HIV/AIDS-Preventive and Supportive Counselling

- Activity
- Presentation
- Additional Information

Objectives

- **Knowledge**

Understanding the various issues involved in pre and post test counselling.

- **Attitude**

Recognizing counselling as an effective intervention method**.**

- **Skill**

Learning methods that initiate changes to prevent / control HIV infection.

- **Expected outcome**

To display an empathetic approach towards the client / family members.

To assist clients and family members to accept and act on information on health and well being.

To understand the importance of pre and post test counselling.

- **Lesson plan**

Activity 1	Recognizing the feelings of an HIV infected person.
Presentation	What is HIV counselling and steps in pre-test counselling.
Activity 2	Role play - counselling situations.
Presentation	Post test counselling.
Activity 3	Addressing concerns.
Activity	Role play.
Presentation	Crisis counselling.
Activity 4	Varied counselling issues.
Presentation	Partner Notification and Counselling.

Additional Information

Activity 1 - Recognizing the feelings of an HIV infected person

Purpose

To help participants experience intimately the feelings and reactions of a person living with HIV as well as those of others who are not infected.

Materials needed

Cards or small pieces of paper both for the initial test and the re-test.
Half of the chits should read "your test result is positive" and the other half "your test result is negative".

Time needed 60 minutes

Methodology 'Feelings unlimited'

Steps

Stage 1

1. Inform the participants that you (facilitator) will be moving around within the group and shaking hands of as many of them as possible.
2. While doing this, you will lightly scratch the hand of ONLY ONE participant with your middle finger to indicate that he/she had been exposed to the virus. At this point ensure that no one else can identify who that person is.
3. Withdraw yourself (facilitator) from the group but ask participants to continue shaking hands among themselves in a normal way. The person whose palm you have scratched should similarly scratch the palm of two other people.
4. When three rounds of handshaking have been completed, ask all the participants to form a circle.

Stage 2

5. Then ask all those whose palms were scratched (9 people) to come forward and form an inner circle. Explain that they have been exposed to the virus. Ask them to describe how they feel under these circumstances. Some examples of the responses might be: "nervous", "lost", or "scared".
6. Ask them what they would like to do at this point. Suggest to them the possibility of going for a test. What do they need to take into consideration before having the test? Who would they tell the result to and how might they react? How would it feel to be negative? positive? Those who wish to be tested should then be handed a chit of paper that shows either a positive or a negative result.

7. Now address specifically those who have tested HIV positive. Ask, "How do you feel about your test results?" Responses may include: "alienated", "alone", "discriminated against", "extremely unlucky", "scared", "want to lead a healthy life", "there must be some mistake", "hope nobody gets to know of it."

8. Next, address those whose test result was negative: "How do you feel about your status now?" They also may give varied responses, "lucky", "guilty", "determined always to take precautions", "more willing to support people who are positive". When they have finished with their responses, ask them to leave the inner circle and rejoin the outer circle.

9. Those who have tested positive must remain where they are.

10. At this point you can open up a general discussion by asking questions such as:

- When your hand was scratched and you shook hands with others, what was going through your mind knowing now that you might have been infecting someone?
- Did those whose results were negative trust the results? How many wanted to be re-tested?
- Was there some way the participants could protect themselves in the future?

Facilitator's Notes

- Feelings unlimited is a very powerful sensitising activity that needs to be guided by a skilled and experienced facilitator. Some participants may feel varying degrees of distress at being put in the role of an HIV positive person. This is a simulation for learning purposes and in no way implies or suggests anything about peoples' real lives and HIV status.
- To permit the discussion of sensitive issues with complete trust, observers are not allowed.
- It is essential to alert participants right from the start that the exercise is designed to give them an opportunity to experience what it might feel like to discover that one has been exposed to the virus.
- The facilitator should tell the participants that in case they happen to carry out this exercise on people who in reality are tested "positive", they may feel extremely uncomfortable.

It is important for the trainer to be sensitive to this and to ensure not only that they come out of the role but that they receive any support they need.

What is HIV counselling? (Transparencies for presentation)

HIV / AIDS counselling is an ongoing dialogue and relationship between client and counsellor with the aims of

- Preventing transmission of HIV infection
- providing psychosocial support to those already infected.
- handling the feelings of spouses (tested positive or negative).

