Module 3: Counselling Theories, Approaches and Techniques

Session 1  Counselling Theories: Overview
Objectives:

1. Explain the four counselling theories

2. Describe an area within which counsellors can make sense of the clients, problems, issues and behaviour
Theories tell us why people do and what they do.
Some theories are applied to specific group while other theories are applied to large populations.
Various theories have been advanced to explain human growth and development.
These Counselling theories traditionally have been grouped according to their common underlying principal,
This theories includes;
1. Psychoanalytic theory
2. Behaviour theory
3. Cognitive theory
4. Humanistic theory
• The theories provide the justification for Counselling and a basis on which practice is founded.

• It is important that Counsellors be able to accurately describe what they do rather than rely on the assumption that others know what they do.

• A Client approach to counsellor is expecting a service, and Counsellors should be able to state exactly what that service is.

• Counsellors have a responsibility to inform their clients about when they can help and what they cannot help - Counselling is a helping service, but it cannot Help in all cases.
• Counselling is essentially information giving and the information must be accepted and used by the client in order to effect changes in himself/herself.
1. Psychoanalytic theory

- Psychoanalytical theory was developed from the work of Sigmund Freud; an Australian psychiatrist (1856-1939).

- His work centred on the unconscious mind and investigates the drives and impulses for behaviour.
2. Behaviour theory

• This theory deals with behaviour in the here and now.

• The past is insignificant.

• It focuses on behaviour that is observed and how an individual interacts with his/her environment.

• It stresses the importance of environmental, rather than biological or cognitive factors as determinant of development. (I.P Pavlov (1849 – 1946), J.B Watson (1878-1958) and B.F Skinner (1904-1990)

• Behavioural theory is based on the premise that preventing HIV transmission requires either reinforcing safe behaviours changing unsafe ones.
3. Cognitive theory

• Cognitive approaches to personality theory stress the importance of rational thought processes and phenomenological approach.

• People react individually to situations based on their perceptions rather than objective reality.

• Piaget (1936/1952) among cognitive theorists, Piaget has had the greatest impact on developmental psychology, concludes that development is a process of adaptation and active seeking to understand the environment.
4. Humanistic theory

- Carl Rogers (1902-1987) and Abraham Maslow took humanistic approach to personality theory. They believed in the basic goodness of human nature and inherent desire of individuals to achieve higher level of functioning.

- Humanistic theory emphasizes the essential elements of being human—the genuineness, inherent worth and dignity of human beings and people should explore their potential for growth and achievement.
Module 3: Counselling Theories, Approaches and Techniques

Session 2  Counselling Theories: Psychoanalytic
Objectives:

1. Relate Psychoanalytic theory components to counselling

2. Apply the components of Psychoanalytic theory in counselling
PSYCHOANALYTIC THEORY

• Psychoanalytical theory was developed from the work of Sigmund Freud; an Australian psychiatrist (1856-1939).

• His work centred on the unconscious mind and investigated the drives and impulses for behaviour.
Directive/clinical/Counsellor centred Counselling

• This theory rely on Counsellor or therapist, who is the major player,

• The counsellor directs the client to do what he/she feels can help in solving the client’s problem.

• Counsellor who uses this method draws from his/her competence and experience and prescribe solutions to the clients problems
PSYCHOANALYTICAL COUNSELLING

- Freud maintain that personality development is connected with three areas of personality: **The id, the ego and Super ego**.

- These three areas are in a constant state of interaction and together determine how an individual behaves.

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ID       EGO
SUPEREGO
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Benefits and limitations of Psychoanalytic theory in relation to VCT

- It is helpful for Counsellors to know about this theory as it is the foundation of all.

- If people are able to understand what happened to them as children, they may be able to take steps to change and live more fully.

- The power is held by the Counsellor or therapist rather than by the client (Counsellor centred methods)
Limitations of Psychoanalytic theory

• Psychoanalytical therapy usually takes many years before a client can see a change. It is a very slow process. In a 1 hour VCT session, the use of techniques from psychoanalytic theory is very limited.
Objectives:

1. Relate behavioural theory components to counselling

2. Apply the components of behavioural theory in counselling
BEHAVIOUR THEORY

☑ Behavioural theory is based on the premise that preventing HIV transmission requires either reinforcing safe behaviours changing unsafe ones.

☑ In behaviour Counselling the Counsellor takes a directive role, believe that he/she is there to help the client and that the Counsellor has something to offer to help the client solve a problem.
Behavioural Counselling is based on the following themes:

☑ The consequences of a behaviour rather than its causes

☑ The immediate effect of dysfunction behaviour

☑ The therapeutic interventions that are aimed at unlearning a dysfunctional behaviour and replacing it with approved behaviour.

☑ The motivations for behaviour are mainly environmental.
Techniques of behaviour Counselling include:

- Visualization
- Feedback
- Role – play
- Desensitisation
BENEFITS AND LIMITATIONS IN RELATION TO VCT

☑ Behavioural theories emphasize the responsibility of the client and focus on action planning and self-management.

☑ This emphasis is strongly relevant to planning risk-reduction strategies.

☑ Behavioural theory is not focused on the emotional responses of the client or the way in which the past will influence the present.

☑ It can therefore feel a little cold and mechanical.

☑ Behaviour theory works much faster than psychoanalysis, behavioural therapists usually see clients for a number of sessions whereas the majority of clients for VCT are seen only once.
Objectives:

1. Relate cognitive behavioural theory components to counselling

2. Apply the components of cognitive behavioural theory in counselling
COGNITIVE THEORY

- Cognitive approaches to personality theory stress the importance of rational thought processes and phenomenological approach.

- People react individually to situations based on their perceptions rather than objective reality.
Key point in Cognitive theory

• All human beings are rational and have the capacity to reason.

• No two people will respond to an event in the same way, so it is not events that produce bad feelings but the way these events are interpreted.

• Emotions and behaviour are determined by thinking behaviour.

• Counsellors will help clients understand how their thinking influences their emotional responses.
Benefits and limitations in relation to VCT

• As with behaviour Counselling, cognitive behaviour focuses on behaviour change, which is the key aim of VCT.

• It allows for wide interpretation than behaviour Counselling and allows for childhood’s influences to be considered.
Module 3: Counselling Theories, Approaches and Techniques

Session 5  Counselling Theories: Humanistic
Objectives:

1. Relate humanistic theory components to counselling

2. Apply the components of humanistic theory in counselling
HUMANISTIC THEORY

- Carl Rogers (1902-1987) and Abraham Maslow took humanistic approach to personality theory.

- They believed in the basic goodness of human nature and inherent desire of individuals to achieve higher level of functioning.

- Humanistic theory emphasizes the essential elements of being human—the genuineness, inherent worth and dignity of human beings and people should explore their potential for growth and achievement.
The role of the Counsellor is to provide the necessary conducive climate characterized by core conditions to enable clients to solve their own problems.
Humanistic Counselling depends on the assumptions that:

- Individuals should have the freedom to explore their subjective experience.
- The people should be aware of their inner feelings.
- People have the capacity to solve their own problems.
- Counsellor should be genuine, empathic and warm.
The humanistic theory suggests a particular Counselling process (e.g., the Egan model) divided into four stages;

i) Relationship building

ii) Exploration-Counsellor facilitates client to look at the issues that concern him or her.

iii) Understanding-It occurs after the issues have been identified and prioritised for action.

vi) action plan-Counsellor and client have drawn up a plan of action that the client can implement.
CLIENT CENTRED/NON DIRECTIVE COUNSELLING

- Theory rely on client –centred/ non–directive Counselling take the opposite of directive Counselling.

