas and information.
- Increase community sensitivity and support by sharing challenges faced by them.
- Lead to change by creating a unified voice.

References:

1. WHO (1993): An Orientation to HIV/AIDS Counselling; A Guide for Trainers; pp-27-35.
2. GOI (1996): HIV/AIDS: Prevention, Care & Control. Self instructional module; for preservice and inservice Nurses and Midwives, National AIDS Control Organisation, MOHFW,
3. GOI (1997): HIV/AIDS in India: A status report, National AIDS Control Organisation. MOHFW.
4. United Nations Programme on HIV/AIDS 1997Testing and Counselling for Prevention of Mother-to-Child Transmission of HIV (TC for PMTCT)
5. D' Cruz - Grofe, Doris: Prevention of HIV infection in Developing countries. The Lancet 1996, Vol.348, pgs.1071-74.
6. Menon S.: Counselling in Reproductive and Child Health Programme
7. Community Sensitization Program Module LIFE AID project by CRS
8. Prevention Of Parent To Child Transmission Of Hiv (Pptct), Lifeaid Project, Catholic Relief Services, North East State Office
9. Positive Prevention ,Trainers Manual, CRS
10. Social tract- module on adherence counselling, CRS
11. Positively positive- living with HIV/AIDS, CRS
12. Adherence- information series for HIV-positive persons. www.aidsmap.com
13. Counselling and HIV/AIDS, UNAIDS, Technical update, Counselling and HIV/AIDS, November 1997
14. Testing And Counselling For Prevention Of Mother To Child Transmission Of Hiv (TC for PMTCT) *Reference Guide 2006* © World Health Organization 2006
15. Guidance On Provider-Initiated HIV Testing And Counselling In Health Facilities World Health Organization, Department of HIV/AIDS.
16. Scaling-Up HIV Testing And Counselling Services, © World Health Organization 2005

17. BMJ Volume 322 23 June 2001, ABC of AIDS: HIV counselling and the psychosocial management of patients with HIV or AIDS, Sarah Chippindale and Lesley French

18. Increasing Access to HIV Testing and Counselling, Report of a WHO Consultation, 19–21 November 2002, Geneva, Switzerland, World Health Organization

19. Toolkit for Programme Managers, *Best Practice* materials