Additional Information

Counselling

In order to achieve these objectives, counselling seeks to help infected people make decisions about their lives, boost their self confidence and improve family and community relationships and quality of life. HIV - AIDS counselling also provides support to the families of infected people, so that they in turn can protect themselves.

Counselling for the family - a priority

- A woman is at risk if her sexual partner has had unprotected sexual relationship with high risk groups / IV drug use. In fact the majority of infected women are not infected through their own behaviour. The disclosure comes as a rude shock and the woman is more affected by the infidelity of her partner than by his HIV status. This situation leads to total despair, helplessness and she feels devastated.

- In case the husband tests positive and the partner happens to be negative, she has to accept her husband's status and at the same time protect herself from possible infection. In the reduction of risk of HIV, abstinence, faithfulness and particularly the use of condom have become the mainstay of protection. However, in the case of women, none of these issues are under their control.

- If both the partners are HIV positive, acceptance of her own positive status acquired with no fault of hers, poses yet another problem.

Pre test counselling

Counselling an individual before conducting the HIV test is called pre test counselling.

Issues in pre-test counselling (Transparencies for Presentation)

The initial counselling should include a discussion on

- the meaning and potential consequences of a positive or a negative result, and
- how a change in behaviour can reduce the likelihood of infection or transmission to others.

Following are the steps involved in pre-test counselling (Transparencies for Presentation)

- Establishing rapport.
- Assuring confidentiality.
- Exploring high risk behaviour.
- Assessing knowledge regarding HIV/AIDS and clarifying myths.
- Assessing specific life situations (job, marriage, pregnancy, etc.).
- Explaining the test - window period, positive, negative result.
- Explaining how the test will help the individual.
- Assessing client's ability to cope.
- Discussing implications of who should know the result.

Establishing rapport

At the beginning, clients may react in different – sometimes contradictory – ways to a counsellor. The counsellor must spend time in helping him develop trust and building rapport with the client. She may do this by letting the clients tell their life events in their own way. The counsellor may find the information disjointed or rambling but must let them continue, while noting what is highlighted or played down or ignored. The counsellor's supportive behaviour will encourage the client to discuss his problems openly.

Examples of supportive behaviour

Verbal	Non-verbal
● Uses language that the client understands ● Repeats in other words and clarifies client's statements ● Explains clearly and adequately ● Summarizes ● Responds to primary message ● Encourages…"I see", "Yes, go on" ● Addresses client in a manner appropriate to the client's age ● Gives needed information ● Does not criticize or censure the client	● Uses a gentle tone of voice Looks client in the eye ● Nods occasionally; uses facial expressions ● Uses occasional gestures ● Keeps suitable conversational distance ● Does not speak too quickly or too slowly

Examples of non supportive behaviour

Verbal	Non-verbal
● Advising ● Preaching and moralizing ● Blaming, judging and labeling ● Cajoling (persuading by flattery or deceit) ● "Why" questions, interrogating ● Directing, demanding ● Providing excessive reassurance ● Straying from the topic ● Encouraging dependence ● Displaying patronizing (condescending) attitude	● Looking away frequently ● Keeping an inappropriate distance ● Sneering ● Frowning, scowling and yawning ● Using an unpleasant tone of speech ● Speaking too quickly or too slowly ● Moving around too much, fidgeting ● Having a blank facial expression or staring

Assuring confidentiality

Testing for HIV infection should be organized in a way that minimizes the possibility of disclosure of information or of discrimination. In screening, the rights of the individual must also be recognized and respected. Counselling should actively endorse and encourage those rights, both for those being tested and for those with access to records and results. Confidentiality should be ensured at every instance.

Exploring high risk behaviour

- Frequency and type of sexual behaviour; specific sexual practices, in particular, high-risk practices such as anal intercourse without use of condoms, unprotected sexual relations with sex workers.
- Being part of a group with known high prevalence of HIV infection or with known high-risk lifestyles, for example, users of intravenous drugs, male and female sex workers and their clients, prisoners and homosexual and bisexual men.
- Having received a blood transfusion, organ transplant, or blood or blood products.

