HIV and AIDS Voluntary Counselling and Testing

Module 4: Counselling for Specific Target Groups and Situations
Module 4: Counselling for Specific Target Groups and Situations

Session 1: Couple Counselling
Objectives:

1. Define couple
2. Define couple counselling.
3. Differentiate between individual and couple counselling protocol
4. Identify challenges of couple counselling
5. Explain the advantages of couple counselling
6. Describe the role of culture in couple counselling.
7. Describe the role of pre and post test counselling in couple HIV testing
Couple and couple counselling

- A Couple refers to people who have or intent to have sexual relationship who have come together for voluntary counseling and testing. These will include:
  - Married or cohabiting couples
    - Pre-marital couples
    - Pre-sexual couples
    - Polygamous unions
    - Reuniting couples
- Couple counseling is the counseling provided to a couple who have agreed to attend sessions together and discuss issues concerning HIV infection and testing together.
Pre-sexual Couples

• May use CHCT to decide whether to pursue long-term relationship based on test results.

• If discordant, it’s possible the relationship will dissolve.

• HIV-infected partner may have reasonable confidentiality concerns that negative partner may disclose results.

• Counseling session may focus on how the couple will supportively manage changing the course of their relationship.
Engaged Couples

• May have difficulty continuing relationship if discordant.

• May be publicly recognized by family and friends as engaged and in a serious relationship.

• May have limited skills and experience in dealing with stressful and difficult circumstances as a couple.
Married or Cohabiting Couples

• Define their lives collectively, as a couple.

• Have skills and experience in coping together with problems.

• May have preexisting conflicts and issues in their relationship.
Polygamous Couples

• Have complex dynamics.

• If only one wife is present for CHCT, there are potentially problematic implications for the absent wife or wives.
Reuniting Couples

• Reasons for separation may influence the dynamics of the couple counselling session.

• Couple may have been separated for a long time.

• Counselor must acknowledge the existence of past issues.

• Counselor must keep couple focused on present and future.
Benefits of Couple counselling

- Safe environment for couples to discuss risk concerns
- Partners hear information and messages together, have shared understanding
- Provides opportunity for the counsellor to reduce tension and avoid blame among the couple
- Counseling messages based on results of both partners
- Individual not burdened with need to disclose results and persuade partner to be tested
- Counselor facilitates mutual disclosure of HIV status
- Counseling facilitates communication and cooperation required for risk reduction
Benefits of Couple counselling (cont.)

- Strengthen the relationship and promote mutual understanding.
- Enables the two individuals share and learns more information on HIV infection and disease together.
- Enables both individuals making joint strategies of supporting each other socially and psychologically; and facilitates the communication and cooperation required for risk reduction.
- Enhances opportunities to prevent mother to child transmission of HIV.
- Helps the couple to share out their feelings, anxieties, concerns and worries about HIV infection and disease. This enables the couple acknowledge and appreciate each other’s feelings.
  - Treatment and care decisions can be made together.
  - Couple can engage in decision-making for their future.
Challenges of Couple counselling

• Fear that couple counselling will result in separation or divorce:
  – Separation may be common with non-cohabiting couples
  – Divorce rare with cohabiting couples

• Fear of domestic violence or sexual coercion
  – These outcomes are rare
  – Unclear whether caused by HIV testing
  – Typically these behaviors existed prior to couple counselling

• Counseling critical to diffuse tensions and prevent negative outcomes, blame requires skills in addition to individual HIV couple counselling
Differences between Individual and Couples HIV couple counselling protocol

Individual counselling
- Individual Risk Assessment
- Explore past HIV risk
- Ability to talk about specific past risk

Couples counselling
- Discussion of Risk Issues
- Focus on present and future
- Use abstract language to discuss other risk
The role of culture in couple counseling

- Dominance by one of couple during counselling

- A cultural belief that a woman is not allowed to speak in front of a man

- A man is the head of the family and is the decision maker on all issues including issues of sexuality.
Couple counselling can be provided in different CT settings

- VCT sites
- Mobile or outreach VCT sites
- Client or patient homes (HBCT)
- PMTCT or ANC sites
- Provider Initiated Testing and Counselling
  - In-patient wards
  - Out patient departments
  - Family planning / SRH clinics

- Care and treatment sites
- Male Circumcision sites
Conditions for Receiving couple counselling Services

• Partners agree to discuss HIV risk issues and concerns together.

