

# Quality care-giving in the context of HIV

A guide on  
effective  
communication  
and counselling



Catholic Relief Services (CRS) has produced “Quality Care Giving in the Context of HIV: Informational Guide on Effective Communication & Counseling.” The views expressed in this document are those of the authors. Readers may copy or translate this report for non-profit use, provided copies or translations are distributed free or at cost. Please give appropriate citation credit to the authors and to CRS. For information on CRS North East India’s programs, please contact Ch. Anand, CRS HIV Program Manager at [anand@crsguwahati.org](mailto:anand@crsguwahati.org).

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# **Quality Care Giving in the Context of HIV**

**Informational Guide on Effective  
Communication & Counselling**

## **PREFACE & ACKNOWLEDGEMENTS**

This guide is designed to help staff working at Positive Living Centers within the LIFE AID project in the North Eastern States of India. It specifically targets organizations under the umbrella of Catholic Relief Services (CRS) who are active in the care and support of people infected or affected by HIV and AIDS. Since the CRS India Northeast office does not specialize in the areas of psychosocial support, case management, communication skills and counseling, a consultant from MIND India was hired for training the counselors working in the project. MIND India is a registered society formed by a group of mental health professionals dedicated to the cause of ushering in the benefits of positive mental health to the general population at a national level in India ([www.mindindia.org](http://www.mindindia.org)). In coordination with the CRS Northeast India HIV Program Manager, Anand Singh, Sangeeta Goswami, a consultant from MIND India drafted this manual.

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## **ACRONYMS**

<b>AFASS</b>	Accessible, Feasible, Affordable, Sustainable and Safe
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ARV</b>	Anti-retroviral
<b>ASD</b>	Acute Stress Disorder
<b>ANC</b>	Antenatal Care
<b>CISD</b>	Critical Incident Stress Debriefing
<b>CRS</b>	Catholic Relief Services
<b>HAART</b>	Highly Active Antiretroviral Therapy
<b>HIV</b>	Human Immunodeficiency Virus
<b>L&amp;D</b>	Labor and Delivery
<b>PLHIV</b>	People Living with HIV
<b>PLC</b>	Positive Living Centre
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>PSS</b>	Psychosocial Support
<b>PPTCT</b>	Prevention from Parent to Child Transmission
<b>PTSD</b>	Post Traumatic Stress Disorder
<b>ART</b>	Anti Retroviral Therapy
<b>HAART</b>	Highly Active Antiretroviral Therapy

## **FORWARD**

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 identifying possible solutions and applying them with confidence within a given environment. While caring for the physical aspects of individuals is inherently essential, an additional focus on the psychosocial aspects ensures the overall amelioration of an individual's quality of life.

Counselling plays a vital role in addressing the concerns of the individual, his or her immediate family as well as the community, by supporting the construction of a self paced framework centered around 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 practice of counselling is relatively new in India, the need for the service has increased exponentially. This is largely attributable to the lifestyle changes sweeping the nation. These changes have been a result of tremendous socio-economic growth, rapid urbanization, a technology boom, mass media influence, etc. However, there is a severe dearth of professionals to cater to this growing need. This situation 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 facing the populace under their care. Although it is always recommended that counsellors in this field have formal counselling training and receive regular clinical supervision as part of adherence to good standards of clinical practice, there is still a need for paraprofessionals to assist in many of the less complex cases, thereby freeing up the time of professionals, who are few and far between, to attend to the severe cases more effectively.

These paraprofessionals and in some instances, those who have learned their

work exclusively through experience and not formal training, represent the majority of the workforce working with people affected by HIV. Since these paraprofessionals often have not had professional training in the area they are working in, quality of care is often insufficient, and clients needing referrals often are not identified correctly. It is important to state that a little knowledge can be dangerous and unfortunately in some cases, this adage is reflected in the existence of service providers, who although enthusiastic, are untrained and often provide counselling and mental health services that may be harmful.

Various organizations have seen these effects and are keen to assist these well intentioned workers serving people affected by HIV day in and out. Catholic Relief Services (CRS) has been advocating for effective communication skills, psychosocial support and counselling for people living with and affected by HIV, their immediate families and the larger communities. The organization has decided to empower the various personnel presently rendering services through the network of grass root level societies and bodies under it, through short intensive training programs aimed at enhancing specific skills areas and the art of referral. Another step in this process is the development of this informational guide to provide additional knowledge to field workers on various issues connected to the process of communication skills and counselling, as well as provide case studies as reference to allow introspective application of the methods and for use in training.

# INTRODUCTION

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”. This informational guide deals specifically with the mental and social well being of an individual. Some key definitions include:

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

**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.

**Social well being** refers to one’s ability to interact with and adjust to other members of society. It also means being responsible for oneself, one’s family, community and country. Though the above definition speaks of the three aspects of well being, for most of us, physical health is used as the indicator of overall good health. But more and more evidence by various studies suggests that in addition to the three aspects 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 caregiving practices in patient management in healthcare systems also include elements of the spiritual aspects of human living. This 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 considers the physical, intellectual, emotional, social and spiritual aspects of the individual concerned.*

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, come to terms with them, and thus reap the benefits of positive mental health.*

## Communication & Counselling as a Tool for Social Change

Effective communication and counselling aids in the process of self discovery and awareness, and allows for resolution of issues and conflicts within the self, amongst individuals, and in group and community interactions. There are many instances where effective communication and/or counselling at the individual level has yielded positive results at the family and community levels in lowering levels of stress, conflict and anger. This has also been noticed in peer support, group counselling sessions, etc. 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 helps to ensure positive behaviour changes in people hailing from different walks of life at all levels of society in the long run.

In relation to HIV and AIDS, counselling will not only help the PLHIV to cope with their condition but will also help to initiate preventive measures and help ensure a healthy and positive life style among PLHIV. In summary, effective communication and counselling can do the following:

- Provide psychosocial support
- Allow for an environment where an individual is allowed to express concerns
- Assist in providing a forum to look at options and make a realistic decision
- Strengthen the sense of individual responsibility
- Help to build on new information
- Help in understanding the need for modifying life styles.
- Enable the process of getting to know the nature of the problem
- Assist in making realistic decisions
- Reduce the impact of problems on the individual and his or her family and friends.
- Facilitate building self confidence, self esteem and self respect
- Bring about positive life style changes
- Facilitate behaviour change



# Part I

## **Communication Techniques**

# **PART I: COMMUNICATION TECHNIQUES**

Communication is pivotal in achieving the individual, group, community and organization's goals. 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 used to bridge misunderstandings that separate people. The transmitted message is understood or interpreted in the same manner the originator of the message had intended it to be conveyed.

## **Objectives of Effective Communication**

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

**To get messages accepted, understood and acted upon.**

## **Non-Verbal Communication**

**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.

**Facial expression:** should be calm and peaceful and should not contradict what the counsellor is saying.

**Gestures:** like nodding of head, humming (hmm...hmm) or hand gestures give a feeling of acceptance and “being heard” to the client.

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

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

**Posture:** the posture the counsellor assumes while talking and listening should convey a relaxed manner which is also alert and interested. Sitting in a casual manner may show disinterest and sitting too close, leaning forward too much, can be tense and intimidating.

## **Active Listening**

### **The Three Keys to Effective Listening**

#### **(1) Focus Your Attention**

- Make the speaker the center of your attention.
- Look at the speaker, maintaining eye contact at a comfortable level, but without staring.
- Face your body towards the speaker. If you are sitting, lean forward slightly 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 behaviours.

#### **(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.

#### **(3) Ask for More Information, Opinions and Feelings**

- Without interruption, encourage the speaker to tell you more by asking questions about why, what, and 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.

**There are three types of listening:**

**1) Superficial 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) Selective 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. Sometimes the listener is preoccupied with what is going on in his/her mind and will therefore miss parts of the incoming communication.

**(3) Attentive Listening:** A person listens not only to the words, expressions, and body language, 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.

**Do’s and Don’ts of Effective Communication**

<b>DO’S</b>	<b>DON’TS</b>
Use simple, plain language that the client easily understands	Don’t interrupt the client too often
Show a sensitive approach to questioning	Don’t go into details of unpleasant or traumatic experiences
Use open ended questioning to allow spontaneity of response	Don’t be judgmental or make negative remarks about the behaviour of the client
Practice active listening	Don’t mind read (do not assume the response of the client or his/her feelings and thoughts)
Use affirmative sounds, paraphrasing, reflecting, use silence appropriately, clarify statements	Don’t label the client in any way

DO'S	DON'TS
Use voice tones, facial expression and body gestures to convey understanding correctly	Don't use dramatic ways of communicating. Don't ask multiple questions one after the other.
Ask indirect questions when talking about traumatic experiences	Don't ask questions that make the client feel pressured to choose from your option of choices (for example: would you like to eat roti or rice?).
Be aware of non verbal expressions	Don't ask questions that suggest the answer in the questions (for example: you must be feeling sad, are you not?).

### ***Good Communication Habits***

- **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 and warmth.
- **Don't anticipate:** Sometimes we think we know what people are going to say before they say it, and 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.
- **Don't try to 'get' everything:** Listen to the major points being made. Don't try to memorize details as you listen.
- **Don't fake attention:** Acting is hard work. Faking attention requires more energy than really paying attention.
- **Review:** Periodically review the portion of the conversation so far.

### **Empathy**

The counsellor must respond to the client in a way that shows that he/she has listened and understands how the client feels and what the client 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 us to improve social interactions and encourage nurturing behaviour 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.

There are three dimensions of empathy:

- **Perceptiveness:** do you perceive the client rightly?
- **Responsiveness:** need to know how to respond
- **Assertiveness:** challenging when called for

**Empathy helps in managing feelings and emotions:** Empathy helps us manage the 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.

**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 our needs and fears, and allows us to seek advice and help in times of need.

**How and when to use empathy:** the counsellor has to use empathy during every step of the counselling process:

Respond to core messages stated verbally and non verbally by the client. For example: *say things like, "OK", "I see", "I understand", etc., and express through your facial expression and body language that you are with the client.*

Respond to the context, not just the words.

Don't pretend to understand. Say, "I think I have not understood that part",

“could you please repeat that”, or “ could we go over that part again”. Do not proceed by pretending to understand by falsely nodding and making understanding sounds such as, ok, hmm, or aha.

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

Note the client's stress and resistance. Why do they arise? Are you as a counsellor playing a role in it?