- The Counsellors believe that the client can achieve his/her own goals.

- Counsellor gives the client the opportunity to determine his/her own direction.

- The client comes willingly for help and accepts specific conditions for Counselling.
☑ The Counsellor and the client talk freely and extensively about the presenting problem

☑ The Counsellor and client freely and extensively discuss about the presenting problem and finality the client is able to determine the solution.
Benefits and limitations in relation to VCT

✔️ Humanistic theories of Counselling enable the Client to be the expert and to make their own decisions. Humanistic Counselling empowers the client.

✔️ VCT, however, even though the session is client focused, the Counsellor leads the session to ensure that all issues are covered, so it is not totally humanistic.
Module 3: Counselling Theories, Approaches and Techniques

Session 6  Basic Communication Skills: Overview
Objectives:

1. Define communication

2. Identify types of communication

3. Explain the components of communication

4. Explain principles of an effective communication

5. *Explain levels of communication (inter and intraperson, transpersonal and mass communication)*

6. *Apply small group communication*
Introduction

- Communication process is the key to counselling.

- In order to be effective counsellor, good concepts of communication skill are very vital.
What is Communication?

- Communication is a means of getting your feeling to reach the other person.

- It is a process of passing information and understanding from one person to another.
What is Communication?

☑ Communication involves:

1. The SENDER of the message
2. The MESSAGE sent
3. The RECEIVER of the message
Types of Communication

☑ Verbal Communication:
  Uses words in such applications as speaking, writing, listening and reading.

☑ Non-verbal Communication:
  Employs gesture expressions, movements and actions and reactions.
Effective Communication

✓ It is communication that ensures the correct message from the sender reaches the receiver.

✓ It involves the ability to listen, pay attention, perceive and respond non-verbally and/or verbally.

✓ It also involves seeking for clarification and getting the answers.
For effective communication, one should use a number of techniques. The techniques used are:

- Listening skills
- Checking understanding
- Questioning and Answering skills
- Observation skills
- Probing and Summarization skills
## Principles of an effective communication

Preparation for effective communication requires the following information:

<table>
<thead>
<tr>
<th>WHO</th>
<th>Knowledge of the target group</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT</td>
<td>Purpose of the message</td>
</tr>
<tr>
<td>WHEN</td>
<td>Opportune time for sending the message</td>
</tr>
<tr>
<td>HOW</td>
<td>Means of sending the message</td>
</tr>
</tbody>
</table>
## Implementing effective communication

Follow the procedures that require efficiency for effective communication.

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decide what you want to communicate</td>
</tr>
<tr>
<td>Get the other person's attention</td>
</tr>
<tr>
<td>Use the language the other person will understand</td>
</tr>
<tr>
<td>Match your verbal and nonverbal messages</td>
</tr>
<tr>
<td>Check for understanding</td>
</tr>
</tbody>
</table>
Levels of communication - Intrapersonal communication

• Intrapersonal communication takes place within a individual, often for the purpose of clarifying ideas or analyzing a situation.

• Other times, intrapersonal communication is undertaken in order to reflect upon or appreciate something.
Levels of communication - Interpersonal communication

• Interpersonal communication involves a direct face-to-face relationship between the sender and receiver of a message, who are in an interdependent relationship.
• Interpersonal communication involves not only the words used but also the various elements of nonverbal communication.
• The purposes of interpersonal communication are to influence, help and discover, as well as to share and play together.
Levels of communication - Small group communication

• Small group communication refers to the nature of communication that occurs in groups that are between 3 and 12 individuals.
• Small group communication generally takes place in a context that mixes interpersonal communication interactions with social clustering.
• The various and overlapping types of small groups lead to various types of communication patterns.
Levels of communication - Mass communication

• Mass communication is a more public form of communication between an entity and a large and diverse audience, mediated by some form of technology.
• This may be either real time or on a taped delay basis, or it may be rooted in the usually recent past.
  o Studios use it to promote their films.
  o Politicians use it to get elected.
  o Businesses use it to burnish their image.
  o Advocates use it to promote social causes.
• It's a field built on ideas and images, persuasion and information, strategy and tactics.
Module 3: Counselling Theories, Approaches and Techniques

Session 7  Basic Communication Skills: Effective Communication
Objectives:

1. Discuss communication barriers and bridges
2. Identify effective communication skills
Introduction

• Effective communication may be hampered by some barriers.

• It is important that you identify the barriers and build abilities to overcome them.
Barriers to effective communication

- Barriers due to perception
- Barriers caused by semantics
- Barriers due to means of communication
- Barriers due to other interferences
Barriers due to perception

• Interpretation of communication messages depends to a large extent on how you perceive the world.

• The environment and the culture in which you live may influence perception.

• Differences in perception may also determine how you interpret non-verbal communication.
Barriers caused by semantics

• The other person can easily interpret use of uncommon words and phrases differently.

• In order to avoid semantic barriers you should use simple, common words in communication.
Barriers due to means of communication

• Uses of communication that is ineffective in transmitting the message to the other person. For example, if you send a written message to an illiterate individual you stand a very big chance of not communicating at all.
Bridges Barriers due to other interferences

• Other unintended interferences may also hamper effective communication.

• Such interferences may include, moods, drunkenness, health status, poor sound system.
Bridges to effective communication

• Bridges are things that people do or say that help to enhance effective communications.

• They are used to overcome barriers.

• In life communication always contain barriers and bridges.

• The Counsellor should be aware of possible barriers and identify the relevant bridges to overcome the emerging barriers.
Module 3: Counselling Theories, Approaches and Techniques

Session 8  Processes and Practice of Counselling: Overview
Objectives:

1. Define Counselling

2. Define concepts: guidance, advising and health education

3. Describe the importance of counselling to clients

4. Identify types of counselling

5. Differentiate counselling from health education
Definitions

Guidance is a process of helping an individual achieve the self understanding and self-direction necessary to make maximum adjustment to their life at home, school, work or in the community.

Counselling is a professional helping relationship of trust that aims at helping the client to make informed choice.

Advising is a social process of providing/giving individual general information without taking into consideration whether the information is needed? Normally a senior individual or peer offers advice or peer based on experience.

Health Education is a process of giving health information to individual or group families and community aiming at a behaviour change (one is expert on the subject)
Importance of counselling to clients

- It provide psychological support.
- It provide factual information on HIV infection and disease.
- To offer social support to people with HIV infection and disease and their family.
- To prevent the spread of HIV infection.
Types of counselling

Individual counselling

Group counselling and couple counselling
Individual counselling is a one-to-one helping relationship in which the counsellor helps the client to accept, own, solve or cope with the problem.
Individual counselling:

Features of individual counselling

- Focuses on the need of an individual
- Enables the counsellor to work on client’s deep and very personal problems
- Facilitates better communication and brings better results including clear understanding of client’s problem
Individual counselling:

Duration of individual counselling

- The nature and duration of individual counselling can be determined by the nature of the problem.
Group counselling and couple counselling

- Group counselling is a one-to-group helping relationship in which the counsellor works with the group in seeking a solution to their common problem.
Group counselling:

Features of Group counselling

- Clients must have a common problem
- Members must be dynamically integrated
- Members must be mature and mentally sound
- Members must have capacity for self-direction
- Members should be as compatible as possible
Group counselling:

- Group counselling is used when a number of clients have a common problem.
Similarities of individual and group counselling:

☑ The overall objectives in group and individual counselling are frequently similar.