When asking about personal history, it is important to remember that the client

- may be too anxious to absorb fully what the counsellor says.
- may have unrealistic expectations about the test; and
- may not realize why questions are being asked about private behaviour and therefore be reluctant to answer.

Assessing specific life situations and knowledge about HIV/AIDS

- What are the client's beliefs and knowledge about HIV transmission and its relationship to risk behaviour?
- What particular behaviour or symptoms are of concern to the client?
- Who could provide (and is currently providing) emotional and social support (family, friends, others)?
- Will a positive result lead to loss of employment, partner or family?
- Has the client sought testing before and, if so, when, from whom, for what reason and with what result?

Explaining the test - window period, positive and negative results

Information has to be provided on the technical aspects of screening and the possible personal, medical, social, psychological, and legal implications of being diagnosed as either HIV-positive or HIV-negative. The information should be given in a manner that is easy to understand and should be up to date. Testing should be discussed as a positive act that is linked to changes in risk behaviour.

A decision to be tested should be an informed one. Informed consent implies awareness of the possible implications of a test result.

During pre-test counselling, it is also important that the client be told that current testing procedures are not infallible. Both false-positive and false-negative results occur occasionally, although supplementary (confirmatory) tests are very reliable if an initial test is positive. These facts must be clearly explained, together with information about the "window" period during which the test may be unable to assess the true infection status of the person.

Once a person has decided to be tested for HIV anti-bodies, he should be made to understand the need for and the availability of post-test counselling facilities.

Explaining how the test will help the individual

Every effort should be made to emphasize prevention counselling, especially the need for changes in behaviour among people who have engaged in high-risk activities, and the reinforcement of appropriate behavioral changes.

Discussing implications of who should know the result

It is necessary to discuss issues such as which family member / friend could be told and what the repercussions this disclosure might have. Assessment should be made as to whether the person may need more information, support at the time of disclosure.

Assessing the ability to cope

This can be done by finding out the methods he had previously used to cope with crisis situations.

Has he faced any crisis earlier?
What was the nature of support available to him then?
How is his living condition?
Does he have financial stability?
How is his physical health?
Does he have a history of depression, suicidal thoughts or psychiatric problems?
What are his religious beliefs?

Transparencies for presentation

Steps in behaviour change

I

Unaware

I

Informed/Aware

I

Concerned

I

Knowledgeable and skilled

I

Motivated and ready to change

I

Trial of new behaviour

I

Adoption/maintenance of new behaviour

Activity 2 - Pre-test Counselling

Purpose

To enable trainees to recognize the information needs of the people who come for counselling before the test.

To enable the trainees to build skills in risk assessment.

Materials needed

Cards with counselling situations

Time needed 60 minutes

Methodology 'Role play'

Steps

1. The trainer asks participants to form 3 groups.
2. Two volunteers in each group are recruited to play the roles of counsellors and clients. Each group is instructed to prepare and rehearse their role play for 20 minutes. After this preparation time, the three sets of volunteers enact their scenario for the full group for 7-10 minutes each. After each role play, all the trainees discuss the main issues involved and the kind of counselling provided.
3. At the end of the three role plays, the trainer ends the activity, making sure that all trainees recognize the importance of pre-test counselling.

Caselets

One for each group

1. Mary, a 22 year old student, read about AIDS. In the last few years, while staying in the ladies' hostel, she has had sexual relationship with her room mates. She is not only worried about AIDS but also feels terribly guilty. She has not had the courage to talk about her sexual behaviour to anybody. Today, she has come to the testing center for a test.

   List some questions you would use as a counsellor in order to explore the problem.

2. Meenakshi, a wife of a lorry driver has recently been falling sick quite often. The nature of her husband's job is such that he is away twenty days a month. She suspects that he may be having sex with sex workers when he is away from home. She learnt that her neighbor, who is also a lorry driver and his wife have been tested positive. Her recent illnesses worried her a lot, she was afraid she may be infected with HIV. As her husband refuses to get himself tested, she approaches the community worker.

How will you approach the problem?

3. Satish has been found to be HIV positive. He has been married for two years and his wife Radha is four months pregnant. It is her first pregnancy and she is very disturbed. She is scared to have herself tested because she can not imagine a life without children. She cries bitterly, her sleep and appetite are disturbed.