### **Poor substitutes for empathy**

- No response
- Interpretations
- Advice
- Repeat the client's statement without any feelings

### **Tactics for empathy in communication**

- Give yourself enough time to reflect and understand on what the client is saying and get the core message.
- Use short, precise, and accurate responses after listening to the core or main messages.

## **Communication Techniques**

### ***Be Specific***

Means to make the conversation more specific. Even when the client rambles, seems to evade the real issues, or gives incomplete 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?*

## **Ask Questions**

A question or statement that seeks to gain significant, clear and helpful information from the clients. Prompting, or encouraging the person to talk, is part of probing where the counsellor'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.

This helps the client to express his /her feelings, emotions, interactions, etc. in regard to any situation or problem.

### **How to ask questions**

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

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

*Example: 'What is preventing you from implementing the plan?'*

### **How to encourage the clients to talk**

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

*Example: Verbal prompts: Please carry on. You stopped where you were saying how your husband's death affected you.*

## **Types of Questions**

**Open questions:** these are questions that are open-ended, and it is up to the client to give an answer in his/her own words after thinking about the question carefully. These questions typically begin with how, what, why, etc.

*Example: Tell me something about the way you feel now? What would you like to do tomorrow? How has that impacted your life?*

*Example: How do you plan to feed your baby now that you know your sero status?*

*Example: Where does your partner live?*

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

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

*Example: Will you breastfeed your baby now that you know your sero status?*

*Example: Does your partner live with you?*

**Suggestive questions:** these are questions that are often close-ended and restrict the client to answer in either a yes or no response, while suggesting an answer to the client directly or indirectly, as it is something that is a reflection of the counsellor's ideas and feelings.

*Example: Now that you know you're living with HIV, you won't be breastfeeding your baby, will you?*

#### **Some principles in asking questions:**

- Use probes to help the client achieve focus and clarity
- Use probes to help the client fill in the missing pieces
- Use probes to help the client get a balanced view of the problem situations
- Use probes to help the client move into beneficial stages of counselling

### **Challenging**

The counsellor challenges the discrepancies, distortions and concealments in the client's life and his/her interactions within the relationship. This helps the client develop the kind of self understanding that leads to constructive behaviour 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. How do these two realities fit together in everyday life for you?*

### **Challenging helps to:**

- Clarify problem situations
- Assist the client to develop new perspectives
- Search for what the client's needs are
- Review what is going right and what is going wrong

### **Goal of challenging**

- Invite the client to change self-defeating thinking patterns into more positive and realistic thinking patterns.

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

- To increase self efficacy

*Example: 'I am not capable of changing anything' or 'everything will become alright on its own' to 'I can influence how things turn out.'*

- To modify global core beliefs about the world

*Example: 'Everyone is out to get me' or 'nothing ever turns our right for me' to 'Some people support me' or 'some things will go right for me.'*

### **Summarising**

Summarising accurately reflects the substance or the gist of what the client has expressed within and across sessions, and provides focus and direction to the process of counselling.

**Summarising 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 than to put together the major points
- When the counsellor needs to help 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 alternative frames of reference for viewing his behaviour. *For example: the counsellor might suggest that his/her communication style might seem biting or sarcastic to others.*

**Feedback Principles**

- Focus your feedback on the person's behaviour, not on their personality. For example, you may say, *"the person talked frequently in the meeting"*, rather than saying *the person is a "loud mouth"*.
- Focus your feedback on descriptions rather than on judgment or labels. Refer to what has occurred, do not pass your judgment of right or wrong, good or bad, but describe the situation. For example, you may say, *"the way you reacted to the situation surprised me a little"* instead of saying *"what you did in the situation was not right"*.
- Focus your feedback on a specific situation rather than on abstract behaviour. Feedback that links behaviour to a specific situation and is given immediately after the behaviour has occurred increases self-awareness. For example: You may say, *'yesterday during the session you acted angrily'* instead of, *'you always act in anger.'*
- Focus your feedback on the "here and now", not on the "there and then". Immediate feedback is most helpful. For example: You may

say, *“let’s discuss how you are feeling now”*.

- Focus your feedback on sharing your perception and feelings rather than on giving advice. For example: You may say, *“how do you feel about the prospect of staying alone”* instead of saying, *“I think you should 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, you may say *“we can talk about the incident if you like”* instead of *“I think I should tell you what I think about how you reacted”*.
- Do not give people more feedback than they can understand. This will confuse them. Feedback should be short, accurate and to the point.
- Focus your feedback on actions that the person can change. For example, instead of saying: *“you have a very quiet personality”* say, *“you will have to speak assertively if you do not want people to take advantage of you”*.

### **One-to-One Communication: Attending Skills (SOLER)**

- Face your client Squarely *“I am available to you”*
- Open posture *“I am open to you”*
- 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”*

# Part II

## **Overview of Counselling in the Context of HIV**

# **PART II: OVERVIEW OF COUNSELLING IN THE CONTEXT OF HIV**

## **SECTION 1: COUNSELLING AND YOUR AUDIENCE**

Part II of *Quality Care Giving in the Context of HIV* is meant to assist people working in counselling without formal training by providing information on how professional counselling is best provided to PLHIV. Part I discussed effective communication skills and techniques and is intended for those who are trained on these materials or are interested in learning about them. Part II is intended to sensitize and increase general knowledge of those working with PLHIV. Counselling is a therapeutic technique used by those with professional training including social workers, psychologists or paraprofessionals with adequate training and follow-up. By understanding the proper methods or components needed for professional training, those without the training will understand what professional counselling is and when referral is necessary for their clients.

### **Importance of Counselling in HIV**

Counselling in HIV and AIDS is important because:

- infection with HIV is life long
- it helps people cope with HIV positive status
- it helps improve the quality of life of PLHIV
- it helps people to accept lifestyle changes
- it motivates people to be agents of change
- it promotes behavioural change
- it helps reduce risk taking behaviour
- it provides risk assessment for vulnerable persons
- it provides psychosocial support

Counselling in HIV and AIDS has two major goals:

1. **To support PLHIV by preventing and reducing psychosocial morbidity associated with HIV infection and disease conditions:**
  - In individuals
  - In relationships
  - Within immediate family
  - Within the community.
2. **To prevent HIV transmission:**
  - By studying the factors and situations related to vulnerable individuals or groups.
  - Through concerted efforts to make people aware of how to identify and understand risky behaviour.
  - By helping people to use their own potential towards positive behaviour changes.
  - By working with vulnerable individuals and groups to achieve and sustain behaviour changes.

## **Target Groups**

The following people may benefit from support through therapeutic counselling:

- PLHIV
- People recommended for HIV pre-testing
- People who want to test themselves for possible HIV infection.
- People with AIDS or other diseases related to their HIV infection.
- Family and friends of PLHIV.
- People involved in high risk behaviour.
- Those not seeking help, but who display high risk behaviour.
- People seeking help because of concerns about 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 hire PLHIV.
- People unaware of the risk of HIV infection.
- Health professionals who come into regular contact with PLHIV.

## **Role of the Counsellor in HIV Counselling**

The counsellor has a major role in the following aspects:

### **Advocacy:**

- Reducing stigma and discrimination by disseminating complete and accurate information on HIV and AIDS.
- Facilitating greater acceptance in care and support programmes
- Promoting behaviour change
- Promoting activism for equal opportunities and rights
- Sensitizing the general population on care and support of PLHIV

### **Health Education:**

- Educating caregivers on care giving practices
- Disseminating correct information related to testing
- Educating clients on self monitoring of the disease progression
- Educating clients on treatment adherence
- Spreading awareness on food habits and nutrition.
- Arranging for awareness campaigns on issues related to HIV and AIDS

### **Counselling:**

- Providing basic counselling services
- Providing psycho-social support
- Providing individual and group counselling
- Providing community support and helping with psycho-social rehabilitation

**Referral:**

- Increasing awareness on the need for referral
- Establishing linkages with specialists and service centers

**Setting the Stage**

It is necessary to understand that 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 the quality of care giving skills of the field worker. The following principles are rough guidelines towards achieving this.

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

**The Physical Set up of the Counselling Centre**

The centre for HIV and AIDS Testing and Counselling should be as unobtrusive as possible, keeping in mind 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 counselling area 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 feel comfortable discussing their deeper personal issues.



## SECTION 2: EFFECTIVE COUNSELLING BASICS

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

**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.

**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.

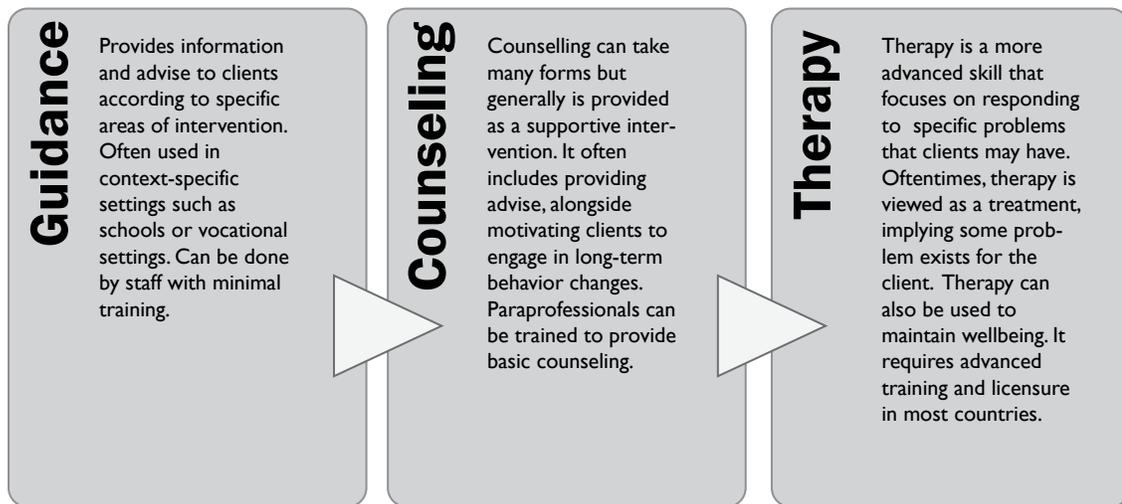
**It emphasizes self-help.** Counselling is a process with the goal of helping clients to help themselves. In other words, counselling helps the clients to find ways to take responsibility for their own actions or inactions.

**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.

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

**It is a process.** The word 'process' means movement or flow. Counselling is a process of interacting between two people or more where each is being influenced by the behaviour of the 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.

The following diagram outlines how guidance, counselling, and therapy correspond to one another.