☑ Both seek to help the clients achieve self-direction, integration and self-responsibility. In both approaches clients are helped towards self-acceptance and understanding of their motivations.

☑ In both individual and group counselling an accepting, permissive climate must be provided as a way to develop new behaviour, new direction, and understanding. etc.

☑ In both settings, individuals feel free to examine their feelings and experiences.

☑ In both approaches strive to engender confidence in the clients to be responsible or their own choices.
Difference between counselling from health education:

• Health education provides general information on health issues

• Counselling is essential to help individuals in behaviour change

• Counselling complements health education
Counselling Method

1. Client centred
2. Counsellor centred
3. Eclectic Method
Module 3: Counselling Theories, Approaches and Techniques

Session 9 Standard Operating Procedures for HIV Testing and Counselling Services (SOP) and Cue Cards
Objectives

1. Explain the importance of standard operating procedures

2. Discuss the use of the cue cards

3. Apply cue cards in provision of HIV counselling and testing services
Standard Operating Procedures for HIV Testing and Counselling Services (SOP)

- Developed and produced by Ministry of Health and Social Welfare in March 2009
- facilitates the providers’ consistency and conformance to quality standards, best practice and procedure
- Ensures that the services provided meet national and international standards
Structure of the SOP

• The SOP is divided into six different sections

• Each section addresses specific set of similar issues

• It addresses standard procedures for three main approaches which are:
  – Client Initiated Counselling and Testing (VCT)
  – Provider Initiated Testing and Counselling
  – Couple HIV Counselling and Testing
Section A: Introduction

• Discusses the overview of HIV testing and counselling.
• Narrates the different HIV testing counselling in Tanzania and the circumstances in which each is used.
• Gives the policy statement and guiding principles for expanded HIV testing and counselling.
Section B: Ethical and legal considerations

• Deals with issues pertaining to ethics and legal aspects which are:
  – Eligibility for participating in HIV testing
  – Client recruitment
  – Informed consent
  – Client confidentiality
  – Confidential record keeping
  – Shared confidentiality
  – Beneficial disclosure
  – Oath of confidentiality for the Counsellor
  – Negative life events and incidences
Section C:

• Discusses in details the requirements for service provision in:
  
  – Client initiated counselling and testing
  
  – Provider initiated testing and counselling
Section D: Contents of counselling intervention

• Gives the procedure for providing counselling intervention: Client Initiated Counselling and Testing.
  – Pre-test counselling
  – Preparations for testing
  – Disclosure of results
  – Post-test counselling
    • Giving negative results
    • Giving positive results
Section D: Contents of counselling intervention (cont.)

• Gives the procedure for providing counselling intervention: Provider Initiated Testing and Counselling
  – Introduction
  – Pre-test information
  – Preparing for HIV testing
  – Preparing for providing HIV test results
  – Post-test Counselling
    • Giving negative results
    • Giving positive results
    • Discussing positive living
Section D: Contents of counselling intervention (cont.)

• Gives the procedure for providing counselling intervention: Couple HIV Counselling and Testing
  – Introduction to couple counselling and testing
  – Initial couple counselling session
  – Post-test counselling
    • Giving concordant HIV negative results
    • Giving concordant HIV positive results
    • Giving discordant HIV positive and negative results
Section E: Test performance procedures

• Indicates the flow of test performance including
  – Pre-analytic
  – Analytic
  – Post-analytic
  – National HIV Testing Algorithm
Section F: Quality Assurance and Quality Control

• Discusses the need for quality assurance in an HTC setting including
  – Quality assurance of counselling services
  – Quality assurance of HIV testing
    • Internal quality assessment/Quality control procedures
    • External quality assessment
Cue Cards

- Provide the protocol for providing an HTC service
- Guide the provider when providing the relevant service
- Provides time duration for each stage of the protocol
- There are three types of cue cards
  - Cue cards for Voluntary Counselling and Testing (VCT)
  - Cue cards for Provider Initiated Testing and Counselling (PITC)
  - Cue cards for Couple HIV Counselling and Testing (CHCT)
Cue cards for Voluntary Counselling and Testing (VCT)

- Starts with helpful tips for using the cue cards
- Follows protocol for three session
  - Initial Session: Protocol for introduction and building rapport, risk assessment, exploration of options for reducing risks and preparations for HIV testing
  - Session A: Protocol for providing HIV negative test results, negotiating risk reduction plan, identifying support for risk reduction and negotiating disclosure and partner referral
  - Session B: Protocol for providing HIV positive test results, identifying sources of support and provide referrals, negotiating disclosure and partner referral and addressing risk reduction issues
Cue Cards for Provider Initiated Testing and Counselling

• Starts with helpful tips for using the cue cards
• Follows protocol for three session
  – Initial Session: Protocol for introduction, providing pre-test information and HIV test preparation
  – Session A: Protocol for providing HIV negative results, discussing ways to remain negative and emotional support
  – Session B: Protocol for providing HIV positive test results, negotiating disclosure and partner referral, discussing positive living. Also identifying sources for support and providing referral and addressing risk reduction issues
Cue Cards for HIV Couple Counselling

• Starts with helpful tips for using the cue cards
• Follows protocol for four session
  – Initial Session: Protocol for initial session for CHCT, exploration of couple relationship and reasons for seeking service. Also discussing couple's HIV concerns and preparing for testing and discussing positive HIV results
  – Session A: Protocol for providing concordant HIV negative results and discussion of risk reduction plan
  – Session B: Protocol for providing concordant HIV positive results and discussion of coping and mutual trust. Also discussion of positive living, care and treatment, healthy living, risk reduction, children, family planning and PMTCT, disclosure and getting support
  – Session C: Protocol for providing discordant HIV results and discussion of coping and mutual trust. Also discussion of positive living, care and treatment, healthy living, protecting the negative partner from HIV children, family planning and PMTCT, disclosure
Module 3: Counselling Theories, Approaches and Techniques

Session 10  Process and Practice of Counselling: Basic Stages

M3-10
Objectives:

1. Identify the four basic stages of counselling (REUNDA)

2. Apply the basic stages of counselling
Introduction

• There are four stages in counselling process.

• They are vital for effective counselling because they enable the counsellor to get information from a client.

• They are used in build a relation ship, assess, understand the presenting problem and lead a client reach a solution.
Four stages of the counselling process

The stages in counselling process

- Relationship building
- Exploration
- Understanding
- Action plan

The four stages in the counselling process is remembered by the acronym “REUNDA”

- R – Relationship building
- E – Exploration
- Und – Understanding
- A – Action plan
Relationship building

- Creation of rapport between the counsellor and the client.
- Very crucial at the beginning of the counselling process.
- It puts the client at ease and makes conditions easy for effective counselling.
- In counselling setting relationship building takes on a more specific meaning.
- Skills used in relationship building are, Social skills such as
  - respect
  - trust and sense of psychological comfort
  - warmth
  - questioning and summarization, nodding.
Other skills are called attending behaviours (S O L E R)

S - Sit squarely, sits down near the door and sitting in a V shape position is considered a posture of involvement.