How will you help Radha deal with the situation?

Counselling after HIV testing

Counselling after testing will depend on the outcome of the test, which may be

- a negative result,
- a positive result, or
- an equivocal result.

Counselling after a negative result (Transparencies for Presentation)

- To give a feedback to the client that he does not have HIV infection, provided the 'window period' has been taken into account.
- If the 'window period' is not over, to discuss the need for a subsequent test and the necessity for using safer sex methods till the result is available.
- To explain that a negative result does not mean he will not get infected. If he indulges in high risk behaviour, he will be infected.
- To discuss risk reduction methods and update HIV related knowledge infected.

Additional Information

It is very important to discuss carefully the meaning of a negative result (whether this was anticipated or not). The news of being uninfected is likely to produce a feeling of relief or euphoria, but the following points should be emphasized:

- Following possible exposure to HIV, there is a "window" period during which a negative test result cannot be considered reliable. This means that, in most cases, at least three months must have elapsed from the time of possible exposure before a negative test can be considered to mean that infection did not occur. A negative test result carries greatest certainty if at least six months have elapsed since the last possible exposure.
- Further exposure to HIV infection can be prevented only by avoiding high-risk behaviour. Safer sex and avoidance of needle-sharing must be fully explained in a way that is understood and permits appropriate choices to be made.
- Other information on control and avoidance of HIV infection, including the development of positive health behaviour, should be provided. It may be necessary to repeat explanations and methods in order to assist the client in initiating and maintaining new behaviour.
- Make the spouse understand the need to have sex only if her partner uses condoms.

Activity 3 - Addressing concerns

Purpose

This exercise aims at helping trainees realise their own fears as counsellors about dealing with clients who have tested HIV positive.

Materials needed

Papers
Pencils

Time needed 20 minutes

Methodology 'Breaking the news'

Steps

1 Ask trainees to write on a small piece of paper one fear / worry which they have about breaking bad news of a positive test result to a client. They need not disclose their names. The facilitator emphasizes that this should be a concern or fear of the trainee counsellors and not that of the client.

2. A volunteer collects all the papers in a basket, mixes them and then gives one to each fellow trainee. Each trainee reads aloud what is written on his paper and writes this on the flip chart.

3. After all have written, the trainer lists three areas on the flip chart - knowledge, skills and attitudes. The trainees decide to which category each of the points belongs, and the trainer places a tickmark under one of the three categories on the flip chart. Finally they jointly decide whether this concern can be lessened by increasing knowledge, or improving skills or developing attitudinal changes.

Facilitator's Notes

After all the worries have been listed, the trainer concludes with general remarks about the category where most concerns have come up as seen on the flip chart and the importance of all three (knowledge, skills and attitudes) in effective counselling.

Counselling after a positive result (Transparencies for presentation)

- Breaking bad news in a way that client is able to handle it, without serious psychological consequences.
- Strengthening client's emotional resources so as to enable him to cope with the problem.
- Handling issues related to spouse, family and children.
- Evolving and discussing healthy patterns of living and the need to take responsibility of one's own health.

Additional Information

People diagnosed as having HIV infection should be told as soon as possible. The first discussion should be private and confidential, and then the client should be given time to absorb the news. After a period of preliminary adjustment, the client should be given a clear, factual explanation of what the news means. This is not a time for speculation about prognosis or estimates of time left to live. It is a time for acknowledging the shock of the diagnosis and for offering and providing support. It is also a time for encouraging hope - hope for achievable solutions to the personal and practical problems that may result. Where resources are available, it may also be justifiable to talk of possible treatments for some symptoms of HIV infection and about the efficacy of anti-retroviral treatments.

How the news of HIV infection is accepted or incorporated often depends on the following:

- The person's physical health at the time. People who are ill may have a delayed reaction. Their true response may appear only when they have grown physically stronger.
- How well prepared the person is for the news. People who are completely unprepared may react very differently from those who were prepared and perhaps expecting the result. However, even those who are well prepared may experience adverse reactions.
- How well supported the person is in the community and how easily he or she can call on friends / family. Factors such as job security, family life and cohesion, financial stability and social network may all make a difference in the way a person responds. The reaction to the news of HIV infection may be much worse in people who are socially isolated and have little money, no employment, little family support and poor living conditions.
- The person's psychological status - where psychological distress existed before the test result was known, the reactions may be either more or less complicated and require different management strategies than those found in persons without such difficulties. Post-result management should also take into account

the person's psychiatric history (depression, suicidal attempts) particularly as the stress of living with HIV may act as a catalyst for the reappearance of earlier disturbance.