### Criteria of an Effective Counsellor

**Trustworthy:** The client is assured that he or she can trust the counsellor in general and in particular on issues related to confidentiality

**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.

**Open to supervision and feedback:** 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 themselves. This helps

in the personal growth of the counsellor, which in turn will help the counsellor understand the client better.

**Self aware:** During a session the counsellor must be aware of what he or she says and does 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 dedicating 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 attentive to the words as well as actions of the client.

**Informed:** The counsellor should be well enough informed so as to provide the right information whenever required during the course of interactions with the client.

### **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 recognise a person to be responsible for his or her own functioning.

**Genuineness:** The counsellor should be genuine 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 counsellor 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. A time should be scheduled when the counsellor will be available for sessions and the counsellor should abide by it.

**Non-Assumptive:** Do not assume you know what the client is going to say and base your interaction on it. The counsellor should find out the meaning of what the client is trying to express using his or her skills.

**Recognizing the client's potential:** Try to find out the strengths and potential 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 counsellor to help the client become aware of them.

**Challenge:** This technique is to be used when there is sufficient rapport between the client and the counsellor. Challenging clients to change outdated ideas and mindsets which are self defeating and harmful for self growth can be a useful counselling technique.

*For example: The client may feel as though they cannot trust people. This may be harmful for the client as it does not allow the client to form positive relationships with others.*

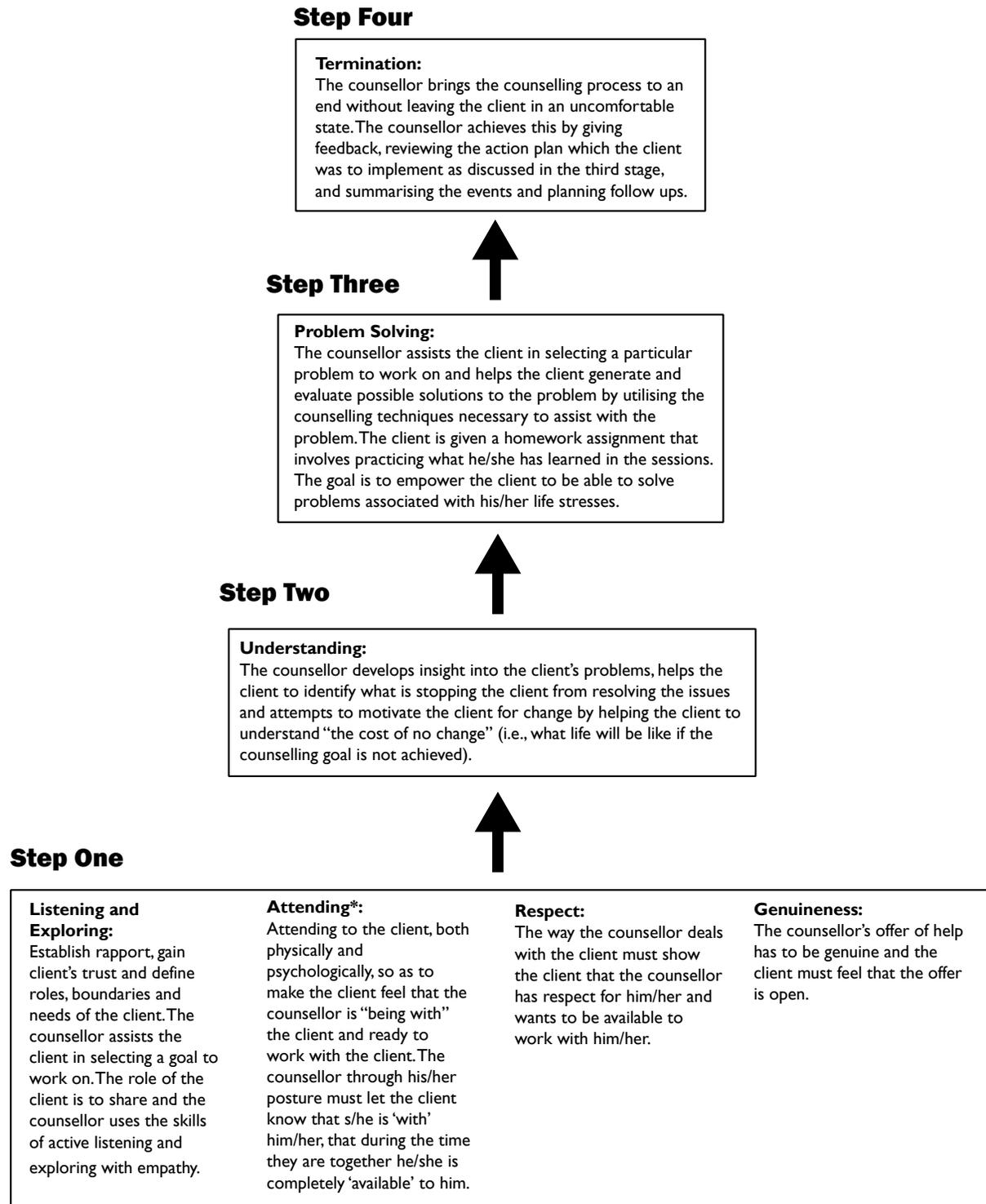
**Non-exploitative:** This means the counsellor should not use the time allotted for the client for his/her own healing by talking about his/her problems instead of using that time to listen and help the client. This also means that the counsellor should not take advantage of the client's trust by developing an intimate relationship with the client nor by breaking the 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 with an open or collaborative agenda:** The counsellor should be open to collaboration with the client on how the session should go and what should be addressed during the session.

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

## The Counselling Process



\*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. The counsellor must attend both physically and psychologically to the person in need in order to help them. This stage is an essential part of the counselling process and is the foundation for the other steps in the process.

NOTE: A counsellor should not feel they have to use 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.

## Counselling Do's and Don'ts

DO'S	DON'TS
Learn what it means to be in a relationship with others.	Panic
Recognise signs of a developing relationship	Misinterpret
Recognize signs of transfer of emotion from the client to the counsellor and vice versa.	Force your own or other's reactions.
	Be quick to try to solve problems

## Specific Counselling Techniques

### *Group Counselling*

Counselling in a group allows the client to gather insight into their 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 group has six to eight members.

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

### **Some Advantages of Group Counselling:**

- It is an opportunity to understand that other people also have similar problems.
- It offers a caring and supportive environment that enables people to be open and honest.
- It is an opportunity to test ideas and solutions to problems, possibly by using a feedback evaluation from the group.
- It is an opportunity for modeling and learning desirable behaviours from each other.

- Problem solving of common difficulties is more efficient in a group setting.
- Group members motivate each other for change.
- A counsellor with knowledge of group dynamics can easily facilitate change.
- Learning about life issues such as sex education, peer activities, substance use, career planning, and health can be achieved successfully through group work.
- It is an efficient way to focus on centre-based issues and problems that affect children.
- It is a good forum for criticism and suggestions about the overall effectiveness of the center.

### **Role of a Group Counsellor**

- Form a fairly homogenous group.
- Don't be authoritative, but direct the process and flow of group sessions as an observer and facilitator.
- Stimulate participants to express themselves and verbalize their thoughts and feelings.
- Give an equal opportunity for all to speak.
- Direct the flow of communication.
- Set limits for disrespectful or aggressive behaviour.
- Make sure everybody is listening when a member is talking.
- Clarify the content of what is being said by summarising, 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 in your manner.

## ***Grief Counselling***

Bereavement is the mental processes that occurs when there is a loss or deprivation of a loved one or something precious.

### **Dynamics of Grief**

**Shock:** It is a kind of psychic numbness that overtakes the person. Some people faint as a result of shock. The duration of shock varies from person to person. In some instances, people seem to experience shock some time after they get the news. It is a blessing that shock is generally the first reaction. This is a built-in mechanism within the personality that temporarily spares the experience of intense pain, which may otherwise be too hard to bear.

**Denial:** Realisation 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 their near and dear ones have died and prefer to imagine that the person is still alive.

**Emotional reactions:** We find a variety of emotional reactions in bereaved persons:

- Most people are deeply hurt.
- Some become very angry with themselves or with those who attended to 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 repair a strained relationship.
- Some feel guilty because at times when they were very angry they had wished the death of the person who died.

**Depression:** Bereavement is an intensely painful experience, and if the feelings associated with bereavement are not worked through, an individual may experience depression. Grieving persons often go through periods of depression. It is an aspect of the bereaving process.

**Release:** Some people often find an outlet for their feelings through sharing verbally. Very often in bereavement, however, verbal sharing is not enough. Therefore people cry to release their feelings. Some release their feelings in more physical ways, such as 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 have not been worked through and find relief.

**Remembering:** This is another aspect of bereavement. People remember the experiences they shared with the loved one they lost. These images play over and over again in their minds. Everything they see and experience reminds them of their beloved. People can become overwhelmed by these memories. Usually, the early memories during bereavement are the pleasant, the good, and the idealized. Later on, unpleasant and indifferent memories also come to mind. People experiencing these memories need somebody to listen to them.

**Adjustment:** The death of a loved one can disrupt and dislocate the routine functions in a family. A family grows accustomed to the roles and functions of each member and depends on them. Restoring the balance of the functioning and relationships in the family takes time and effort. People may experience a great deal of difficulty during this process.

**Acceptance:** As time goes by and bereaved persons are given opportunities to work through their grief, they begin to accept what has happened. The memories will never disappear. The love will not go away. The pain will diminish and eventually disappear. This takes different amounts of time for different people. In the Indian culture, there is a very wise practice that no auspicious event takes place until 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.

**Principles of Grief Counselling:**

**Listening:** The counsellor should listen and encourage the client to express his/her pain, memories, and experiences.

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

**Finishing the unfinished:** The counsellor should help the client imagine they are in a conversation with their loved one who has died, and can therefore say all of the things they wanted to say and did not say before the person's death, if there are any. Visualization of the last encounter the client had with their loved one can help them to say goodbye to the deceased.

**Encourage crying:** If the clients wish to cry, it is important for the counsellor to allow and encourage this. It can be harmful to block tears.

**Encourage decision-making:** In the state of shock a person usually feels helpless, so assistance from relatives or friends can be a great help. It is, however, very important not to take away all decision-making responsibilities from the client.

**Encourage involvement:** A common emotional reaction to death is withdrawal from activities. While understandable, it is important to encourage the client to gradually get involved in activities.

