

MODULE 9

COUNSELLING

Contents

- Introduction
- Theoretical background to counselling
- Definition of counselling
- Principles of counselling
- Counselling skills
- The process of counselling
- Application of counselling
- Pretest counselling
- Post test counselling
- Opportunistic infections counselling
- Couple counselling
- Bereavement counselling
- Crisis counselling
- Stress management

Learning objectives

When you have completed this module you should be able to

1. **Define and understand the principles, process and skills of counselling**
2. **Carry out pre and post test counselling**
3. **Counsel clients in the management of opportunistic infections with emphasis on drug adherence and compliance, nutrition, general hygiene, stress management, early recognition and treatment of infections**
4. **Counsel HIV positive clients on the management of opportunistic infections**
5. **Counsel negative clients to stay negative**
6. **Understand the bereavement process and help clients cope with it**
7. **Recognize crisis situations and guidelines on handling crisis**

INTRODUCTION

Voluntary Counselling and Testing is an HIV prevention intervention that provides clients with the opportunity to confidentially explore and understand their risk of HIV infection and learn about their HIV status. For those that test HIV positive, all hope is not lost. They can live with the virus by managing their lifestyle differently and cautiously. Since opportunistic infections in persons with HIV infection are the main cause of illness and premature death recognising and managing them makes marked difference to one's health status. In this unit the focus is on pre and post- test counselling with appropriate emphasis on the prevention of opportunistic infections for those testing HIV positive. The areas of competencies required include ability to manage emotional release, communicate information on opportunistic infections and how to manage them, supportive counselling, bereavement counselling, impact of stress on the immune system and positive ways of coping with the stress. The role of the counsellor in all these areas requires that the counsellor understand the process, principles, purpose of counselling as well as the qualities that facilitate the counselling process. The module is a guide to train individuals who are going to counsel for the prevention of opportunistic infections.

Note that the role of the counsellor is mainly to:

- Provide an environment conducive to exploration of feelings and emotions.
- Give information on HIV/AIDS and opportunistic infections
- Give information on available treatment for opportunistic infection recognition
- Give information on adherence and compliance to the drug regime
- Explain and emphasize appropriate behaviours and habits to contain the infections
- Discuss bereavement issues and how to manage the associated emotions
- Discuss the impact of stress on the immune system and the positive ways of coping with the stress.
- Recognize, understand and handle crisis situations

Theoretical background to counseling

Session 1: Introduction and exploration of feelings and mental status

a. Warm up exercise (30 minutes)

Ask participants one at a time to describe their feelings and mental status at that moment. This helps participants to relax and get ready to participate in the training.

b. Experiential exercise (30 minutes)

Break participants into groups of 3-4. Ask participants to volunteer to share with their group an experience in which they received help from someone in order to resolve a difficult problem. Each group should summarize experiences of the group on a flip chart in the format shown below.

Nature/type of problem	Facilitating factors	Inhibiting factors	Characteristics of helper	
			Likeable	Disliked

Session 2: Group presentations (30 minutes)

Session 3: Discussion (15 minutes)

Extrapolate counseling issues from the group exercise

Session 4: Lecture (30 minutes)

Use a flip chart or transparencies to give the definition, principles, purpose, skills and techniques of counseling as follows:

DEFINITION: Counseling is a confidential dialogue/process between a person and a care provider aimed at enabling the person make an informed decision about managing their health.

COUNSELLING PRINCIPLES: The principles guide the conduct of the counselor and how he portrays him/herself to the clients so that they trust and feel comfortable and secure discussing sensitive issues with him/her.

1. **Confidentiality** - means treating information shared during the dialogue confidential and only sharing it with the consent of the client.
2. **Empathy** - is the ability to understand another person's feelings and point of view and to communicate this understanding to the person. It is not sympathy (feeling sorry for the other person).
3. **Genuineness** - realness without pretence or faking
4. **Acceptance** - total positive unconditional regard for the client as a person
5. **Caring** - understanding and showing concern for the client
6. **Competence** - education and training in principles and the practice of counseling
7. **Non-judgmental** - accepting client's views, opinions and beliefs without imposing your own

COUNSELLING SKILLS – these are the tools for facilitating the dialogue/counseling process so that