O - Open posture should be adapted. Crossing the leg and arms can be sign of lessened.

L - Lean forward towards the client at times is a natural sign of involvement.

E - Eye contact should be maintained. (Eye contact with the person)

R - Relaxed
Exploration

• Collecting and clarifying information related to the client’s reason for seeking counselling.

• The counsellor is finding out client’s problems, needs, misinterpretations and behaviours.

• It is successfully achieved through the act of asking questions mainly open-ended questions rather closed.
Skills used in exploration are:

- Active listening skills
- Open ended questions
- Reflecting of feelings
- Summarizing
- Warmth, respect, concreteness
- Paraphrasing, minimal encourages, immediacy
- Reflection of feelings
- Having defined the problem the counsellor takes the client to the stage of mutual understanding.
Understanding

- The rapport has to be developed and the client has to air some of the issues so as to each great understanding.

- The counsellor summarizes what his/her client has been telling to seek client’s approval for action plan.

The common understanding skills are:

- Warmth, trust, respect, genuineness, concreteness, questioning, summarization, self disclosure, reflection of feelings, minimal encourages, immediacy.
Action Plan

• Action plan is last stage where the counsellor and his/her client sum up what has transpired throughout the session. At this stage a client can make a decision towards his/her problem.

The following issues can be agreed upon:
• To postpone the session to another date
• To refer the client to another counsellor
• To terminate the process.
Module 3: Counselling Theories, Approaches and Techniques

Session 11  Processes and Practice of Counselling: Supportive Counselling Skills
Objectives:

1. Identify supportive counselling skills

2. Apply supportive counselling skills
Supportive or specific counselling skills for effective counselling

☑ Supportive counselling skills refers to tools a counsellor uses in order to get information from a client so as to build a relationship, assess the presenting problem, understand the problem and be able to lead a client reach a solution.

☑ Four stages of counselling process cannot be used separately without specific counselling skills.

☑ The specific or supportive counselling must be used in the counselling process to effect the desired change in the client.
Specific counselling skills

- Attending behaviour
- Empathy
- Warmth
- Trust
- Respect
- Genuineness

- Concreteness
- Questioning
- Summarization
- Self-disclosure
- Paraphrasing
- Confrontation

Reflection of feelings and the use of minimal encouragers.
Attending behaviour includes:

- Leans forwards to the client to listen.
- Nods or grunts in agreement with the client’s story.
- Attending behaviour is applied extensively during the main body of the counselling process.
Empathy include:

• Counsellor feels in the client’s problem.

• Counsellor understands on what the client is going through his/she problem.

• The skill is applicable in all the three stages of the counselling process.
Active Listening

- Listening to and understanding the client’s verbal messages.
- Observation and reading the client’s non-verbal behaviour.
- Listening to sort notes.
- Encourage a person to responding by facial expression.
- Talk by nodding or warmth which is expressed by facial cues, inflection of the voice and charm.
- It permits interpersonal relationship between counsellor and client.
Respect

- The counsellor has to respect clients as a human being who is currently facing a problem.

- The skills cut across all three stages of the counselling process.
Genuine

- Genuine is a skill the counsellor uses to show that he/she works with the client to solve the presenting problem.

- This skill is used throughout the counselling relationship, especially in the main body of the counselling process.
Concreteness

• Concreteness is a skill that demands that a counsellor avoids merely throughout answers or information but concrete or tangible ones.

• The skill used during the main body of the counselling relationship.
Questioning

• Questioning is a skill widely used by the counsellor to get the facts or information pertinent to the client’s presenting problem.

• Open ended questions gives the client an opportunity to express him/herself regarding the client’s own problem.

• The question should be clear and to the point. (Would you please share with me your occupational experience?)
Answering questions

• As counsellors, we have to use particular skill to answer these questions.
Paraphrasing

• Paraphrasing is like summarization except that it covers a very small section of the conversation.
  e.g. “Juma is always carefree. He dose not appreciate all the efforts that I use in doing different duties in the house”.
  Counsellor “You say, Juma doesn’t care about what you do in the house.”
Summarization

• Is a skill, which the counsellor uses to assure himself and the client that the counsellor has kept the thread of client's story.

• This is done throughout the counselling process; and in particular during the main body and the closure/end or termination.
Confrontation/challenging

• Confrontation is a skill normally used to help the client avoid rambling so that the counselling process is properly focused.
Minimal encouragers

• These are small indicators the counsellor uses with the client to show that he/she is with the latter in the ongoing counselling relationship and that he needs the client to keep talking about the problem.

• Minimal encourages are both non-verbal and verbal.
Reflection of feelings

They include

• Reflection of feelings is paraphrasing or summarization EXCEPT that only feelings

• Focus/Clarification skills:
• People are seldom able to explain something factually and in sequence.
Immediacy

• This skill, the counsellor talks to the client about what is happening in the here and now of interpersonal relationship. For example, the counsellor notices that the client does not seem to trust him/her, he/she addresses that issue right there and openly.

• He/she may say, “You seem uneasy about me” May we please sort our conversation?”
Conclusion

• The possession of counselling skills, and communication skills brings the counsellor very close to effective counsellor.

• The effective counsellor must be a good listener.
Module 3: Counselling Theories, Approaches and Techniques

Session 12: Processes and Practice of Counselling: Counselling Barriers
Objectives:

1. Identify counselling barriers

2. Use appropriate strategies to overcome counselling barriers
Introduction

- It is important to note that the counselling process is not always smooth, sometimes the process is block or hindered by various factors.

- Counsellor should recognize those factors and handle them effectively to avoid barriers.
Barriers for effective counselling

- Resistance
- Transference
- Counter transference
Resistance as factor that hinder counselling

- Resistance can occur at any time in the helping relationship.
- It typically surfaces when the client does not appear to collaborate in developing the helping relationship or striving towards goals.
- It is often a response by the client who is feeling threatened by the relationship.
- There are two levels for resistance, counselling
- Client’s resistance in allowing thoughts and memories to be known to the counsellor
- Client’s refuse in disclosing painful, frightening and embarrassing issues, feelings, behaviour and materials to a counsellor.

- It takes time to work on resistance. It is the client who can reduce or remove a resistance.
Signs of resistance

- Begins to come late to appointments or forgetting them.
- Doubts counsellor’s ability / competence
- Is not assured of confidentiality
- Does not know how to begin, e.g., teenagers failing to start telling their stories.
- Talk’s non-stop on the same issue
- Is unable to speak
Dealing with resistance

- The client should never be accused of being restrictive.

- Set a well-timed interpretation that suggests to the client what is happening is to be recommended.

- Counsellor should remember that resistance serves a purpose.

- It protects against fear, anxiety, hostility, depression and embarrassment.

- Therefore, only when the client is enabled to recognize that the resistance is not needed, then it will be dropped.
- Resistance is therefore a defensive behaviour of the client that prevents him or her from participating effectively in counselling.