- In cases where the person is not responsible, but has acquired the infection through the partner, the reactions can be very strong - anger, resentment, helplessness and despair. These can often complicate the process of acceptance and adjustment and will need to be handled sensitively, carefully and as soon as possible.
- The cultural and spiritual values attached to AIDS, illness, and death. In some communities with a strong belief in life after death, or with a fatalistic attitude towards life, personal knowledge of HIV infection may be received more calmly than in others. On the other hand, there may be communities in which AIDS is seen as evidence of anti-social or irreligious behaviour and is thus associated with feelings of guilt and rejection.

After a positive test result, post-test counselling should (Transparencies for Presentation)

- ensure that the person understands what a positive HIV test result means.
- discuss how he feels about being infected.
- provide support to help the person deal with these feelings.
- discuss his plans for the immediate future.
- establish a relationship with the person as a basis for future counselling.
- schedule appointments for medical evaluation and follow-up counselling.
- counsel partner if possible.

Activity 4 - Role play

Purpose

To ensure that trainees have understood the principles governing post test counselling.

Materials needed

Caselets

Time needed 30 minutes

Methodology 'Role Play'

Steps

1. Divide the group into two and provide them with caselets.

   - Sheela, the wife of Antony, an IV drug user was recently diagnosed as infected with HIV. On the initiation of the counsellor, Sheela was also tested for HIV and found positive. She was furious and devastated and felt she was being victimized by her husband's irresponsible behaviour.

   - Sona, a 29-year-old widow with a child has been engaged in sexual relations with Siddique for the last few years. She had received pre-test counselling from you and has come back to you after the result. She has been tested HIV positive. She is worried about her child. At the same time she is of the view that the test result may not be correct.

2. List some of the questions or steps you might ask and/or take in this situation.

3. List some of the things/questions Sheela and Sona might do/say/ask after hearing a positive test result.

Crisis counselling

Crisis counselling is frequently required while dealing with HIV / AIDS clients. The implications of the infection, especially the threat it poses to survival and the social stigma attached to it, can induce feelings of acute anxiety, helplessness, hopelessness and loss of control.

Any event that a person perceives and defines as a crisis is a crisis for that person.

An emotional crisis exists when a person feels (Transparencies for presentation)

- Intensely threatened.
- Completely shocked and caught unawares by whatever is happening.
- Emotionally disturbed due to helplessness.
- Emotionally paralyzed because there does not seem to be any solution to the problem.

Additional Information

Basic principles of crisis counselling

- The counsellor should begin where the client is by acting reassuringly and supportively as the client discusses the "crises", without in any way playing down its seriousness, even if no crises really exists. Stay in the "here and now", i.e. focus on the client's expression of feelings and anxieties.
- While acknowledging and considering the client's feelings, listen carefully and comment on the strength of the feelings or the fear, or on the client's efforts to deal with the problem.
- It is not the time to talk about past history or behaviour.
- Check by means of listening and observing - for feelings of helplessness, hopelessness and loss of control. Observe whether the client shows signs of strength and has the ability to make decisions even in a crisis or gives an impressions of paralysis and lack of energy.
- Ascertain what the client regards as the most, as well as the least threatening aspect of the crisis.
- Select one aspect on which to begin work, preferably involving a task that the client can accomplish with some support.
- Agree on what is to be done to resolve or ease the crisis.

Activity 5 - Varied counselling issues

Purpose

To help participants identify critical questions and steps involved in counselling.

Materials needed

Caselets

Time needed 45 minutes

Methodology 'Group work'

Steps

1. Divide trainees into 2 groups.
2. Give each group a card with one situation/ issue. Ask each group to make concrete plans to handle that issue. Give the groups 10 minutes for discussion. Ask each group to present their situation and justify their action plan. Allow 5 minutes for each group presentation

Caselets

a) Molly, a nurse at a clinic, finds out from another nurse that Rita, a 36-year-old client, has HIV. Molly is shocked because her family and Rita's family are friends and she has known Rita since they were girls. A surprised Molly tells her mother about Rita, who in turn begins to snub Rita's mother and make disparaging remarks about her family. Soon the entire neighborhood looks down upon Rita's family with disdain.