**NOTE:** *During the entire bereavement process, cultural and religious practices and implications are equally important in the Indian context. Religious practices such as memorial services, remembrance days, and family get-togethers, provide periodical opportunities for expression and working through grief. Faith, hope in the providence of God, and the concept of life after death, all have an important place in this adjustment and acceptance. Above all, these techniques and principles, genuine empathy and emotional support as a caring person is of utmost importance.*

## ***Trauma Counselling***

Traumatic stress disorders can be 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 who experience traumatic events may experience mild distress responses and/or behavioural changes, but these individuals are likely to recover without requiring any treatment. They may benefit from family and community support. Some may have more moderate symptoms such as insomnia and anxiety and are likely to benefit from psychological counselling and supportive medical interventions.

A minority of people exposed to traumatic events will develop psychiatric illnesses such as PTSD or major depression after experiencing a traumatic event 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. Those who suffer from ASD and PTSD oftentimes 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. For those who have PTSD, anniversaries of the event can also trigger symptoms.

People with PTSD may also experience emotional numbness, sleep disturbances, depression, anxiety, irritability or outbursts of anger. Feelings of intense guilt for surviving a traumatic event, called survivor's guilt, is also common.

Unfortunately, though PTSD is highly prevalent in the general population, few people take the symptoms seriously enough to seek professional help.

### **Post Traumatic Stress Disorder (PTSD):**

PTSD usually occurs after exposure to a traumatic event like a natural disaster, accident, fire, rape, torture, conflict, riot, etc. It is characterized by irritability, startled responses, hyper vigilance, heightened emotions, nightmares, intrusive

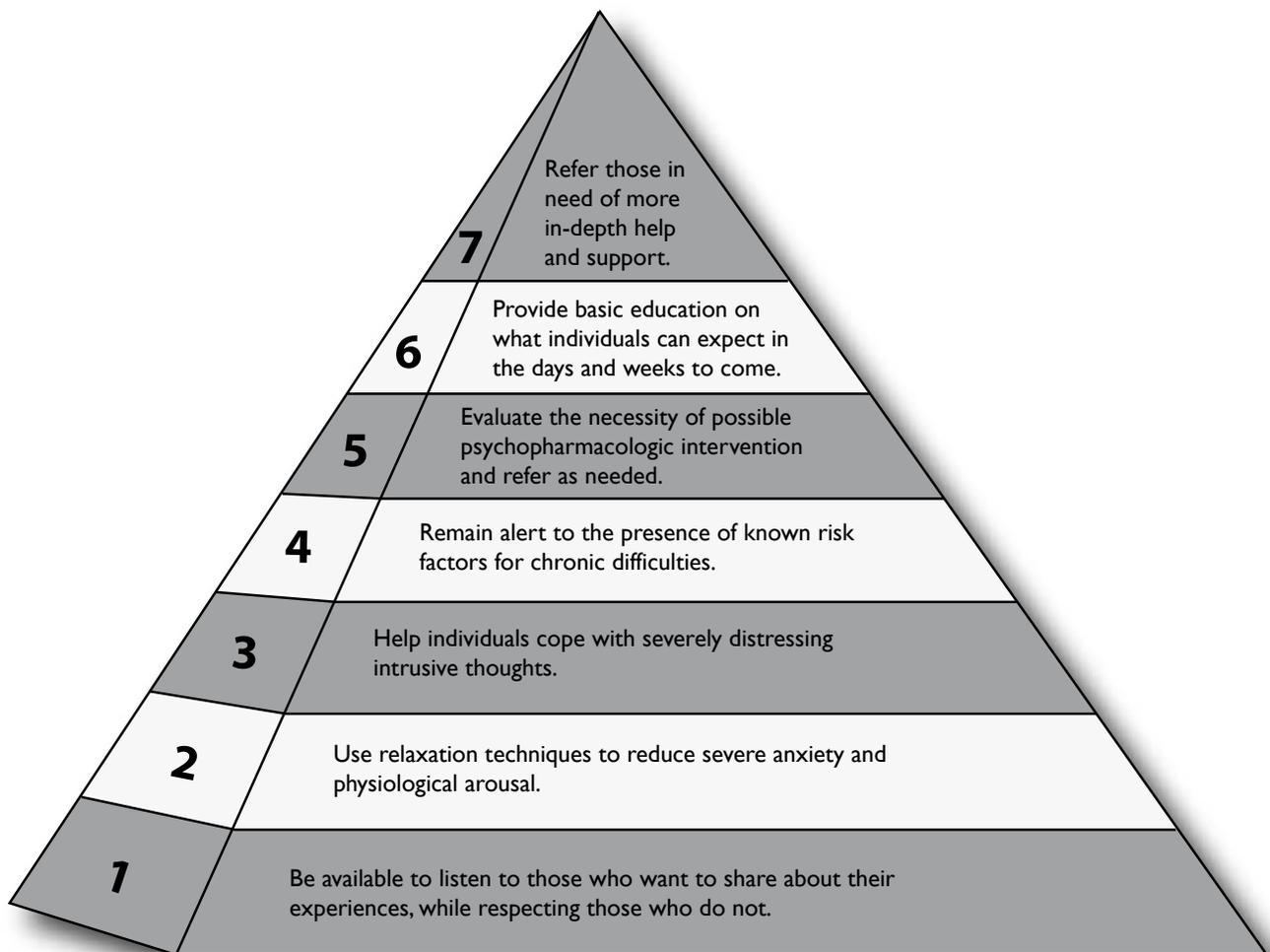
thoughts and flash backs about the traumatic event, panic attacks, sleeplessness, and memory loss.

### **Responding to Trauma**

#### **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 you of past trauma.
- Avoiding thinking or talking about past trauma or avoiding having feelings 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 feel love for those close to you.
- Feeling as if your future will be cut short.
- Having physical reactions such as heart pounding, trouble breathing, and sweating.
- Trouble falling or staying asleep.
- Feeling irritable or having outbursts.
- Difficulty concentrating.
- Being 'super alert', watchful, or on guard.
- Feeling jumpy or easily startled.

Immediately after exposure to a traumatic event, in the case of an acute trauma, many people may be unable to fully benefit from any therapeutic interventions. Instead, many researchers now suggest that basic psychological first aid be offered in the first 48 hours after exposure to the trauma. Psychological first aid is a basic approach that supports those who want to talk about their experiences, as well as those who do not. It relies on caring and empathetic personnel to be supportive of those who have undergone the trauma, while not pressuring the traumatized populations to re-live the events. Counsellors who wish to be certified to provide psychological first aid are requested to attend a designated training and receive their credentials before beginning to provide these services. The basic elements of psychological first aid are highlighted in the diagram below:



In addition to psychological first aid, many other therapeutic approaches to treatment exist for those who are recovering from exposure to a traumatic event. For example, debriefing after exposure to a traumatic situation has garnered much review as a treatment option, with critical incident stress debriefing (CISD) being the most well known approach. In debriefing models, people who have witnessed a traumatic event are provided an opportunity to retell the story and make sense of their experiences. In addition, cognitive-behavioural therapy has demonstrated sound success in treating both ASD and PTSD. There are many other treatment options as well, including medication. However, it is important to note that these treatment options usually have clearly outlined treatment protocols and should only be used by trained professionals. If a counsellor has a client who is exhibiting signs of trauma, the client should be referred to a trained therapist or medical provider as soon as possible.

### ***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 can be extremely distressful to another. Regardless of the nature of the crisis, if a person feels overwhelmed, there is the possibility that suicide may seem like an attractive solution.

#### **Warning Signs**

There are several warning signs that someone may be feeling exceptionally depressed or having suicidal thoughts. These include:

- Lack of energy

- Listlessness
- Increased daydreaming
- Mood swings
- Withdrawal from others
- Feelings of guilt
- Impulsive or risk taking behaviour
- Change in sexual interest
- Self harm (e.g., cutting)
- Reduced interest in appearance
- Increased drug or alcohol use
- Disturbed sleep patterns (more or less than usual)
- Anger

### **How Can the Counsellor Help?**

- Remain calm. In most instances, there is no rush. Sit and listen, really listen, to what the person is saying. Provide 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 an 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 the person's 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 summarised 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.”

## Referral and Termination

As the client gets well, is self empowered, does not need to depend on the sessions to make decisions in life, or is terminated due to a need for referral, the counsellor can either terminate the sessions or refer, whichever the case may be. In either case, the counsellor should prepare the client for what will happen. 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 being referred
- Who the referral is made by
- How the referral is structured
- How the client perceives the referral, etc.

### Principles of Referral Counselling

- 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.
- You may write a note and send it to the counsellor you are referring the client to or you may take the client to the counsellor personally and introduce them. If the client does not know the person you have referred them to, taking them personally if and when possible will facilitate the development of trust among them.
- It is important to explore your client’s 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 these feelings and you have a chance to clarify why you are referring them to someone else. Honesty is important, but has to be done skillfully and discreetly.

- 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 demonstrate that this is true through periodic enquiries, by asking for feedback, and through continuing a supportive relationship.
- You may choose to refer a client to a specialist primarily to get his opinion and then you may continue with the person. If this is the situation, it is important that your client is aware of it.
- In instances such as referring a client to a mental hospital, it is important to work with the client's family to help them accept the client's illness and to clarify if there are false notions or stigma about mental illness.
- If you consistently don't like a client and are not able or do not want to grow to like them, referral is suggested. You cannot help a person through counselling whom you constantly and consistently dislike.
- If a client is referred to you by another person or agency with information regarding their opinion about their impressions of the client, take note of that information, but approach the client with an open mind. It can be harmful to blindly accept the opinions of those who referred without verifying yourself.
- Remember that referral can sometimes mean working with the client in consultation with or under the supervision of a recognised professional in your area. This gives you some protection and also protects the client.

## **General Guidelines for Referral to Mental Health Professionals (Psychiatrist or Psychologist)**

If one or more of the behaviours 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, the counsellor should immediately refer the person to advanced appropriate mental health services. These symptoms are listed below.