- Counsellors may also bring resistance to and prejudices, their work, for example fatigue, burnout.
Transference as factor that hinder counselling

- Transference occurs when a client identifies the counsellor as being similar to an important person in his/her past such as a parent, lover or any significant other.

- Positive transference includes feelings of love, admiration, affection and dependence toward the counsellor.

- Negative transference expresses hostile, mistrusting, fearful and envious feelings towards the counsellor.
Counter transference

- This is a condition/situation whereby the counsellor depends on his/her client.

- Counter transference is all reactions that a counsellor has to his/her client.

- Counter transference includes positive and negative feelings of a counsellor towards his/her client, at personal level, because of perceived similarities between the client and the counsellor.

- Counter transference is destructive to counselling because it distorts the counsellor’s, perception, feelings, and the life of the client.
- Positive counter transference includes strong liking, affectionate and protective feelings.

- Negative counter transference involves strong disliking, critical and judgmental feelings.

- Counter transference sometimes surfaces when the counsellor tries to develop a relationship with the client that is inappropriate for the role of counsellor based on the counsellor’s self-gratification.
Strategies to overcome counselling barriers

- The counsellor must be able to know when a barrier is developing.

- Counsellors should not foster the development of transference.

- Positive transference may be helpful in lowering client’s resistance yet the counsellor should be able to differentiate a positive transference from a negative one.

- As a counsellor you should know that counter-transference is often formulated partially in response to client’s transference.
- Counsellor can induce counter-transference unknowingly or knowingly. It is important for a counsellor to seek help from a supervisor.

- Supervisors are potentially essential in helping and protecting a counsellor from the potentially disastrous results of resistance, transference and counter-transference.
Objectives:

1. Define a Counsellor

2. Identify qualities/characteristics of an effective counsellor

3. Describe the values and attitudes of an effective counsellor
A Counsellor

- A counsellor is a person who cares and is interested in helping others in need.

- She/He is knowledgeable about counselling, with positive regard to fellow human beings.

- Counsellor is a change agent in HIV and AIDS.

- She/he is responsible for influencing and sustaining behaviour change among individuals, couples, and communities.
Qualities of an effective counsellor

- There are qualities of an effective counsellor.

- In order to help clients achieve desired outcomes, counselling must offer clients a new or a fresh experience altogether.
M3-13 Characteristic of an Effective Counsellor

Competence

- Competence is a possession of necessary information, knowledge and skills of helping.

- A good counsellors have a combination of academic knowledge, personal qualities and counselling skills. Competence is demonstrate by their behaviours like:

  ✓ Talk at client's level.
  ✓ Appear relaxed and show attentive behaviour.
  ✓ Listen carefully to the client.
Competence is necessary in transmitting and building confidence and hope in clients.

Competent counsellors are able to work with greater variety of clients with a wide range.
Trustworthiness

- Trustworthiness means that the counsellor is reliable, responsible and avoids any responses or behaviours that could threaten the client.
Open-mindedness

- Being open minded is a prerequisite for honest communication.

- Open-mindedness allows counsellors to accommodate client feelings, attitudes and behaviours that may be different from their own.
Sensitivity

- It entails that the counsellor is aware of client's resources, coping styles and even vulnerabilities.

- Sensitivity enables counsellors to perceive client's verbal and nonverbal messages.

- It enables Counsellor to select and adapt intervention and strategies for each unique client.
Good psychological health

- This is also a quality of an effective counsellor.

- When a counsellor lacks good psychological health, his/her frame of reference will be defective, causing harm to the client.

- Good counsellors should not be part of the problem rather part of the solution
Self-awareness and understanding

These are important qualities for an effective counsellor. They help a counsellor to see things more objectively and avoid 'blind spots', 'judgmental feelings,' etc. They enable good counsellors to be:

- Aware of their needs and the need to be critical, to be loved and to please others.
- Aware of their motivation for helping.
- Aware of their personal strengths, limitations and coping styles.
- Aware of their feelings, e.g., happiness, hurt, anger, fear, disappointment, sadness and confusion.
Characteristics of an effective counsellor

- Knowledgeable in a specialized knowledge of counselling.
- People oriented.
- Genuine.
- Respecting others.
- Flexible
- Non – dominant
- Non judgmental
- Concerned about others
- Caring and having good will
Conclusion

- Effective counsellors have the potential to develop the desired behaviours, attitudes, and beliefs provided they constantly strive for self-growth.
Module 3: Counselling Theories, Approaches and Techniques

Session 14: Roles of an Effective Counsellor
Objectives:

1. Identify the roles of an effective counsellor

2. Describe the impact of Counsellor's values and attitudes on clients
Roles of an effective counsellor

Roles of a counsellor are based on the goals of counselling, which are to counsel individuals for

- Behaviour change.
- Coping with situations.
- Decision-making to improve their intra/interpersonal relationships.
- To maximally make use of their potentials.
Specific responsibilities of a Counsellor

- Create awareness in the community about existence of VCT services
- Carry out pre-test counselling in order to prepare clients to take the HIV test counselling
- Carry out the HIV test where applicable
- Carry out post-test counselling including strategies for risk reduction
- Provide ongoing and supportive counselling.
- Make referrals to care, treatment and support services
- Provide quality VCT services
- Collect client data and send to supervisor
• Keep accurate registers and records of laboratory results
• Promote and distribute condoms
• Attend supervision for ongoing carrier development and support
Impact of Counsellor values on the client

- A Counsellor should learn not to judge clients according to their values.
- Distinguish between their problems and those of the clients or otherwise.
- Make clear distinction between themselves and the clients.
- The counsellor should make sure that boundaries do not become blurred between clients issues and those of a counsellor.
- The counsellor should never use his/her values to judge the client.
Module 3: Counselling Theories, Approaches and Techniques

Session 15  Counselling: Listening and Questioning Micro Skills
Objectives:

1. Use listening and questioning skill in counselling
Introduction

In order to have effective communication, one should be able to listen actively and have ability to seek clarifications though asking questions. Here is guidance for listening actively and asking questions.
Listening skills

- Maintain good eye contact and watch for facial expressions and body language.
- Ask questions to clarify what is going on.
- Send reassuring messages using the body. Make sure your body reflects your understanding and interest.
- Knows the limitations caused by his/her personal attitudes and emotional biases.
- Slow down your filtering, which is caused by your emotional biases.
- Avoid making premature judgement. Create a warm, friendly atmosphere, which will encourage the other person to talk freely.
- Avoid anger
Hints for Active Listening

- Give space and time for people to say how they feel
- Do not be afraid of "silences," give time to think and reflect
- Do not show your "judgement"
- Listeners are human! Of course they have opinions— but the important thing is their opinion does not become a barrier to listening.
- Acknowledge that other people’s thoughts, opinions and feelings are valid and don’t try to convince the other persons that it is not how they feel.
Listen "actively" - watch out for messages sent and RESPOND to them.

Ask for clarification or explanation when you do not understand something; "I don't quite understand what you mean, could you help me by saying some more about this?"

Do not state emotions, thoughts and feelings, but offer space to explore them.
Checking understanding

If you are not sure or do not understand seek clarification. Let the other person also know that you heard and understood.
Questioning Skills

- This is how you find the necessary information. The skill involves knowing what you are looking for and asking the right questions.