• Couple is willing to receive results together.

• Couple commits to shared confidentiality.

• Disclosure decisions are made mutually.
Counselor Responsibilities in couple counselling

- Facilitate understanding and acceptance of results.
- Provide clear and accurate explanation of discordance.
- Dispel any beliefs that might undermine prevention.
- Empower the couple to commit to risk reduction.
- Discuss mutual disclosure decisions.
- Help the couple develop adaptive coping strategies.
Roles and Responsibilities of the Couple

• Participate equally in the discussion
• Listen carefully and respond to each other
• Treat each other with respect and dignity
• Be as open and honest as possible
• Provide understanding and support to each other
Realities of Couple HIV Counseling and Testing

• Couple counselling is not marriage counseling.
• Couple issues are more important than individual issues in couple counselling.
• Couple may reveal feelings not discussed previously within the couple.
• Couples may want to use couple counselling to address longstanding issues in their relationship.
• Couples may have issues in their relationship unrelated to HIV.
• Couple, not counselor, is ultimately responsible for what happens in the relationship.
Module 4: Counselling for Specific Target Groups and Situations

Session 2 : The Role of VCT in Couple Counselling
Objectives:

1. Describe the role of VCT in HIV prevention between couples.

2. Describe the role of VCT in disclosure of HIV status between couples.

3. Apply skills for couple counselling

4. Provide HIV test results to couple
The role of VCT in HIV prevention between couples

- Assessing their risk behaviours
- Recognising their risks associated with their behaviour
- Acknowledging the risk behaviour and developing a desire to change which can include prevention of transmission or re-infection
- Helping couple to come up with strategies and decisions for change of behaviour
- Helping the couple to put their decisions or plans into action and helping them to maintain the behaviour
The role of VCT in disclosure of HIV status between couples

• Assisting the couples in reducing denial, stigma and discrimination associated with the disease.

• Prevention of HIV transmission among couples: If a couple undergoes VCT and informed to be negative, they are usually motivated to continue with protective behaviours or change behaviours that are likely to maintain that status.

• Even if one partner or both are positive, they can adopt preventive behaviours to reduce chances of re-infection or transmitting to the non-infected partner.
Couple counseling skills

- Maintain self-awareness.
- Convey confidence and competence.
- Model effective listening and communication skills.
- Possess genuine empathy and understanding.
- Exhibit the capacity to tolerate intensity.
- Recognize the couple as a unit consisting of more than two individuals.
- Understand the challenges and competing priorities couples and families face.
Couple counseling skills (cont.)

• Understand cultural values and gender dynamics.
• Value equality and human dignity.
• Establish and reinforce alliances:
  – With each individual
  – With the couple as a unit
  – Between the partners in the couple
• Demonstrate neutrality and nonbiased concern for and interest in both partners.
• Convey respect and positive regard for the couple’s relationship.
Couple counseling skills (cont.)

- Acknowledge the couple’s shared experiences and history.
- Admire and build on the couple’s strengths.
- Facilitate balanced participation of both partners.
- Direct communication:
  - To each individual
  - To the couple as a unit
  - Between the partners in the couple
Couple counseling skills (cont.)

- Focus on the couple’s present and future.
- Validate feelings while supportively challenging the couple and emphasizing action.
- Recognize the couple’s expertise and self-determination.
- Focus on solutions, not problems.
- Ease tension and diffuse blame.
- Negotiate and encourage small changes.
Guidelines for offering couple counseling

• Building the counselor’s working relationship with the couple.

• Strengthening couple’s good relationship, facilitating dialogue and mutual decision making.

• Encouraging involvement of each partner and balancing participation.