- Extreme restlessness or agitation
- Crying without any reason, weeping spells
- Outbursts of anger, violence, destructive behaviour
- Extreme moodiness
- Neglecting self-care or personal hygiene
- Excessive fear or panic reactions
- Complaining of unexplained aches, pains, fatigue
- Withdrawal from all social interactions and activities
- Compulsive ritualistic behaviours like repeated washing of hands, bathing over and over again
- Severe disturbance in sleeping or eating patterns
- Odd or bizarre behaviour or mannerisms like hearing voices, irrelevant talk, seeing things, muttering to oneself
- Suicidal attempt or repeated talk of dying
- Disoriented and confused behaviour, memory disturbance
- Extreme attention seeking behaviours
- Substance abuse: addiction to alcohol, tobacco, illicit drugs, medications, etc.
- Frequently getting into sexual relationships with multiple partners or not being able to enter into an intimate sexual relationship
- Nightmares, flashbacks of traumatic event, startled reactions

**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:

**A Brief Checklist for Referral**

<b>ISSUE</b>	<b>TO WHOM TO REFER</b>
Vocational problems	Talent information bureau & agencies
Those whom you dislike and will not grow to like	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 with work and interpersonal relationships and/or behavioural abnormalities	Mental health professionals (e.g., psychiatrists, clinical psychologists and psychiatric hospital professionals)
Physical problems	Doctors
Legal problems	Lawyers
Educational problems	Educators
Pregnancy	OB-GYN
Patient who has possibly contracted HIV and AIDS or another STD	Appropriate ICTC
Educational sponsorship, livelihood issues, income generation, housing, etc.	Appropriate government agencies or to NGOs rendering such services.
Medical symptoms such as skin infections, dental problems, infections, injuries, weakness, anemia or others.	General physician or a specialist consultant.

## Counselling 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 of or disapprove of the choices or decisions the client makes. The counsellor's primary obligation is to respect the integrity and promote the welfare of the client with whom he or she is working. In order to do this, 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
- Do not indulge in a physical or emotional relationship with the client during the helping process
- Maintain confidentiality of interactions with the client to build trust.
- Counselling materials, such as records of counselling including interview notes, test data, correspondence, tape recordings and other documents are to be considered professional information for use in counselling and for no other purposes.
- The client should have full and complete knowledge of the conditions under which they may receive counselling assistance at or before the time he enters the counselling relationship.
- The counsellor reserves the right to consult other professionally competent person(s) about the client, while maintaining the confidentiality of the client according to the terms agreed to during the beginning of the counselling period. Oftentimes, during the first meeting with the client, the counsellor will inform the client of the extent and limits of confidentiality. For example, the counsellor might say something along the lines of the following:

*“What we discuss will remain confidential between us for the most part. I will not tell my family, friends, or others in the community what we discuss together. However, I will be consulting with my supervisor, (INSERT NAME), throughout*

*our work together. In addition, if at any point during our work together, I believe that you are a danger to yourself or others, I will have to break confidentiality to ensure that no harm occurs. Do you have any questions?"*

- 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 that the client declines the suggested referral, the counsellor is not obligated to continue the counselling relationship.
- When the counsellor learns from the client 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, while also protecting the client and his/her identity as much as possible under the situation.
- In the event that the client's condition requires others to assume responsibility for him or her when there is clear and imminent danger to the client, the counsellor should report this to an appropriate responsible authority.

## **SECTION 3: COUNSELLING FOR SITUATIONS RELATED TO HIV AND AIDS**

### **What is HIV and AIDS Counselling?**

Counselling in HIV and AIDS situations has become a core element in a holistic model of health care, in which psychological issues are recognised as integral to patient management. One-to-one preventive counselling 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 caused by 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 minimise morbidity and reduce occurrence.

### ***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 to reduce psychological morbidity associated with HIV infection and disease conditions.
- To handle physical isolation and hospitalisation.
- 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 and depression.

### ***Different HIV Counselling Programmes and Services***

- Counselling before testing or pre-test counselling
- Counselling after the test for those who are HIV positive
- Counselling for the HIV negative client
- Risk reduction assessment to help prevent transmission
- Counselling after a diagnosis of HIV
- Family and relationship counselling
- Bereavement counselling
- Telephone “hotline” counselling
- Outreach counselling
- Crisis intervention
- Structured psychological support for those affected by HIV
- Support groups

### **Pre and Post-test Counselling**

#### ***The Four Guiding Principles***

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

**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.

**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.

**Confidentiality:** All records will be kept strictly confidential so that client trust can be established and maintained. Clients should be assured that apart from those who are directly involved, access to their records will occur on a “need-to-know” basis.

**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.

**Pre HIV Test Counselling:** Pre HIV Test counselling is used to provide information, assess risk and respond to the client’s emotional needs. During pre-test counselling, the counsellor provides the individual with an opportunity to explore and analyse his/her situation and consider being tested for HIV. Pre HIV test counselling is mainly centered around the individual’s personal history and risk having been exposed to HIV, the client’s understanding of HIV and AIDS and previous experience in dealing with crisis situations. It helps the client to understand the implications of not being tested. It also prepares the client to understand the importance of being tested.

**Risk Assessment Questions:**

When appropriate confidence level has been established, ask the three questions:

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

**2)** *If tested, who are you going to tell and why?*

**3)** *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*

### ***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 lifestyle changes or worsen illness.
- Timely adoption of behavioural change can prevent a person from transmitting the virus to others.
- To provide client risk reduction information and strategies irrespective of whether they decide to get tested.
- To provide options for Prevention of Parent To Child Transmission (PPTCT).
- To provide an entry point to treatment and care.

### ***Process of Pre HIV Test Counselling***

- Establish rapport with the client
- Discuss reasons for seeking counselling
- Explore the client's understanding about HIV and modes of transmission
- Give relevant and accurate information
- Correct misconceptions, if any

### ***Assessing Risk During the 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 (e.g., drug addicts, visiting commercial sex workers, prisoners, or truck drivers). While asking questions, the counsellor should find out if the client has any learning or language difficulties before going

into the session. The counsellor should always use counselling skills at all times during risk assessment.

### ***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 a post-test counselling session
- Explain 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 the 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 an 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

### **Concerns Related to HIV Testing:**

#### ***What if the Client Decides not to Take the Test?***

If the client decides not to take the test, help the client to summarise 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.

### ***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 practices 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.

### ***Counselling 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, 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).

### ***When a Woman is Unable to Protect Herself From HIV***

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

- Review sources of family and community support.
- 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.

### ***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 client who perceives s/he is at low-risk of acquiring HIV:

- Review sexual transmission of HIV. Explain that his/her risk is closely associated with both his/her sexual history and his/her partner's sexual history as well as his/her current behaviours
- 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.

### ***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 client 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 him/her when s/he is tested.
- Find out if the client would want couples HIV counselling. If so, reschedule or refer the client and his/her partner for couples HIV counselling and testing.

### ***Fear of Illness or Infecting Others***

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

- Remind the 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 s/he does test HIV-positive s/he can be referred for HIV treatment, care, prevention and support services that will prolong his/her life. S/he can also take steps to protect his/her partner and infant from HIV.

### ***Client assumes they are HIV-positive***

When counselling a client who assumes s/he is HIV infected even though s/he has not yet tested:

- Explain that learning his/her HIV status will relieve his/her anxiety about not knowing.
- Explain that if confirmed that s/he has HIV, s/he can take steps to lower the chance of passing HIV to his/her infant and partner. S/he can also seek the care and treatment s/he will need to live a healthier life with HIV. This will help him/her take care of his/her family. If his/her partner has tested

HIV-positive, explain discordance and stress that his/her partner's result does not mean s/he is HIV-positive too.

### ***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 a client's decision to use PMTCT services. Some people may be afraid of being ridiculed by staff members for doing something wrong. Other institutional barriers to HIV testing may include lack of onsite pre-test counselling, lack of onsite testing, and long waits for test results.

### ***Prevention***

As prevention of HIV infection is one of the primary goals of the counselling interaction, the counsellor can use these five main steps:

1. Determine whether the behaviour of an individual or group of individuals involves a high risk of infection.
2. Work with the people concerned so that they understand and acknowledge the risks associated with their behaviour.
3. Discuss with the client how their life, attitude, values and self image are linked to these behaviours.
4. Help individuals to define their potential for attitude shifts, behaviour modification and change.
5. Work with individuals to introduce and sustain the modified behaviour.

Counselling in the context of prevention can take the form of either primary prevention or secondary prevention. Primary prevention is intended for people at risk but not known to be infected. It focuses on reducing risky behaviour. Secondary prevention takes place where clients are known or thought likely to be infected. Its main emphasis is on preventing transmission by encouraging clients with HIV to modify their behaviours to avoid transmitting HIV further.

## ***Post HIV Test Counselling***

**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, 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.

**Process of post HIV test:** The foundation of a good post-test counselling session is laid during pre-test counselling. If pre-test counselling is done well, the counsellor has already developed 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 usually be distressed. It is therefore desirable that the counsellor who provided pre-test counselling also provide 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 (e.g., 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 (e.g., one to one or group interventions).

The window period of 12 weeks should be checked again and a decision should be made 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 pretest discussion stage will now need to be reviewed in the context of here and now;

- To help the client understand and cope with the HIV test results.
- To provide the client with any further information required.
- To help the client make immediate, short term and long term plans.
- To help the client decide what to do about disclosing their test results

to their partner and others who are concerned.

- To help the client reduce their risk of getting infected with HIV again
- To help the client take action to prevent infecting others.
- To help the client assess the medical and social care and support they need.
- To help the client to establish links with PLHA groups, if needed.

### ***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 into the counselling room. Be calm when you call the client in for giving the result.
- Prepare the client for the result. Be direct when giving the result.
- Break the news in an emotionally supportive atmosphere.
- Allow time for the client to absorb the result.
- There may be different reactions such as: silence, anger, sorrow, shock, pity, and blame. The reactions need not be in a sequence.
- Deal with immediate emotional reactions and provide support for anticipated grief.
- Provide reassurance about the client's immediate safety.
- Discuss health, reproductive and treatment issues. If the client does not have AIDS, remind the client of 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 their main concerns at this stage (e.g., 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.)

### ***Managing the Client's Emotional Responses During Post HIV Test Counselling***

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

### ***How to Handle a 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 cry, and to give the client space to ventilate his/her feelings. Offer the client tissues in a way of saying it is okay to cry. Listen to the client if s/he wants to talk, but do not force the client to express his/her emotions if s/he does not yet feel like talking.
- ***Anger:*** The client might start swearing or exhibit outbursts 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 the anger.
- ***No response:*** This could be due to shock, denial or helplessness. Check that the client understands the result. Be on alert for suicidal thoughts and ideas.
- ***Denial:*** This could be verbal or non verbal. The counsellor should acknowledge the client's difficulty in accepting the information. Let the client talk about his/her feelings if s/he expresses a desire to talk.