- This involves using open ended and closed questions.
Answering Skills

- Like in questioning skills, you must understand the question and give the correct answer using both body and verbal languages.
Objectives:

1. Use silence as a communication tool in a counselling session
Silence

Silence is a vital tool for communication. A counsellor should not be afraid of "silences,”. It gives time to think and reflect. It is one of the most important parts of any conversation is the silence. It can be used to indicate contemplation and giving time for a point to sink home. Especially for the Introvert persons to whom, it all rolls out inside their own head and heart before giving voice to it. The counsellor should also understand that silence can serve many other functions in a conversation and should be able to check them.
Functions of the silence

- Allowed silence in a conversation puts pressure on the other person.
- Silence can indicate hostility.
- Silence can indicate disagreement.
- Silence can indicate profoundness, such as awe or horror.
- Silence can indicate respect.
- Silence can be intentional rudeness.
- Silence can be the creation of a listening space.
- Silence can be an indication of empathy.
Conclusion

- As a counsellor you need to know how to manage silence in conversation; it is an important part of emotional intelligence.

- Effective communication can allow silence.

- Interpret the silence of others appropriately; understand how other cultures use silence; mindfully regulate the use of silence; and are comfortable with silence and understand its many uses.
Objectives:

1. Interpret non-verbal behaviour in a counselling session
Introduction

- Counsellors must be aware of the message, which is not spoken. The messages like the speaker’s tone of voice, facial expression and body language. Body action/languages are of great important in counselling.
<table>
<thead>
<tr>
<th>Feature</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body position</td>
<td>Tense, relaxed, leaning toward or away from</td>
</tr>
<tr>
<td>Eyes</td>
<td>Teary, open, closed, excessive blinking, twitching</td>
</tr>
<tr>
<td>Eye contact</td>
<td>Steady, avoiding, shifty</td>
</tr>
<tr>
<td>Body movement</td>
<td>Knee jerks, taps, hand and leg gestures, fidgeting, head</td>
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<td></td>
<td>nodding pointing fingers, dependence on arms and</td>
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<tr>
<td></td>
<td>hands for expressing message, touching</td>
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<tr>
<td>Body posture</td>
<td>Stooped shoulders, slouching, legs crossed, rigid,</td>
</tr>
<tr>
<td></td>
<td>relaxed</td>
</tr>
<tr>
<td>Mouth</td>
<td>Smiling, lip biting, licking lips, tight lips, loose lips,</td>
</tr>
<tr>
<td></td>
<td>shaking lips, grinding jaws</td>
</tr>
<tr>
<td>Facial expression</td>
<td>Animated, bland, distracting, frowning, puckers, grimaces</td>
</tr>
<tr>
<td>Skin</td>
<td>Goose fresh, perspiration, paleness and colour change</td>
</tr>
<tr>
<td>General appearance</td>
<td>Clean, neat, sloppy, well groomed</td>
</tr>
<tr>
<td>Voice</td>
<td>Fast, slow, jerky, high pitched, whispers.</td>
</tr>
</tbody>
</table>
Objectives:

1. Define pre-test counselling

2. Establish a relationship of trust with a client and significant others

3. Assess clients’ knowledge on HIV and AIDS/STI/TB/ARV
Definition

Pre test counselling is the counselling provided before the HIV test. It consists of a dialogue between a client and a counsellor and have many elements.
Establish a relationship of trust

- A warm genuine welcome
- Insure that client is comfortable
- Ice-breaking (start with non-threatening issues/comments)
- Discuss confidentiality
- Find out why client has sought help
- If client talks about requiring HIV test, find out why the client wants to test for HIV
- And for how long he/she thought about it.
- Give information on the duration of the sessions
Get to know your client better

- Gently gather demographic information from your client, by explaining that in order to be in a helping position, you need to know more about him/her (age, education status, marital status, employment status, number of children, children under 18 years old, any children still breastfeeding, how did the client know about this service.

- Know about religion, tribe, and pregnancy.
Assess Knowledge on HIV/AIDS/TB/syphilis/ARVs and Correct Misconceptions

- Find out what the client knows about HIV/AIDS/TB/Syphilis/ARVs
- Find out what the client knows about ways of transmission of HIV/TB/Syphilis
- Find out what the client knows about ways of prevention of HIV/TB/Syphilis
Module 3: Counselling Theories, Approaches and Techniques

Session 19 Pre-Test Counselling: Identification of Risk Behaviours

M3-19
Objectives:

1. Help the client to identify risk behaviours of HIV infection

2. Facilitate client to link HIV and risk behaviours
Identify Risk Behaviors

- Take sexual history to ascertain risk for HIV/Syphilis. (e.g. first sexual contact, number of sexual partners in the last 12 months and 3 months, History of TB/STI infection, having had an ulcer which later disappeared without treatment, generalized body rashes, use of condoms, and history of getting sex for favours or rewards).

- Current and past exposure to non sterile invasive procedures like injections, scarification, tattooing, and non medical circumcision)

- Find out whether the client has been exposed to other practices that may have led to infection.

continue
☑ Client’s history of taking alcohol or drugs can affect safe sex.

☑ Find out if client has been in contact with a TB patient, takes non-boiled milk or has prolonged exposures in overcrowded environments
Facilitate the Client to link his knowledge on how HIV is transmitted and his risk behaviors (Individualized Risk Assessment)

- The counsellor will use techniques as probing, paraphrasing and reframing to elicit the information to identify and recognize the connection between the modes of transmission and his/her own particular behaviours that may put him/her at risk of acquiring or transmitting HIV.

- This will facilitate client to think at what extent he/she is at risk of being infected
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Session 20: Pre-Test Counselling: Development of Risk Reduction Plan

M3-20
Objectives:

1. Facilitate the client to form a risk reduction plan

2. Assess ability of client for coping with the plan chosen
Facilitate Risk Reduction Plan

- Explore ways of sexual living after results:
  The Counsellor asks the client to propose the method that will be used reduce his/ her risk of HIV exposure.

- Discuss chosen plan by client to minimize risk:
  The Counsellor leads a discussion concerning the chosen method – How realistic it is; and how doable.
Discuss how realistic it is and how doable

Get commitment from client (refer to previous ways of coping).

Inform that you will demonstrate correct use of condom at the end (if chosen).

Asks the client to tell what he or she knows about condoms and invites the client to practice putting a condom on a penis/vagina model before the Counsellor conducts the condom demonstration.
Discuss risk reduction plan for both syphilis and TB:

- Inform the client about the signs and symptoms of syphilis and TB infection, facilitate him/her to plan for behaviour change as well.
Session 21  Pre-Test Counselling: HIV Test Results and Likely Reactions
Objectives:

1. Discuss various HIV test results with the client

2. Discuss clients likely reaction to test result

3. Discuss benefits of testing with the client

4. Get clients consent for testing
Discuss HIV Test

- Find out what the client knows about the test

- Explain what negative test means

- Define window period (if the client has had a recent exposure to HIV within the past six weeks) the test results may be negative, the client should be counselled to be re-tested in three months

- Explain what a positive test means – being infected (can transmit the virus, will need medical care, and could still live for many more years depending on the progress of the infection).