How could this situation have been prevented?

b) Kasturi is a 27-year-old woman with HIV. She is pregnant, and her baby is due in a month. During her visit to the clinic, she mentions that she has heard that breastfeeding could make her baby sick, too. It is due to concern that she makes an effort to get to the clinic, walking about three miles in the heat. She lives in a tiny village that has sporadic access to a safe, clean water supply. She and her husband are farmers with little disposable income. Breastfeeding is the norm in her community, and she fears everyone will figure out that she has HIV if she does not breastfeed.

What are the issues you are going to address?

Facilitator's Notes

- HIV counselling and testing should be carried on with care for pregnant women and their partners and with such a skill that does not disturb the pregnant women and their partners, but motivates them to think positively and ensures emotional stability.
- Counselling empowers a pregnant woman who tests positive to make choices. These would include - whether to continue with the pregnancy or to terminate it, to choose anti retroviral therapy or not, explore other available options or breastfeed.
- During the counselling process every effort should be made to involve the partner. It should be borne in mind that partners of pregnant positive women play an important role in supporting one another in decisions related to pregnancy and safer sex.

Partner Notification and Counselling

Partner notification is a process in which sexual and injection equipment-sharing partners of an individual with HIV are notified, counseled about their exposure, and offered services.

Notifying partners about HIV infection is important because it can help reduce the spread of HIV. Risk-reduction counselling can

- when given to HIV-infected partners, help decrease the likelihood that they will transmit the infection to others.
- when given to uninfected partners can help them reduce their chances of becoming infected.
- allows for partners to be tested if they desire and if they are infected with HIV, they may undergo medical evaluation and receive treatment if available.

When referring to persons who are infected with HIV, the term "partner" includes not only sex partners but also injection drug users who share needles, syringes, or other injection equipment.

Who should be notified?

If possible, all sex and drug-sharing partners (as appropriate) of an infected client should be notified of their exposure to the infection and encouraged to visit a health care facility.

Importance of voluntary consent and confidentiality

Partner notification should be a voluntary process, done with the full consent of the client. All possible efforts must be made to protect the confidentiality of the client and his or her partner(s).

In addition, partner notification must be conducted with great sensitivity, taking into account social and cultural factors, such as the possibility of violent reaction on the part of partners.

Strategies for partner notification

Notification can be done by the client or the service provider.

Client notification - The client accepts full responsibility for informing partners of their exposure and for referring them to appropriate services. This is the preferred method of partner notification.

In some cases, clients may choose to notify partners in the presence of a service provider to lend support and answer questions and address concerns.

Service provider notification - With the consent of the infected client, the provider takes responsibility for confidentially notifying partners of the possibility of exposure.

The Guidelines for Practice for Partner Notification in HIV/AIDS, released in 1997 by the Federal/Provincial/Territorial Advisory Committee on AIDS.

According to them, partner notification should, among other things:

- respect the human rights, dignity of the HIV client and the partners.
- be voluntary, non-coercive, and non-prejudicial.
- maintain strict confidentiality of all information concerning both the HIV client and the partners.
- ensure that during the notification process, when partners are told of the possibility of HIV exposure, no additional information is given that may identify the index person; and
- attempt to ensure that index persons and their partners have adequate social support systems.

Only in certain limited circumstances should partner notification be considered when consent to notification cannot be obtained.

- If an HIV-positive person has been thoroughly counseled; counselling has failed to result in the appropriate behavioral changes.
- The person refuses to inform or to consent to the notification of their partners; a real risk of HIV transmission to the partners exists; the partners have little or no reason to suspect they are at risk; and the HIV-positive person is given reasonable advance notice.

Partner notification can then be undertaken by the person's physician. However, it is important for health providers to act rationally, bearing in mind that willful transmission or deliberate negligence is rarely the cause of a person's refusal to notify a partner. In many cases - particularly for women - social inequalities and fear of violence are the main reason for a fear to notify a partner.