## *Post HIV Test Status and Counselling*

### **Post HIV Test Counselling When the Test Result 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 a 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 the client's partner's HIV status, benefits of sharing test results with partners and encouraging the partner to undergo testing.
- Address any fear and apprehensions which the client may have.
- Encourage continuous healthcare attendance and promote exclusive breastfeeding for mothers.
- Discuss follow-up plan options and resources for support and check for referral needs.

### **Post HIV Test Counselling when the Test Result 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 and apprehensions the client may have.
- Discuss the client's partner's HIV status, benefits of sharing test results with partners and the benefits of encouraging their partner to undergo testing.
- Encourage continuous healthcare attendance. Counsell any pregnant mothers on the importance of infant feeding. Note that UNICEF and other UN agencies recommend exclusive breastfeeding for HIV-infected women for the first six months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) before that time. Such conditions are rare in much of the developing world. However, if they do exist, it is recommended that HIV-infected women avoid breastfeeding. In most situations, exclusive breastfeeding (verses partial or non-AFASS

replacement feeding) is preferable.<sup>1</sup>

- 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 visits.
- Encourage infant testing and testing for older children.

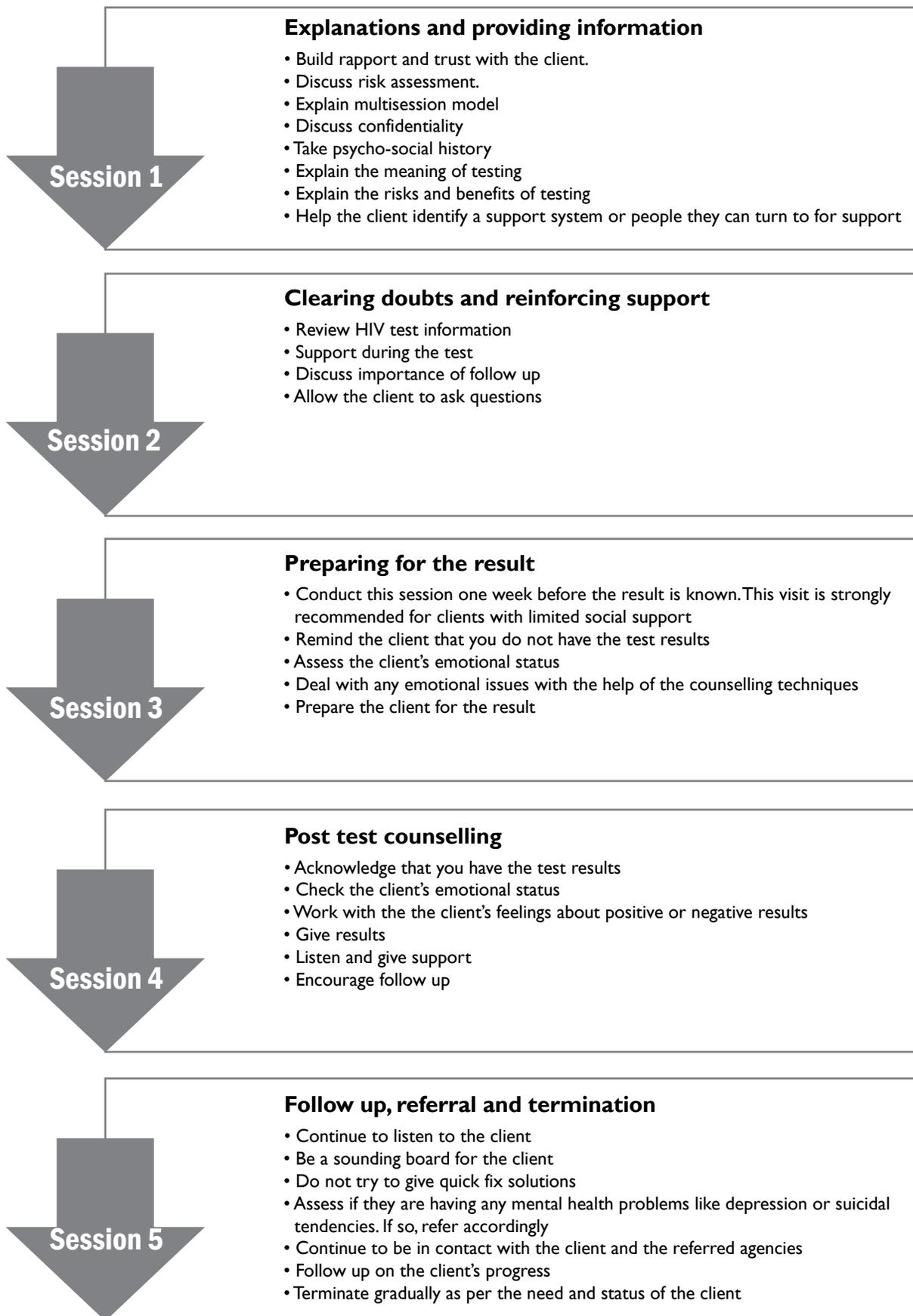
**Post HIV Test Counselling When the Test Result is Indeterminate**

- Encourage the client to be retested since tests only occasionally have uncertain results.
- Help the client adjust to intervening periods of uncertainty and anxiety.

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<sup>1</sup> [http://www.unicef.org/nutrition/index\\_24827.html](http://www.unicef.org/nutrition/index_24827.html)

## Overview of the Pre HIV Test and Post HIV Test Counselling Process



## **Counselling for Couples and Families**

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 of the couple or group 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 couples counselling, spouses/partners receive HIV counselling together. The counsellor provides the same messages provided in a group pre-test session and specifically addresses the couple's concerns.

### ***Advantages of Couples 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 discussing prevention and fidelity within the relationship.
- Prevention, care and treatment decisions can be made together, including decisions about PMTCT interventions such as infant feeding.

### ***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 who they will disclose their test results to.

### ***Pre-marital Counselling***

- Pre-marital counselling concerns the important stage of choosing a mate. It involves the coming together of two individuals to discuss life issues, with the intention of creating a successful marriage alliance.

Some of these issues 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

### ***Marital Counselling***

There are three important areas of marital counselling:

- Pre-marital counselling
- Counselling for better marital harmony
- Counselling to eliminate/forestall a marriage from breaking up

There are certain factors that have to be emphasized during all types of marital counselling:

- Expectation sharing.

- Knowing the clients' needs – whether or not they want to stay married.
- The counsellor should adhere to their needs, not to what they think is right.
- Checking the couple's compatibility and level of communication and understanding.

### **There are Four Major Issues of Conflict Observed in Couples and Families**

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

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

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

**Relationship with the outside world:** The need for social interaction is different for different individuals. These needs should be appreciated by their partners.

### **Steps to Facilitate the Resolution of Conflicts in Interpersonal Relationships Among Family Members:**

- Treat the relationship problem without personal involvement.
- Treat all matters impartially.
- Facilitate direct communication.
- Assist in enhancing listening skills.
- Deal with one issue at a time as per the client's agenda.
- Make present conflict a basis of learning to cope with future conflicts.
- Set rules to prevent physical abuse to the client or the client's partner.
- Refer if necessary.

### ***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 built with the couple as well as with the man and the woman separately. Separate sessions with the individuals should occur before starting 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 speak freely during the counselling session. For example: “tell me about your family”, or “how many children you have?”, or “what brings you two in today?” It is necessary for the counsellor to have a combination of closed 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 facilitates communication to support each of the individuals.
- The counsellor should encourage the couple to speak to and engage each other. The more the couple is supported by the counsellor to address 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 a role model for the couple and the family members through the way he/she behaves and conducts himself/herself. Therefore, the counsellor’s personal growth is very important and cannot be ignored.

- The counsellor should give emotional support and provide insight and understanding wherever there is anxiety and confusion to help facilitate necessary behavioural changes.

### ***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 the partners and ease tension.

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

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

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

**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. Linking the couple with other peers and couples in similar situations may be especially beneficial.

**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.

**Reinforce positive actions taken by the clients:** Praise the couple's willingness to be counselled and strength to face the challenges that HIV presents.

**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 adapt and move on.

**Redirect and reframe questions and discussions that place 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.

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

**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.

## **Counselling for Children**

A child has certain basic needs which should be met. These needs include adequate nutrition, education, medical care, safe shelter, congenial home environment, congenial living environment and unconditional love and affection among others. Parents should ensure the basic needs of a child, but 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. Ultimately, it is the responsibility of all adult people in the society.

Children infected and affected with HIV include children who themselves are living with HIV, those who have one or both parents either living with HIV or AIDS, and/or those who have parents who have died of AIDS-related illnesses. These children may have experienced emotional trauma as a result of seeing their parents being ill or die, discrimination by other children and adults, and/or emotional worries about their own continuing illness. Some of these children may experience post traumatic stress disorder (PTSD). Children suffering from these types of emotional traumas require special types of counselling, such as trauma and/or grief counselling. Older children may also need counselling that addresses sexual issues and avoidance of risk behaviour. These older children may need to undergo life skills training along with individual and group counselling.

**Symptoms related to PTSD that a counsellor should be alert to when working with children:**

<b>5 years old and younger</b>	<b>6 to 11 years old</b>	<b>12-17 years old</b>
<ul style="list-style-type: none"> <li>• Persistent fear of being separated</li> <li>• Excessive clinging</li> <li>• Crying, screaming</li> <li>• Problems sleeping</li> <li>• Nightmares</li> <li>• Regressive behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawal from others/activities</li> <li>• Act out with disruptive behaviour</li> <li>• Difficulty concentrating</li> <li>• Irrational fears</li> <li>• Irritable</li> <li>• Outbursts of anger and fighting</li> <li>• Depression, anxiety, guilt, numbing</li> <li>• Lower grades in school</li> </ul>	<ul style="list-style-type: none"> <li>• Flash backs</li> <li>• Avoid reminders of the event</li> <li>• Abuse of drugs and alcohol</li> <li>• Suicidal thoughts</li> <li>• Lower grades in school</li> <li>• Sexual activity</li> </ul>

**How to Manage PTSD in Children**

- Do not force the child to talk
- Refer the child to advanced mental health services unless you have been specifically trained in therapy for PTSD for children
- In the meantime, continue to be supportive to the child and the family

**How to Start Interactions with Children Undergoing Emotional Stress and Trauma**

The counsellor has to go into the interaction with an open mind. The counsellor cannot assume that children will open up and talk. In fact, it is more difficult to handle children than adult clients as they often 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 the conversation as it goes.