- a. the client gets a correct understanding of the facts about their health
 - b. the counselor supports the clients' in coping with the decisions they make and the outcomes of those decisions
 - c. the counselor increases clients' awareness of their health status and how to manage it and prevent it from worsening
 - d. counseling skills are mainly to inform, to support and to prevent the clients' condition from worsening.
1. **Questioning** – appropriate use of open and closed questions *e.g. closed - are you in pain? Open – how do you feel?*

2. **Active Listening and reflection** - attending carefully to client's verbal and non-verbal messages and verbalizing them back to the client. *e.g. your voice is shaky, seem to be feeling uneasy*
3. **Clarifying** – checking understanding and asking relevant questions *e.g. from what you have said HIV and AIDS are the same, is that your understanding?*
4. **Silence** – allowing the client space to consider questions and explore possibilities
5. **Observing and Commenting on the process** – commenting on client's behavior and mood to make them more aware of their behavior *e.g. you are saying you are ok but your face looks sad.*
6. **Empty chair** - giving clients opportunity to practice solutions to a problem by symbolically bringing in significant others into the counseling session *e.g. suppose your husband was sitting here, how would you explain to him your condition?*
7. **Blocking** - giving space for each party to speak and be heard *e.g. I appreciate how you feel, but now, I would like to know how your husband feels.*
8. **Summarizing** - extracting the important elements of a discussion and checking client's understanding of the issues *e.g. from all that we have been discussing so far, three things----- are really bothering you*
9. **Widening the system** – helping clients to identify people in their system who can support them. *e.g. it is possible that you might forget to take your medication as prescribed, who else besides your mother is there to remind you?*

Session 5: Role plays (60 minutes)

To consolidate theory into practice, break participants into groups of 3-4. Give each group a scenario to role-play.

Scenario 1: Themba is 17 years. He has just been informed by his girl friend who has been feeling unwell lately, that she tested HIV positive. His O- level results just came out and he has been accepted for A' level at Prince Edward school. Themba is worried and comes to you for counselling

Scenario 2: Maria is 18 years old and just completed her O – levels. She had already been accepted into a University in Australia to study international business. She has to have an HIV test in order to get a visa. Maria is worried since she has been dating a widower whose wife died after a long illness. Maria comes to you for counselling.

Session 6:Plenary (60 minutes)

Select groups to role-play their scenarios before the larger group. Summarize important observations made from this session

Part Two: Application of counseling

A: Pretest counseling

Session 7:Lecture and discussion (30 minutes)

Explain and discuss issues in Pre test counselling as follows:

Definition: Pretest counselling is given before someone takes an HIV test.

Aims of pretest counselling

- provide clients with knowledge on HIVAIDS
- Carry out risk assessment and provide clients with necessary risk reduction information
- Help clients to identify support systems
- Help clients to understand the meaning of test results and to discuss their implications.
- Explore with clients the advantages and disadvantages of knowing one's status

Issues in pretest counselling

1. Risk assessment and risk reduction
 - personal and partner sexual history
 - knowledge of basic facts on HIV transmission and prevention
 - preventive measures e.g. use of condoms
 - avoidance of use of alcohol
2. Testing
 - Tests and how they are used
 - Window period
 - Meaning of test results negative and positive
3. Assessment of support systems
 - Implications of testing and the outcome of test results

- disclosure of results to others
 - available resources or support
4. Reassurance
- Emphasize prevention through safer sexual practice
 - Assure availability of further counselling whenever required

Session 8: Role plays on pre-test counselling (30 minutes)

Break participants into groups of 3-4. Give each group a scenario to role-play. Scenarios should include individual and couple sessions.

Session 9: Video or demonstration (30 minutes) Screen a video to show model pre-test counselling or demonstrate the correct way of carrying out pre-test counselling.

B: Post test counselling

Sessions 10: Lecture (30 minutes)

Present the following elements of Post- test counselling.

Definition: Post- test counselling is given when clients come to collect their results

The counselling process

- Check if client is ready to receive the results
- Disclose the results and check understanding
- Allow emotional expression
- Discuss meaning of results and clients feelings

NEGATIVE RESULTS

- Recap on pre-test
- Give time to express emotions and feelings
- Revisit the window period
- Discuss risk reduction options to maintain the negative status
- Discuss aspects of positive living
- Discuss disclosure

POSITIVE RESULTS

- Give space to express emotions
- Check client's understanding of results
- Recap on pre-test
- Discuss personal, family and social implications
- Discuss disclosure of results to partners and significant others
- Discuss positive living issues such as nutrition, exercise prompt medical attention
- Discuss treatments available that may slow down the progression of infection and prevent opportunistic infections.