- Explain what in determinant test means
Discuss client’s Likely reaction to Test results

- Negative results
- Positive results
- In determinant results
- Discuss capacity to cope with HIV results
- Discuss plan of disclosure
Discuss Benefits of Testing

- VCT is an entry point to prevention, care, and support
- Facilitates behavioural change
- Early management of opportunistic infections
- Referral to social and peer support
- Planning for future
Culminating the interview

- Allow client time to think through the issues
- Allow adequate time for questions and clarification
- Discuss with client whether he/she is ready for HIV test today or whether needs more time to think about the issue
- Get client’s consent
Complete administrative tasks

- Counsellors has to fill in client register and other forms pertaining to client information storage at the end of pre test counselling session.
Objectives:

1. Define post-test counselling

2. Review clients knowledge on HIV and AIDS and meaning of HIV test results

3. Provide negative HIV test results and review window period
Post test counseling is done when HIV test results are ready, and are about to be given to the client.
Procedure

1. Collect test results from laboratory or tray at the reception desk

2. Return to counseling room and check results before calling your client

3. Check time and record the time

4. Call the client by code name from the waiting room/ area

5. Welcome the client
   - Greet the client warmly
   - Acknowledge the client’s emotions
   - Encourage the client to focus on the content of the session

6. Explain about post test session, confidentiality and duration
Counselling an HIV Negative Client

1. Review client’s knowledge on: HIV and AIDS

2. Meaning of HIV Test results: Being negative, positive, and Indeterminate

3. Sensitively provide Negative HIV test results:
   - In person
   - Never give to third party without consent
   - Give time for results to sink in
   - Make sure the client has understood HIV test results.
   - Show client results
   - Explore feelings of risk behavior(s)
4. Discuss/ Review window period:

- Discuss the possibility of infection
- Emphasize on the importance of coming back after three months
- Discuss a negative test results could mean that the client is not infected or is infected
- Emphasize the importance of not putting him/herself into risk behaviors

5. Review Risk Reduction Plan/Option:

- Discuss possible ways of living
- Review how realistic or doable the plan is
- Get commitment from client about plan to reduce the risk of being infected
6. Assess/Refer Client for further Counseling or other Services
   - Discuss whether client is willing to be referred for other services depending on the presenting problem

7. Make Available Materials Including leaflets, brochure, condoms etc.
   - Provide leaflets, brochures
   - Provide few condoms to the client upon request
   - Discuss where client can get more condoms

8. Allow Time for Questions
   - Ask whether a client has questions
   - Clarify issues raised and correct misconceptions
9. Make Appointment
- Schedule a repeat visit after three months (waiting period)
- Wind up session and allow client to leave

10. Complete Administrative Tasks
- Fill in the client register and forms at the end of the session
Module 3: Counselling Theories, Approaches and Techniques

Session 23  Post-Test Counselling: Adherence to Risk Reduction Strategies
Objectives:

1. Empower client to adhere to selected risk reduction strategy

2. Provide required referral for client
Reinforce prevention strategies

Review the risk reduction plan with the client:

- Discuss the challenges of staying negative
- Clients who receive negative result often tell Counselors that they will stay safe by no longer having sex.
- Counselors must discuss in detail the client’s plan to protect themselves in the event they have sex.
- Assess the internal and external barriers to change.
Discuss whether the risk reduction plan is adequate and appropriate, (reinforcing the ABC message; where A is abstinence; B is be faithful to one uninfected partner; and C is correct and consistent use of condoms).

Convey safer sex guidelines

facilitate the client to consider immediate actions that must be taken by the client to protect him-self or herself

Acknowledge and support the client’s strengths

Elicit a commitment from the client to make specific behaviour changes is a, b or c
Module 3: Counselling Theories, Approaches and Techniques

Session 24       Post-Test Counselling: Provision of Positive HIV Test Results
Objectives:

1. Review clients knowledge on HIV and AIDS and meaning of HIV test results

2. Provide positive HIV test results

3. Discuss psychosocial support and significant others with client
Introduction

Post test counseling is done when HIV test results are ready, and are about to be given to the client.
Procedure

- Post Collect test results from laboratory or tray at the reception desk
- Return to counseling room and check results before calling your client
- Check time and record the time
- Call the client by code name from the waiting room/ area
- Welcome the client
  - Greet the client warmly
  - Acknowledge the client’s emotions
  - Encourage the client to focus on the content of the session
- Explain about post test session, confidentiality and duration
Counseling an HIV Positive Client

1. Review client’s knowledge on: HIV and AIDS

2. Meaning of HIV Test results: Being negative, positive, and Indeterminate

3. Sensitively provide Positive HIV test results:
   - In person
   - Never give to third party without consent
   - Give time for results to sink in
   - Make sure the client has understood HIV test results.
   - Attend emotions
4. Discuss available psychosocial support and significant others:
   - Help client identify other institution for support
   - Help clients identify significant others to disclose his/her results.

5. Review/reinforce Plan for behavior change:
   - Review client’s chosen method of minimizing risks.
   - Review how realistic or doable the plan
   - Get commitment from client about plan to reduce the risk

6. Discuss notifying sex partner(s):
   - Partner/ Sexual partner(s) notification
   - Discuss a risk of HIV transmission and re-infection
   - Stress that male involvement is important in PMTCT
7. Discuss benefits of early medical treatment for Ois:
   - Discuss how low immunity gives way to opportunistic infections
   - The importance of early medical treatment
   - Stress the importance of early screening, treatment and prevention of TB and syphilis.

8. Discuss issues of nutrition:
   - Discuss that positive living involves good nutrition
   - Discuss availability and affordability of a balanced diet with client
   - Provide nutrition brochure to client.

9. Discuss issues of breastfeeding where needed/applicable:
   - Inform HIV positive women that breast feeding may lead to MTCT
10. Assist clients with referral (Counselling or other services):
- Discuss the possible referrals
- Find out if the client would like to be referred, why, where and when
- Discuss and fill in referral form

11. Provide information packet:
- Provide leaflets and brochures eg nutrition
- Provide few condoms if the client requests
- Discuss where he/she can get more

12. Plan for another session/appointment:
- Assure client of being available, or see other counselor, in case you are not around when they come
- Ask client to return sooner if there is a need (Within 3 days)
13. Allow time for client has questions:
   • Allow time for client/clients to ask questions before they leave.

14. Complete Administrative Tasks:
   • Fill in the client register and forms at the end of the session
Session 25 Post-Test Counselling: Disclosure of HIV Test Results
Malengo

1. Empower client for sex partner notification
Definition of partner notification

• It refers to identifying sex partners of someone with disease communicable through sex and inform them that they have been exposed to the disease.
Partner notification not systematically used in HIV?

- Lack of drug therapy to cure
- Lack of drug to prevent transmission
- A long incubation period
- Serious concerns about confidentiality
- Serious concerns about social stigma
- In Tanzania, there is no law on partner notification
- Health workers are not allowed to notify any person other than individual tested without his/her consent
Process for Partner Notification and significant other

- Invite the partner
- Create a relationship of trust
- Emphasize confidentiality to the partner
- Explore existing relationship
- Introduce purpose of meeting
- Assess partner’s knowledge on HIV/AIDS and correct misconception
- Discuss meaning of HIV test results
- Discuss implications of results to client and to the partner
- Disclose results as agreed
- Allow time partner to internalize results
- Attend emotions
- Discuss any issues arising
Meaning of significant others

- Significant other is a person who is especially important and meaningful to an individual and has influence over one's feelings and actions.