**Some Helpful Tips**

**Learn and remember developmental norms for children of varying age groups:** Children react to things very differently depending on their developmental stage.

It is important for counsellors to be aware of the changing stages of children throughout the developmental period and to interact with children with this in mind. It is also important to remember that chronological age is not the only factor that affects development. For example, some children living with HIV may be developmentally delayed behind their same-age peers. The counsellor should know how to assess the developmental progress of the child and respond accordingly.

**Choosing a space:** Preferably a child friendly room or an 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 session is one on 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 does 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. If 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 the time to explain clearly and simply who you are, 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 use child-friendly language. Use clear explanations that children can understand.

**Silence:** If there is silence, be patient with the child and do not push the child to speak if they don't want to.

**Keep questions open:** For example, "how did you feel when that happened?" rather than "did that make you angry?"

**Drawing pictures:** 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.*

### ***How to Help the Child to Normalize Life After a Trauma***

The sooner the child goes back to their normal day to day routine, the more successful their recovery will be. Below are some ways to help the child do so.

#### **Daily Scheduling Activities**

- Helps children structure their time
- Helps children have a regular routine to make them feel in control of their life and have positive experiences.
- 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 at any time during counselling or while associating with the child. However, the counsellor should receive periodic written feedback from the individual or institution referred to with specific instructions for follow up that the counsellor or the organization's staff need to undertake.

### **Building Self Esteem**

The following points should be kept in mind while interacting with children so that they can develop positive self esteem

- 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 making mistakes.
- Find activities the child can do well so that they experience the feeling of success.
- Give the child a special sense of importance.
- Help the child to develop a sense of pride in appearance.
- Encourage the child to adopt "role models".
- Reduce and remove feelings of guilt and self blame.
- Provide opportunities for positive peer interaction.
- Guide the child to practice appropriate responses to anticipated problem situations

### **Managing Anger in Children: A few tips for the Counsellor**

- Let the child recognise the anger within themselves, whether it is due to hurt or guilt.

- Ask the child to examine how s/he expresses the anger and explore the consequences and benefits
- Help the child to explore why s/he was angry in certain situations and challenge the child to create alternative solutions
- Teach the child some calming techniques, for example, counting from 1 to 10. Try actions that delay response, like taking sips of water slowly or by taking 3 deep breathes and breathing out slowly.
- Teach coping 'self talk' by saying helpful statements like 'calm down', 'relax', or 'don't get excited.' Tell the child that they can walk away from an angry situation by taking a 'time out' until they are calm enough to come back to it.
- Teach the child to express pent up anger in creative ways, such as through energetic games, sport activities, listening to calming music, dancing, and 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 by 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.
- Teach the child to draw a picture of the person he/she is angry with, make a clay model representing

### **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 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.*

that person, or use a hit-me-doll for ventilating angry feelings by tearing, hitting or destroying these models as a cathartic process.

### **Role of a Counsellor in Anger Management**

- Stay calm when the child has an outburst
- Calm the child down 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 has calmed down, discuss alternative ways of dealing with the conflict situation.

### **Use Imagery Exercises to Help the 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 an imagery exercise. This exercise can also be used 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, such as, "I wish I could do well on my school exam next week" but "I hope" is long-term, such as, "I hope I get to go to university eventually."
  - Then prepare them for an 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 one year older.” 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? Have you changed any of your behaviour? Are you happy?”

After a pause of about 10 seconds, say to the participants, “You are now walking on the road again 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.

**Questions to ask children after the exercise:**

1. Would anyone like to share his or her wishes and dreams?
2. Did you feel it was easy to visualize your future?
3. Was it easier to look at your life for the next year or 10 years from now?
4. Did you see any problems?
5. What do you have to do now to realize your dreams?
6. Let’s set a goal based on what you have imagined.

**Note:** *Help them to make a specific, clear, and 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.”*

## Counselling for Women

Counselling can benefit women at risk, pregnant women, and women wanting to become pregnant who are either HIV-positive or unaware of their HIV status. Counselling lays the ground work for Prevention of Parent To Child Transmission (PPTCT) of HIV.

The pre-test session is used to explain the benefits of testing and the services available depending on HIV status and to encourage clients to get tested.

The purpose of the post-test session is to present the results of the test, discuss what the results mean, and for those who test HIV-negative, to provide information on 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. Parent to child transmission of HIV can occur during pregnancy, at the time of delivery, or through breastfeeding and is the most significant source of infection in children below the age of fifteen. A pregnant woman living with HIV has an approximately 30% chance of passing the virus to her newborn baby. There is evidence that the infection can occur as early as within the first 12-15 weeks of gestation.

### 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 services; the overall goal of HIV testing in the PPTCT setting is to identify women in need of PPTCT services.

- Conduct a pre-test session with the individual client, or couples or groups (ANC and possibly PD settings).
- Offer the HIV test at the end of the pre-test session. The client can accept or decline testing.
- Perform the HIV test by trained personnel in government approved hospitals.

- Provide counselling to a client who declines the 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 the client return for a subsequent healthcare visit for follow-up counselling, education, support, and referrals.

### **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.

### **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 the 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).

**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 an 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.

### **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), 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 recognise 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.

**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 a health facility<sup>2</sup>, and promote exclusive breastfeeding if AFASS for supplemental feeding is not an option.

**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, 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, and support services.
- Explain the importance of HIV testing for infants and older children.

**How to Handle Women who Have Previous HIV-negative Test Results:**

Some clients who have tested negative for HIV previously or whose partner recently tested negative for HIV may not recognise 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.
- Explain that though she was HIV-negative in the past, she could have been infected since her last test.

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<sup>2</sup> For women who are pregnant (ANC settings).

- 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 her 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:

#### **Steps in Disclosure:**

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

#### **To 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 their 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.
- Inform the client about positive networks and support groups in their communities.

#### **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

**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 is needed by the client

**Disclosure to Children**

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

- Prepare the client by stating that there is no “best” age to disclose to children, although many studies now have suggested that primary school age children are able to integrate and accept this information more easily than older 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, and 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.

**Partner Notification**

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

### **People that Need to be Notified**

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

### **Importance of Telling the Partner**

- If the sexual partner is negative (discordant couple), it is important that the couple discuss how the partner can remain negative in the 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 a need to discuss the possibility of 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 the relationship and wants to ensure healthy lives for all involved.
- Partner involvement in PPTCT activities is key to increasing women's uptake of services. Male participation in couple counselling increases uptake of PPTCT interventions, particularly HIV testing.

### **Approaches to Telling the Partner**

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

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

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

## **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.

Necessary caution must be considered in planning disclosure of HIV status to a woman's partner if her husband or partner has:

- a. A history of violence
- b. A history of alcohol abuse
- c. A history of threatened violence

If there is concern about violence against the woman disclosing, she should be counselled 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

## **Role of the Counsellor in Disclosure and Partner Notification**

**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?

**Remind the client that his/her HIV test result does not indicate his/her 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.

**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 (encourages client

who tested HIV-positive to disclose to past sexual partners so that they can be tested.)

**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.

**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 them?
- 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.

**Supporting the 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?

**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 you telling her or him?

*(Ask client to think about 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 the client breaks down and does not know how the partner may respond).*

We have talked about a lot today. It is a challenge to deal with being HIV-infected. With time and support, you will adjust and be able to live positively.

**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.

### ***Conducting the Labour and Delivery Pre-Test Session***

It is difficult to conduct a counselling session during labour and delivery, but it is important to make the woman aware of PPTCT services in order to lower 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.

### **Guidelines for Conducting the Labour and Delivery Pre-Test Session**

- Make sure the woman is sitting comfortably and establish a rapport before initiating the session.
- Assure the session is confidential.
- Speak in soft tones, but make sure she can hear what you are saying.
- 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 has 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.

### **Guidelines for Conducting the Labour and Delivery 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, as well as to provide 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. However, 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.

## Counselling for Treatment Adherence

**Adherence:** Adherence means the degree to which a patient follows a prescribed treatment regimen that has been designed in the context of a partnership between the client and the counsellor. Adherence to the HIV treatment regimen, also called Highly Active Antiretroviral Therapy (HAART for short) means taking prescribed medicines at the right time, in the right doses and in the right way. Adherence also means attending all follow-up medical care as advised.

Significant developments in combination antiretroviral 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.
- Making sure to take 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 to eat the right kind of food. For example, the amount of fat in a diet can affect drug absorption.
- 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.
- 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 a virus that can infect other cells. Also known as: Anti-retroviral treatment, Anti-retroviral (ARV), HIV therapy, Anti-HIV drugs)*

**Hurdles to Adherence:** Patient adherence is an important factor in the efficacy of drug regimens. However, a complicated drug regimen—often involving 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 the HIV did 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 a multi-disciplinary medical team and medication counselling with reinforcement at each visit.

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

### ***Causes of Uncertainty With the Client While Adhering to Antiretroviral Therapy***

Common fears 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

***Some Key Principles to Assist Counsellors While Offering Psychosocial 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 information on where to find it, 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 should use 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 the client to get a feeling of what it will be like to be on ART and to 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 diary, 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 to discuss treatment.
- Use social and family networks.
- Use of alternative therapies such as relaxation techniques, imagery exercises, massages, etc.
- Exploring individual potential for control over manageable issues.

### **How to Help the Client Reduce These Fears:**

- Allow the client to have a say in the kind of drug treatment s/he receives.
- Allow the client to ask as many questions as need be.
- Give pertinent information to 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 s/he would like a consultation.

### ***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 empathise with the difficulties that clients 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?” and “Is it manageable or not?”. The answers to these questions will help the counsellor assess the health status of the client and inform the health worker’s team or refer accordingly.
- Counsellors need to remind themselves to practice active listening, total involvement and commitment to the client. The counsellor should act as a motivator and supporter of ART.
- The counsellor should talk to the client about preventive counselling to prevent new infection and re-infection.

## ***ART and Children***

Oftentimes, the same antiretroviral drugs are used for children and adults, except that the dosages are smaller and adjusted according to the age and weight of the child. Children who use ART can experience normal growth and development, so they can have a high quality of life if complicated infections are prevented.

### **Some tips for ART adherence counselling for children:**

- Try to work as closely as possible with at least one parent or primary care giver, as they are frequently needed to play the role of treatment assistant to the child.
- Remember and clarify who the client is. Depending on the age of the child, the client may be the child or the child's caregiver.
- Depending on the age of the child and maturity level, 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 consultation/counselling sessions. Talk to the child and ask for his/her 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 taking medicine, and becomes 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 in time or make false promises. The counsellor should explain this to the parents/primary care giver. For example: some parents may tell their child, "you will become a superman when you grow up if you take this medicine". Telling children things like this will break trust between the parent and the

child, and may be harmful for the long-term development of the child.