• Form alliances
Guidance on Forming Alliances

• Alliance is a partnership between the counsellor and couple
• Strategies for forming alliances includes
  • A – Acknowledgement
  • C – Competence
  • E – Empathy
Essential Alliances in Couple Counselling

1. Woman — Counsellor — Man

2. Counsellor — Woman — Man (Couple)

3. Man — Woman
Accessing couples for counselling

• Couples attending counselling and testing sites together, offered joint voluntary counselling and testing service
  – Receive pre-test counseling, testing, post-test counseling together
  – Counselor facilitated mutual disclosure
  – Plan for follow-up care and treatment services and establish risk reduction plan together

• Individuals attending counselling and testing sites alone
  – Reasons for seeking counselling and testing explored
  – Encouraged to talk with partner about counselling and testing, return with partner
  – If tested alone, encouraged to return with partner
Providing Concordant Negative Test Results

Steps:
• Inform the couple that the test results are available.
• Provide a simple summary of the couple’s results: both test results are negative, which indicates that neither partner is infected.
• Ask if the couple understands their results.
• Explore the couple’s reaction to their results.
• Discuss results in the context of any recent risk outside of their relationship.
Discuss Risk Reduction

Steps:

• Address the risk associated with other partners.

• Discuss couple’s specific HIV concerns or risks based on pre-test discussion (if applicable).

• Emphasize that condoms must always be used if either partner has sex outside the relationship.
Discuss Risk Reduction (Continued)

Steps:
- Explore skills required to reduce risk, such as open communication and commitment to protect relationship from HIV.
- Encourage the couple to communicate openly with each other about risk reduction.
- Convey confidence in the couple’s ability to complete the plan and to protect each other.
- Encourage the couple to become ambassadors for testing, particularly couple services.
- Provide needed referrals for services regarding STIs, family planning, care during pregnancy, or support.
Being Faithful Protecting a Couple Relationship from HIV

• Recognize that both partners being faithful is the best way to protect your relationship and your future from HIV.

• Let others know of your commitment to the relationship.

• Establish shared goals and priorities.

• Demonstrate genuine respect for each other. Be supportive of each other.
Being Faithful Protecting a Couple Relationship from HIV (continued)

• Maintain open and honest communication, and talk through all problems as they arise.

• Recognize that there will be difficult and challenging times for both partners, and commit to working through these times together.

• Act as a role model to family, friends, and co-workers in prioritizing your relationship by sharing social occasions and family events together and openly acknowledging your mutual commitment.
Providing Concordant Positive Test Results

Steps:

• Inform the couple that their results are available.
• Provide a simple summary of the couple’s results: both test results are positive, which indicates that both partners are infected with HIV.
• Allow the couple time to absorb the meaning of the results.
• Ask if the couple understands the results.
• Encourage mutual support and diffuse blame.
• Invite both partners to express their feelings and concerns.
Steps

• Validate and normalize the couple’s feelings, and acknowledge the challenges of dealing with a positive result.

• Ask how the partners can best support each other.

• Recall the couple’s strengths. Convey optimism that the couple will be able to cope and adjust to living with HIV.

• Address the couple’s immediate concerns.
Discuss Positive Living and HIV Care and Treatment

Steps:
• Discuss positive living.
• Address the need for preventive health care.
• Encourage the couple to access appropriate care and treatment services.
• Provide needed referrals to the HIV clinic and other services. Identify and problem-solve obstacles.
Discuss Things to Do at Home to Keep Healthy

Steps:

• Discuss with the couple the need to live a healthy lifestyle. Discuss things that they can do right away to keep healthy.

• Discuss the importance of having safe drinking water to prevent diarrhea. Inform the couple about where to get more information or obtain supplies.

• Discuss the importance of using bed nets to prevent malaria (when applicable). Inform the couple about where to get more information or obtain supplies.