- In relations to HIV/AIDS, significant other is a person identified by a client in order to share or reveal his/her issues and concerns.
Module 3: Counselling Theories, Approaches and Techniques

Session 26  Post-Test Counselling: Coping

M3-26
Objectives:

1. Facilitate client for reinforcement of coping strategies
2. Discuss benefits of early medical treatment and proper nutrition with the client
3. Explain common psychological issues experienced by people living with HIV
4. Explain common social issues experienced by people living with HIV and HIV and AIDS Care and Treatment
5. Discuss possible referrals with the client
6. Provide required referral for client
7. Define supportive counselling
8. Discuss issues that can lead to a client to seek supportive counselling
HIV positive coping strategies

• Facilitate client to reinforce coping techniques.
• Work with client to revise the risk reduction plan.
• Empower client for sex partner notification.
• Disclosure to significant others
• Early medical treatment of Ois and proper nutrition
• Possible referrals to client/clients
Benefits of early medical treatment and proper nutrition

- Discuss with clients' partner/Significant other the benefits of early medical treatment and proper nutrition for the client
- Discuss possible referrals
- Provide required referral for client
Common psychosocial reactions in HIV and AIDS/ TB cl

Shock:
• Most people are frightened of HIV/AIDS/TB. When people learn HIV infected some feel shocked. No matter how much one is pre a shock to learn that you have HIV/AIDS. You may feel very con not know what to do. It is good to be with someone you trust at th (significant others).
• Some people who have TB may assume that they have HIV/AIDS...
Anxiety:
After the initial shock of receiving the results a person may deny the this is a normal coping response to bad news. “I know I was HIV pos does not matter at all”. Anxiety is a state of tension that warns us of impending danger. This is caused by the uncertainty about HIV/AIDS diagnosis, its progression and treatment, and impending death.

Depression:
A person feels there is no reason for living or feels useless. Sometim he/she stays at home, not eating, and not talking to anyone. Depress make someone weak in mind and body. So it is very important to ove depression. Signs of depression are: sadness, helplessness, lowere self-esteem, guilt, shame, worthlessness, suicidal thoughts, social w expressions of "giving up", difficulty in sleeping and loss of appetite a signs of depression.
Feelings of isolation and reduced social support:
This is brought about by rejection by family and others, and leads withdrawal from others. The lack of visitors when hospitalized may increase these feelings. But at times this starts with the client himself/herself that everyone is looking at or talking about him/her. Thus this may make the client feel guilty and want to hide.

Anger at self and others:
Some people get very angry and they blame themselves or the people that think infected them. Anger is normal but need to be worked out. A consolidated by hostility towards caregivers and refusals to cooperate.
Fear:
A person with HIV/AIDS fears many things like pain, loss of job, his/her children and death including fear about who knows or will the illness also constitutes a serious reaction. Fear becomes less talking to someone who understands.

Acceptance:
When one accepts the situation, they can begin to think about th to live, what food to eat, how to stay healthy, plan for the family a what to do to make the best of his/her life, etc.
Suicidal thoughts or actions:
People who learn they are HIV-positive have significantly increased suicide, which may be a way of avoiding their own pain or lessen relatives.

Grief:
PLHA often have deep feelings of grief over the losses they have experienced or anticipate experiencing. They also may sense grief members or others who care for them or witness their declining health.

Loss:
PLHA may experience feelings of loss about their ambitions, physical attractiveness and potency, sexual relationships, status in the community, financial security, and independence.
Definition

Supportive counseling is the long-term support for persons living with HIV/AIDS.

- It involves seeing a client on a regular basis.
- The client comes to counselor with different problems at different stages of HIV infection.
Some problems a client can present with can be:

- Emotional/psychological
- Medical
- Family and social
- Spiritual
- Economic
- Political
Receiving positive results is not easy
Most clients go through emotional disturbances
HIV sero-positive results is associated with a major loss
Client may experience difficulties in coping with his/her situation
Clients could be in denial, depressed, or afraid to die.
Other common reactions are confusion, shock, feeling numb, crying etc.
Family and Social

- Relatives of a positive client, experience the same emotions.
- The distress might affect family relations
- There might be stress for the sexual aspect esp. for couples
- Loss of sexual pleasure and difficulties might affect the individual’s self-image
- Client might experience discrimination and isolation
Family and Social

- Relatives of a positive client, experience the same emotions.
- The distress might affect family relations
- There might be stress for the sexual aspect esp. for couples
- Loss of sexual pleasure and difficulties might affect the individual’s self-image
- Client might experience discrimination and isolation
Medical

The client could get sick and have special medical needs
Spiritual Issues

- The client could be seeking for explanation why he/she got infected
- Client go through a stage of searching for meaning why me?
- Situations are likely to be linked with religious beliefs
- Clients might reconstruct their life style and make it a darker vision
Economic Issues

The client might not have enough money for the basic essentials of life
Political Issues

The client may want to travel to another country but is not allowed due to his/her infection.
What the Counsellor should do!

- Offer emotional support to their clients
- Should assist clients to deal with issues and practical matters to avoid dependence.
- Remember to be warm and non-judgmental
- Counsellors should assist clients in constructing a different set of meaning
- Counsellors should also be aware that coping styles differ from one client to another.
- Coping with HIV will depend on how the client coped with past difficult situations
• Therefore, a counselor should help a client make constructive way of coping.
• Counselor should also observe clients needs and refer
• Counsellor should also be observant with the client’s health.
• Counsellor should be able to assess general appearance of a client
• Counsellor should give proper information on health, nutrition and refer for medical treatment
• Counsellors should have referral network where clients can be referred
How supportive counseling is done

- Collect client’s file from the reception
- Review client’s passed information
  - Post counseling information
  - VCT counselor’s notes and reflection
- Call the client from the waiting room/area
- Establish relationship of trust
- Review Knowledge on HIV/AIDS/TB/Syphilis and Correct Misconception
- Review client’s risk behaviour
- Review and reinforce client’s risk reduction plan
How supportive counseling is done

- Discuss with client psychosocial support from family, partner, friends and community
- Assist client with referral
- Allow client time to think through the issues
- Allow adequate time for questions and clarifications
- Make available materials including leaflets, brochures, condoms, etc.
- Give client appointment when necessary
- Wind up session and allow client to leave
- Complete administrative tasks
During supportive counselling

- Counsellors should offer emotional support to their clients.

- A warm, non-judgmental support is important for sero-positive clients.

- Basic attending skills should be practiced in exploring emotions.

- Counsellors should be cautious about the information they obtain from other clients especially the misinformation.

- Counsellor should help clients explore particular views of their present future, explore how these particular troublesome thoughts are causing them emotional pain and limiting their freedom of action.
Counsellors should also be aware that coping styles differ from one client to another. Coping with HIV and AIDS will depend on how the client coped with past difficult situations.

Counsellors should also observe client needs and refer for specialist help if necessary. For example:

- If a client has suicide thoughts and feelings
- Portrays dangerous behaviour
- Shows sign of depression

Counsellors should also be observant with the client’s health and counsellor should have a referral network where clients can be referred.