- Try to make the child assume a growing responsibility of the ART regimen by explaining the importance of adherence and how it will help the child in future. It is helpful if the counsellor and the parent/primary caregiver are encouraging and compliment the child on the small achievements the child makes on his/her own.

### ***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 sessions.
- Accept only individual informed consent. It can be difficult to obtain true consent when one partner is in the same room as a manipulative partner, therefore it is better to spend a few minutes with each partner alone.
- Create the best possible environment of free expression by having individual sessions with the partners separately to gain rapport and trust, and then by having joint sessions with both partners present. This will help the partners to express their fears and expectations before they enter the couple counselling session.
- Encourage active listening and communication by asking the partners to read and interpret not only what the partner is communicating verbally, 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 by providing factual information whenever necessary.

## **Counselling PLHIV**

### ***Positive Living***

In the context of counselling, positive living means living well with HIV, which includes taking care of body, mind and soul. Guidelines for Positive Living include 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 HIV status, but once it is done, it is easy to fight the illness.

Positive Living also means reinforcement of preventive behaviour, 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.

### **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 as it fights both HIV and opportunistic infections.
- Positive Living is important for PLHIV who are either asymptomatic or symptomatic.
- Positive Living helps people 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 because it gives 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 companion to successful ART,

putting in place the knowledge, skills and practices that support good decision making and treatment adherence.

### **Steps to Positive Living**

#### **How can you help PLHIV live a good life?**

- Ensure that the person eats healthy food with a mixture of staple foods, leafy green vegetables, fruits and 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 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 their 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 seeks medical attention for health problems and follows the advice given which includes preventing other infections.
- Ensure that if he/she is on ART, s/he is maintaining adherence to the regime.

### **The Family and Positive Living**

**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 is loved and feels part of the family.

**Support and Sharing:** If a person has HIV, it is often good for the family to know in care and support so that family members are able:

- 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.

### ***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 an essential role to play in preventing new infection. The challenges however are 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.

### **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 high-risk sexual behaviour.
- Multi drug resistance and HIV super-infection strongly suggests the need for an increased focus on HIV prevention, directed towards PLHIV.

**Positive Prevention is Based on Five Core Values:**

- To promote the recognition that PLHIV are part of the solution to the impacts of the disease and should be included in prevention efforts.
- To encourage the involvement of PLHIV in all aspects of health promotion and prevention activities.
- To develop health communication and prevention strategies targeted at PLHIV.
- 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.
- To ensure programs and services are available, accessible, and relevant to the diverse populations of PLHIV.

**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.

**Individually focused health promotions**

- Voluntary confidential counselling and testing (VCCT) for early identification of HIV infection
- Providing post-test and ongoing counselling for PLHIV
- Encouraging beneficial disclosure and ethical partner notification
- Providing counselling for sero-discordant couples

**Scaling up, targeting and improving service and commodity delivery**

- Ensuring availability of voluntary counselling and testing
- Providing antiretroviral treatment for Positive Prevention
- Reducing stigma and integrating Positive Prevention into treatment centers

- Providing services for preventing mother-to-child transmission

### **Community mobilization**

- Facilitating post-test clubs and other peer support groups
- Implementing focused communication campaigns
- Training PLHIV as peer outreach workers
- Reinforcing Positive Prevention through home-based care
- Addressing HIV-related gender-based violence

### **Advocacy**

- Involving PLHIV in decision-making
- Advocacy for Positive Prevention
- Legal reviews and legislative reform
- Advocacy for access to treatment

Prevention of other opportunistic infections: Inform clients about how they can take precautions to protect themselves from opportunistic infections.

- Encourage your clients to protect themselves from diseases through immunization.
- Refer your clients to ask the doctors at the PLC about vaccines for flu, pneumonia and Hepatitis.
- Provide information to your clients' families on how to carefully clean any cuts and scrapes and keep wounds covered.
- Provide information to the families and clients on proper nutrition.

### **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 utilize positive networks and other social networks in the community to strengthen their social support.

- Educating and providing accurate and scientific based data on HIV.
- Providing complete and accurate information on HIV prevention.
- Encouraging healthy eating habits.
- Supportive counselling to family and friends so as they can help the client to remain active and feel positive towards life.

## **Community Based Care and Support**

You can take a person out of their culture but you cannot take the culture out of a person. This is why the role of community is so important in supporting positive living of PLHIV.

There are several community sensitization programs available and the counsellor should be aware of these programmes. A community sensitization program is a grass-roots 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 exists.

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 organizations, such as 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.

### ***Community Groups Should Organize:***

Educational sessions on HIV prevention and care help and support PLHIV through:

- Financial assistance
- Food aid
- Spiritual support

- Medical care and support
- Ambulance/transportation for medical care
- Taking care of and supporting infected/affected children. For example, if the parent is hospitalized, the community can arrange for a caregiver or take turns caring for the children by providing them with food, making sure they get to school, etc.
- Reducing stigma and discrimination
- Addressing myths and misconceptions about HIV

**Advantages and Disadvantages of Community Sensitization Program**

<b>ADVANTAGES</b>	<b>DISADVANTAGES</b>
<ul style="list-style-type: none"> <li>• Participants gain more knowledge through a participatory process</li> <li>• Participants can share information which the facilitator may not be aware of</li> <li>• Capacity building process for the community</li> <li>• Personal interaction among participants and sharing of creative ideas</li> <li>• Opportunity to clarify doubts immediately</li> <li>• Can evaluate the program immediately</li> </ul>	<ul style="list-style-type: none"> <li>• May be dominated by few participants side discussions and distractions may arise</li> <li>• Different ideas may arise which may prevent arriving at a consensus</li> <li>• Planning and mobilizing the community is time consuming</li> </ul>

**Methods of Conducting Participatory Programming**

<b>METHOD</b>	<b>WHAT IT IS</b>
<b>Brainstorming</b>	Conceiving the idea immediately
<b>Buzz session</b>	Quick discussion in groups of 2 or 3
<b>Case study</b>	A factual situation to be discussed with the purpose of finding a specific solution
<b>Demonstration</b>	Showing in action

<b>Group exercise</b>	Working out a problem to arrive at a common consensus/ solution in a group of 4 or 5
<b>Lecture</b>	One way verbal delivery on a topic
<b>Role play</b>	Demonstration by imitating/ acting out a situation
<b>Debate</b>	Presentation of different opinions on a topic by different people
<b>Pair exercises</b>	A short discussion in a group of two
<b>Multi media</b>	Using different media tools at one time for a specific purpose
<b>Individual exercise</b>	Working out a task individually without asking questions
<b>Quiz</b>	Asking questions to test knowledge
<b>Didactic</b>	A short verbal delivery (mini lecture)

### ***Community Based Rehabilitation***

Care and support is 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 where one type of care takes over from the other as per the need of the hour. PLHIV may require care options individually or in combinations 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 leave their 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 improve the 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 seen as a normal process. PLHIV can benefit from services such as pain alleviation that do not require institutionalized care.

## *Role of Family, Friends, Neighbors and Community in Care of PLHIV*

### **Family and Friends**

Family and friends play a 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, such as:

- Providing much needed psychosocial support by dispelling fear and making them feel loved
- Taking care of their basic needs, such as nutrition
- Reducing stress
- Taking temporary domestic responsibility when they are sick
- Taking them to receive health care services when sick
- Helping them adhere to their treatment
- Encouraging and facilitating them to join a support group
- Not judging or discriminating
- Educating themselves about the disease
- Not propagating myths and misconceptions about the disease

### **Neighbors**

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

- Helping with household work
- Collecting water
- Going to market
- Cooking food
- Caring for children
- Not judging or discriminating
- Educating themselves about the disease
- Not propagating myths and misconceptions about the disease

Neighbors 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.

**Network/Support Group of positive people:** People living with HIV should be encouraged to join networks or support groups of positive people so that they can overcome stigma and discrimination and continue to actively participate in making decisions which directly affect their lives.

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

## SECTION 4

### MENTAL HEALTH OF THE HELPING PERSON

#### Positive Mental Health

##### *What does Positive Mental Health Mean?*

- 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.

##### *Factors that May Decrease Mental Health*

**Excessive Demands** - the reward of good work is more work

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

**Financial Strain** - can occur due to lack of proper budgeting, spouses not communicating with each other about finances, or a lack of discipline.

**Social Isolation** - can occur due to work pressure, not having a good relationship with a friend, low self-confidence.

**Professional Incompetence and Competition** - People are more concerned about how others are doing in their lives in comparison to themselves. Thus unnecessary competition or comparison may occur.

**Psychological Tensions** - such as disappointments, dejection, distress, hurt, anger, or guilt.

### ***Why We Should Look After Ourselves***

- It is our right
- It shows our self esteem
- It is 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.

### ***How do We Look After Ourselves?***

- Enjoy “the little things”
- Recognise your capacity. Compare yourself to yourself.
- Pay attention to your professional competencies.
- Delegate responsibilities.
- Separate home and office life.
- Take breaks, don't take on too much at one time.
- Have a life outside of work.
- Be assertive, learn to say 'NO'.
- Get a regular physical check up.
- Relax, recreate.
- Have a friend to confide in.
- Utilise spiritual resources.
- Get organized. Prepare a list of activities, priotise and schedule them.
- Don't worry about what other people are thinking of you. They are busy worrying about what you are thinking of them.

## ***Mental Health for Counsellors***

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 forward by using my skills
- Helping the client to take action.

### **Questions that the counsellor can ask themselves for personal growth:**

- What have I learned about my personal needs, and how they are likely to affect a counselling relationship?
- What did I learn about my values, 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 likelihood of becoming an effective person and counsellor?

## ***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, counsellors, and other care providers to reduce stress and enhance productivity and efficiency.

### ***Factors that may Cause Stress***

- Personal biases may present a barrier to 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 the person is unaware of ART benefits.
- Concern for one's own health can reduce motivation of caregivers.

### **Results of Stress**

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

### **Preventing Burnout**

To prevent burnout of the caregivers in the family, it is essential to provide them with 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.

### **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.

### ***Caregiver Support Groups***

A support group can provide an opportunity for caregivers to talk freely, in confidence, and be encouraged. Caregivers can form a group 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:

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



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