• Discuss the importance of good nutrition. Inform couple about where to get more information.
Discuss Risk Reduction

Steps:
• Discuss the importance of being faithful and not having sex with outside partners.
• Inform couple of the need to protect partners if they choose to have sex outside their relationship.
• Provide condom demonstration.
Discuss Children, Family Planning, and PMTCT Options

Steps:
• Discuss the issue of HIV testing of children.
• Revisit the couple’s intentions concerning having children.
• Discuss the couple’s reproductive options.
• Describe PMTCT programs and services, and identify where the couple can access services.
• Address the couple’s questions and concerns regarding PMTCT services.
• Provide needed referrals
Discuss Disclosure and Getting Support

Steps:

• Explain the benefits for the couple of disclosing their HIV status to others.
• Explore the couple’s feelings about sharing their results with a trusted friend, relative, or clergy.
• Identify who could provide additional support.
• Address confidentiality and disclosure concerns.
• Reinforce that the decision to disclose is mutual.
• Explore the possibility of participating in a support group and additional counseling sessions.
• Answer remaining questions and provide support.
Benefits of Disclosing to Children

• Not knowing can be stressful for children.

• Parents should be the ones to disclose their status.

• Disclosure opens communication.

• Disclosure relieves stress from parents.
Considerations for Disclosing to Children

• The decision should be individualized.

• How a child reacts usually depends on the relationship the parent has with the child. Young children should receive simple explanations.

• Older children have a better capacity to cope with and understand the implications.
Considerations for Disclosing to Children (Continued)

• Disclosure may initially cause stress and tension.

• It can be stressful and burdensome for children to keep their parents' HIV status a secret from others.

• Parents should consider disclosing their status to other adults who are close to their children to create a support network.

• Parents who are experiencing anger or depression may want to wait to disclose.
Major Issues for Concordant Positive Couples

- Possibly less blame—both in it together.
- Need to deal with rallying psychological and financial resources to obtain care and support for both of them.
- Concerns about their ability to care for their children should they both fall ill.
- Planning for the future may seem particularly daunting.
Major Issues for Concordant Positive Couples (continued)

- Disclosure has the same implications for both partners.
- Extended family may need to be involved earlier.
- Reproductive choices are overshadowed by fact that both are HIV-infected.
- Couple may experience a profound sense of loss.
Providing Discordant Results

Steps:
• Inform the couple that their results are available.
• State that the couple has received results that are different.
• Provide positive result first and then the negative result
• Pause briefly to let the couple absorb the implications of the results.
• Convey support and empathy.
• Ask the couple if they understand their results.
• Review the explanation of how couples can have different test results.
Communicating Discordance

• The words the counselor chooses to use in the session affect each client in different ways and on many levels.

• Words, information and explanations can have several meanings and interpretations.

• A counselor should listen carefully to his or her own choice of words and phrases and assess how his/her messages may be heard, perceived, and interpreted.
Discuss protecting the negative partner from HIV

Steps:
• Address risk reduction within the couple. Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner.
• Address condom-related issues.
• Address regular HIV testing for HIV-negative partner.
• Inform couple that condoms must always be used with outside partners.
• Address the possibility that any other partners should be tested for HIV.
Major Issues for Discordant Couples

- Focus of attention is on providing support to the HIV-infected partner.

- One partner may feel responsible for bringing HIV into the relationship.

- There is more possibility of blame—issue of other partners may be raised.

- There may be concerns about abandonment, especially if the woman is infected.
Major Issues for Discordant Couples (continued)

• If the bread earner is infected, there may be concerns about his/her ability to continue to provide for the family.

• Could be relief that at least one partner will be able to care for the family.

• Need to protect uninfected partner from becoming infected with HIV.

• Increased possibility the couple will decide to separate.

• HIV-infected partner may have greater disclosure concerns.
Module 4: Counselling for Specific Target Groups and Situations

Session 3: Family Counselling
Objectives:

1. Define the family

2. Discuss the role of culture on family counselling.

3. Discuss the role of the family in HIV prevention, care, treatment and support
Definition of “Family”

Family refers to a group consisting two or more people living together with same interests and goals who share responsibilities and obligations. In normal situations such a group would consist of a husband, wife, children and relatives.
The role of culture on family counseling

✓ Women are not expected to discuss or make decision about sexuality. Men are the decision makers and have all the rights to say anything concerning women and their relationship.

✓ In some cultures women are not expected to talk in the presence of a man

✓ Women cannot request, let alone insisting on using condom or any form of protection. If they request sex or condom use they often experience abuse.
Sexual abuse to women is higher even in married couples where sexual act is coerced, and is a risk factor to HIV infections.