Session 11: Role play – posttest counseling (30 minutes)

Break participants into groups of 3-4. Give each group a scenario to role-play

Scenarios to include individual and couple sessions for negative, positive and discordant results.

C: PREVENTION AND MANAGEMENT OF OPPORTUNISTIC INFECTIONS

Objectives:

To equip participants with skills to help clients

1. Identify and recognize the different opportunistic infections i.e. signs and symptoms
2. Understand that opportunistic infections are the main cause of illness and premature death in HIV positive people
3. Understand that most opportunistic infections are treatable if attended to early
4. Understand the importance of adhering and complying to prescribed drug dosages, nutrition and general hygiene in the prevention and management of opportunistic infections
5. Understand the effect of stress on the immune system and how to cope and manage it.
6. Practicing universal precautions for infection control.

MODE OF TRAINING

Session 1: Counseling for prevention of opportunistic infections

(a) Nutrition, food safety, hygiene and stress management

Emphasis of counselling should be on

- Healthy eating i.e. foods to boost the immune system i.e. the general balanced diet of vitamins, proteins, carbohydrates and water.
- Foods to avoid i.e. those that compromise immune system e.g. refined foods, canned foods junk food, alcohol and cigarettes
- Food hygiene i.e. washing, cooking and storage.
- Emphasis to be placed on positive thinking, exercise, hope and relaxation

The usual balanced diet of vitamins (plenty of vegetables and fruits), protein plant or animal, carbohydrates and fats is recommended. Particular care should be taken in the preparation and cooking of the food to ensure that micro organisms do not find their way into the body system. Water should be boiled, fruits and vegetables thoroughly washed in water with lemon juice and salt. Cook raw animal products at high temperatures until they are well done. Wash the utensils where food is placed. Be very careful with left over food this may get contaminated with germs if you have to, heat the food thoroughly before eating. Always wash your hands before touching food and after visiting the toilet. Cut animal products on plastic or paper and throw it away. Wash the knife before using it on other foods. **For dietary management of specific opportunistic infections refer to guidelines on dietary management.**

(b) Identification and recognition of opportunistic infections

- I. Provide participants with the following information about each opportunistic infection to study: *type of infection, signs and symptoms of the infection.* **(refer to modules on opportunistic infections for details)**

II. Break participants into groups of 3. Let them study the information (30minutes)

Role play:

In groups of 3 role-play a counselling session in which the counsellor counsels a client on (i) nutrition, food safety, general hygiene, and stress management and (ii) the correct information on each opportunistic infection and how to identify it. (30 minutes)

Session 2:Counselling for management of opportunistic infections

III. Provide participants with the following information about each opportunistic infection: *type of infection, drug, dosage, frequency (how often), route (PO or IV), duration (for how long), primary and secondary prophylaxis.* **For details refer to modules on opportunistic infections.**

IV. Break participants into groups of 3. Let them study the information for 30 minutes

V. In plenary role-play a session in which each participant counsels a client on nutrition, food safety, hygiene stress management, drug administration, adherence and compliance. (45 minutes)

Refer to information on nutrition, food hygiene and stress management.

D: Couple or family counselling

The objective of this session is to equip participants with skills to handle couples and/or families in a counseling session.

1. Follow the same procedure for preparation and establishing a relationship with all members involved.
2. Conduct the dialogue to help the couple/family understand the infected person's condition/status and the importance of their support in its management.
3. Give the same information as that given during individual counselling regarding opportunistic infections.
4. Guard against blaming and domination by any one individual.

E: Bereavement counselling

Even though counseling helps people to cope and live with HIV, the threat of loss lingers on in one's mind after receiving a positive HIV test result. Some may experience loss of good health, self-esteem, control over their life, and sometimes life itself. Because of these perceived losses, clients are likely to go through a bereavement process which is characterized by feelings of shock, denial, depression, anger, guilt and hate. In addition experiences of all sorts of fears may cause anxiety in many people. For example, fear of the unknown, blame, stigmatization, disease, disfigurement, isolation, rejection, financial difficulties, leaving dependence not provided for, becoming dependent, being unable to cope and death itself. All these fears can plunge someone into a grieving or mourning process. As such it is important the counselors know how to help their clients to work through this process. Bereavement counseling helps the bereaved person to discuss and reflect on the changes brought about by loss, mourn appropriately and enable him/her to look to the future.

The focus of bereavement counselling is

- explanation of the grieving process
- providing space, time and support for the client to share feelings fears, hopes and clarify their thoughts
- acknowledgement of feelings and reassurance that what they are experiencing is normal under the circumstances
- understanding that the grieving process can last a long time
- encouraging clients to utilize other emotional supports such as family, church and friends:

Crisis counseling

Another aspect of counseling is helping people who suddenly find themselves in crisis. Murgatroyd and Woolfe (1982) characterized crisis in the following ways:

- the person experiences stress both physically and psychologically
- the person feels overcome by the situation and experiences both helplessness and hopelessness

- the person wants, more than anything else, relief from the feeling of being in a crisis
- in other areas of their life, apart from the crisis the person's functioning may be impaired
- because the experience is psychologically painful, it does not last long and can be viewed as an acute experience of limited duration.

Examples of crises

- Concern about HIV/AIDS
- Sudden death of a partner or spouse
- Suicide or attempted suicide
- Facing death or the process of dying
- Sudden death of a child
- Sudden and acute physical pain
- Acute anxiety about the future
- Sudden onset of acute psychological or emotional stress
- Trauma caused by accident or injury

Crisis intervention is therefore the immediate attempt to deal with immediate problems. The major emphasis is in establishing pre-crisis functioning and in assisting the individual to achieve higher levels of functioning

In approaching a crisis the following factors are important

- Immediacy of the intervention is paramount.
- **Control.** Because the client in a crisis is often not in control of his life at that moment. By controlling the situation, you bring structure into the victim's life.
- **Assessment.** This must be quick and accurate to identify the precipitating events. Assess both actual and the symbolic meanings of whatever happened.
- **Disposition.** To be effective you must be reassuring, calm, maintaining steadiness and warmth toward the crisis client.

- At all times you must be attentive, empathetic, supportive and caring. Help the person in crisis to re-institute adaptive coping mechanisms.
- Referral. Refer for expert help if required
- Follow up. Always follow up to assure that the source referred to is adequately caring for the client during the post crisis period.

The following are basic guidelines for effective intervention into crisis situations:

1. *Attempt to limit the personal disorganization that the person is experiencing by calming her/him and relieving as much of the anxiety and stress as possible*
2. *If possible, remove the client from the crisis situation and provide a place for her/him to relax and to compose self.*
3. *Explain the situation to the client and tell him what is being done about his problems.*
4. *Remain confident and be firm and reasonable at all times*
5. *Do not agree or disagree with the client. The way that he sees the world at this time in his life is real for him.*
6. *Encourage the client to relax and to tell you what is troubling him.*
7. *Call family members to be with the client if appropriate. Some family members may be disruptive or in crisis themselves. Assess the helpfulness of all significant others before bringing them into contact with the client.*
8. *Help the client to see the crisis as temporary rather than chronic.*

9. *Allow the client to speak freely and to ventilate his/her feelings.*
10. *Avoid interrupting the crisis client while he/she is talking. If you need more details wait until the client is finished and then go back for the needed information*
11. *Try to build a sense of structure that the individual can relate to as you talk with him.*
12. *Avoid arguing with the client.*
13. *As much as possible, obtain information from others who are aware of the client's situation and who can supply facts that may be helpful to you in your intervention.*
14. *Check to see if the client is on any type of medication of which you are not already aware. Refer for further psychotherapy if necessary*

Stress management

It is a scientific fact that stress affects the immune system and that a lowered immune system is susceptible to infection. HIV positive people should avoid stress as much as possible as the stress will further weaken their already compromised immune system. The following is a list of some commonly used ways of coping with stressful situations

- Exercise lowers feelings of stress and anxiety. Gentle muscle building exercise e.g. walking or physical work is best. Avoid exercise that is tiring.
- Acceptance i.e. acknowledging reality of the situation and taking responsibility helps one to adopt a healthy lifestyle.
- Self control by modulating one's own feelings or actions in relation to the problem e.g. if you feel unwell on a particular day, don't force yourself to work on tasks that are likely to usurp your energy and leave you tired, do not spend time ruminating about pre infection period.

- Positive appraisal means creating a positive meaning from the situation or condition you are in i.e. look for the positive side to your life and concentrate on those.
- Seeking social support to get comfort and encouragement e.g. joining support groups and other helpful organizations.
- Early detection and treatment of opportunistic infections
- Meditation and relaxation