For married and unmarried men, multiple partners are culturally accepted which is another risk to HIV infection.

Hence, during counselling of families such issues need to be explored to come up with risk reduction plan.
The role of family in HIV prevention, care, treatment, and support

☑ The family to be aware of HIV infection and AIDS and prevention strategies so that they can take preventive measures to prevent infection with HIV, transmission or re-infection

☑ Family to be encouraged to go for counselling and testing for HIV if not been tested and be educated on safer sex.

☑ Family need respect and help with daily activities of living when need arises from the community

☑ Acceptance of the family member living with HIV and help with enabling the person (s) to socialise.
☑️ The family need to be educated on caring responsibility at home

☑️ The family need to be aware of the existing services in the community which can be provided the patient

☑️ The family to involve the patient in all matters relating to family and even those relating to his/her health.

☑️ Support the patient to prepare for death and encourage the patient to write a Will.

☑️ Assisting the patient to meet her/his spiritual needs.
Module 4: Counselling for Specific Target Groups and Situations

Session 4: Psychosocial Support in Family Counselling
Objectives:

1. Describe the psychosocial reactions for both infected and affected persons

2. Assist family members to provide care and support for family members infected by HIV and AIDS
Psychosocial reactions for both infected and affected persons

The family might experience psychosocial reactions upon hearing the news of someone in the family being infected with HIV/AIDS. These psychosocial reactions are similar to those experienced by people with HIV and AIDS themselves.
The reactions include:

- **Shock** – a feeling caused by something very unpleasant happening suddenly
- **Denial** – it is a tendency for refusing to accept the reality
- **Anger** – strong feeling of annoyance and hostility. It may be directed to self, others or both
- **Fear** – unpleasant feeling by the possibility of danger, pain, a threat, etc.
- **Acceptance** – it is an act of agreeing with the situation or willingness to tolerate something unpleasant
- **Depression** – state of being sad without enthusiasm or hope
- **Bargaining** (may be with God) – discuss condition with the aim of making agreement that is favourable to one self.
Assisting family to provide care and support

The family need help to be aware of all the facts surrounding HIV and AIDS in order to be able to give care and support to infected member(s) of family. The help the family need to give care and support to the patient will include:

- Giving factual information to the family on HIV and its mode of transmission and discussing issues of stigma.
- Family members need to know:
  - The meaning of HIV/AIDS
  - Modes of transmission of HIV focusing on correct information on how HIV can be transmitted and correcting misconception.
  - Clinical manifestations of AIDS
  - Prevention of HIV infection including safer sex practices.
  - Management of other conditions (infections) observed in AIDS patients, e.g., fever, diarrhoea, etc.
Management of complications and when to seek expert advise.
Counselling and reassurance the family about how to cope with the situations, socially, psychologically and economically
Giving opportunity to the family to express their feelings and help them to cope with the situation
Issues Involved In Helping a Family

☑ Counselling of a family is only possible if the client has fully agreed to share his confidences with the entire family or part of it.
☑ Select a conducive area, preferably in the house, for the counselling session
☑ Understand the feelings of the family members about the patient and his/her condition
☑ Pose open ended questions to get more information, e.g., “How do you feel about this situation?”
☑ Respect the opinions and feelings given by family members
☑ Do not force family members to change their feelings
☑ Do not be judgmental
Things to consider when helping a family

- Ensure that the patient’s/client’s results are known to the family member(s) and that they have accepted the situation.
- Helping a family should be conducted with the consent and presence of the patient/client.
- Give the patient freedom of selecting whom she/he wants to be included in the helping process among family members (e.g. father, mother, sister, brother, etc.).
- Organise a small group of close members of family (among other members) to participate in the process according to patient’s/client choice.
☑ After understanding the situation, the patient/client, family members may realize a need to share the burden.

☑ Patients who are seriously sick and are in semi conscious state may not be able to give informed consent. In such a situation, counselling shall involve a close relative or next of kin to obtain consent before proceeding with helping process.
Module 4: Counselling for Specific Target Groups and Situations

Session 5: Youth Counselling Skills

M4-5
Objectives:

1. Define the terms youth, adolescent and young people
2. Identify reasons for targeting youth in relation to HIV infection
3. Explain the need to adapt VCT to the specific needs of young people.
4. Identify VCT strategies to reduce HIV risk behaviours of youth
5. Identify challenge in counseling youth
Definitions

• Youth is the period between 10 years and 24.

• Adolescence is the period from 10 to 19 years.

• Normally the terms youth and young people are used interchangeably.
Reasons for targeting youth

✓ Young people face barriers in receiving health services and tend to use services less than adults do.

✓ Their visits to places where HIV counseling and testing is offered may be their only chance to receive health-related information and services.

✓ In addition to counseling on HIV and AIDS, the Counselor might have the opportunity to address topics such as contraception and prevention of other STIs.
It is important to know where you can refer your clients for services that are beyond the scope of your center.

Confidentiality and consent issues are more complicated when working with adolescents. For adults, the choice to be tested is their own, and the process and results are confidential. For young people, guidelines vary on the age at which they can decide for themselves to be tested, as well as on when, or if, their parents or guardians must be notified of the test and the results.
Many adults, including parents, are hesitant or not prepared to talk to youth about sex. Young people often turn to their peers and the media for information.

Their friends may be equally uninformed, and the media tend to promote sexuality without a focus on responsibility and safety. As a result, young people often lack the information they need to make safe, healthy decisions.
Early age at first sexual intercourse
Risk-taking behaviors as part of the transition to adulthood
A belief of being invulnerable ("it cannot happen to me")
Boys feeling pressure to prove their "manhood"
Generally low levels of condom use
Tendency of sexually active youth to have multiple sexual partners.
Vulnerability to sexual coercion and abuse.
Use of sex to ease loneliness, boost self-esteem, and gain respect.
Lack of skill in negotiating sexual decisions.
Exchange of sex for basic needs such as school fees, clothes, food, or shelter.
Cross-generational sex, typically although not always between young girls and older men.

Susceptibility of young women to gonorrhea and chlamydial infection because of a condition called cervical ectopy in which the cells that line the inside of the cervical canal extend onto the outer surface of the cervix — a normal condition that is present in most female adolescents and becomes less common with age.

High prevalence of STIs, which increase the likelihood of acquiring and transmitting HIV.

Improper treatment of STIs (or no treatment at all) when youth are discouraged from seeking help by clinicians who are not youth-friendly.

Experimentation with alcohol and drugs, which are associated with high-risk sexual behavior.
The need to adopt VCT to specific needs of young people

☑ Services available are rendered in health facilities that are not youth friendly.

☑ Most services are not meeting challenges faced by youths.

☑ VCT services can easily be integrated into school/college health services to make it be accessible to many youths.
Strategies to reduce HIV risk behaviors of youth

☑ Integration of VCT services into existing health care services.

☑ Integration of VCT services into schools, college health services.

☑ Integrate VCT services into youth drop-in sites and centers.

☑ The use of peer educators/support workers.
Challenges in counseling youth

• One of your challenges is to assess your clients as individuals and tailor your messages to reflect their particular circumstances because youth often have different terminology for, and understanding of, sexual terms.

• Establishing whether young people are *voluntarily* seeking counseling and testing may be difficult. Some may have been pressured, or even forced, to learn their status by employers, partners, parents, or others in the community.
• Unlike many adults who seek HIV counseling and testing, youth may be more interested in counseling and information than in being tested.

• Youth who may not have initiated sex might be seeking support in making informed decisions about their sexual and reproductive health.

• Youth may not always be candid about their sexual experiences out of fear of stigma and labels.

• Counselors might face personal ethical dilemmas when working with young people because their own values on sexuality may differ from those of the youth they counsel.
• Counseling adolescents often takes more time than working with adults, because young people often know less about their sexual health than adults do. This could be particularly true of younger adolescents, who might not have the life experiences that older clients do.

• The messages and the content of the counseling may vary depending on the age of your clients, their sex, their emotional maturity, developmental stage, family situation, and their knowledge, experience, and sources of information.
Module 4: Counselling for Specific Target Groups and Situations

Session 6: Factors Promoting Youth Counselling

M4-6
Objectives:

1. Describe skills and attitudes that promote good communication with youths.

2. Identify elements for youth friendly services
Skills and attitudes that promote good communication with youths

In Counselling adolescents and young people, a counsellor needs to observe the basic principles of counselling. However, a counsellor needs to remember the other attributes of adolescence and young persons that makes them somehow different from other age groups. Here are few tips on counselling adolescents and young people.
Be open:
• Let young people know that no question is wrong, even embarrassing topics can be discussed

Be flexible:
• Talk about whatever issues young person wants to discuss.
• Give simple, direct answers in plain words:
• Learn to discuss puberty and sex comfortably.

Be trustworthy:
• Honesty is crucial to young clients. You, (and the information you give) need to be believable. If you don’t know the answer say so, then find out.

Stress confidentiality:
• Make clear that you will not tell anyone else about clients visit, the discussion or client’s decision.
Be approachable:
• Don’t get upset or excited. Keep cool

Show respect:
• Do not talk down to young patients

Be understanding:
• Recall how you felt when you were young.

Be patient:
• Young people may take time to get to the point or reach decision.
• Sometimes several meetings are needed.
• Be non-judgmental
• Avoid judging
Characteristics/elements of Youth friendly services

Youth-friendly services in general have these characteristics/elements:

- Providers are trained to communicate with youth and to understand the issues young people face.
- Providers have a respectful, nonjudgmental attitude.
- The facility has policies of confidentiality and privacy for youth.
- The facility has convenient hours and location for both in-school youth and those who work all day.
- The facility has a comfortable, non-threatening environment.
- The fees are affordable.
- Youth participate in the policies and implementation of the services through an advisory board, as peer educators, and in other roles.
Module 4: Counselling for Specific Target Groups and Situations

Session 7: Overview of Children Counselling and their Legal Issues
Objectives:

1. Define the terms child, legal age to consent.

2. List children’s rights.

3. Explain the need to adopt VCT to the specific needs of children.


5. Identify issues related to legal age of consent.
Definitions

- A child is a person who has not become an adult. In the context of child counselling there is a difference between youth and child. Hence, in this context a child is a person between the age of 5 years and 14 years.

- Legal age to consent is 18 years and above
Children’s rights

The UN convention identifies four major groups of the rights of the child as:

- **Rights to Survival**
  - These are rights concerning child's basic needs for survival

- **Rights to Development**
  - These are very essential child's rights concerning with physical, intellectual, moral and spiritual growth.

- **Rights to Protection**
  - A child need to be protected against many things which may endanger his/her life

- **Rights to Participation**
  - These rights enable a child to present his/her views and ideas freely and participate in making decisions on issues concerning his/her life.
The need to adopt VCT to the specific needs of children

☑ Counseling for Children differs in nature and principle with Adult counseling.

☑ Hence the need to adopt VCT services to the need of children.

☑ The Counselor should be able to identify children in difficult situations.
  Some of the signs are:
  > Loss of interest and energy
  > Poor concentration and restlessness
  > Aggression and destructiveness
  > Isolation
  > Sadness and irritability
Reasons for targeting children in HIV and AIDS counselling

- Counseling AIDS has orphaned at least 10.4 million children currently under 15.

- The total number of children orphaned by the epidemic since it began—13.2 million—is forecast to more than double by 2010.

- AIDS-related deaths caused some 2.3 million children to become orphans (at the rate of 1 every 14 seconds) in 2000.

- Before the onset of AIDS, about 2% of all children in developing countries were orphans.
☑ Typically, half of all those with HIV become infected before they celebrate their 25th birthday.

☑ Many of them die from AIDS before they turn 35

☑ The epidemic has forced vast numbers of children into precarious circumstances

☑ Research shows that orphans living with extended families or in foster care are prone to discrimination

☑ Children in households with a HIV-positive member suffer the trauma of caring for ill family members.
Typically, seeing their parents become ill and die can lead to psychosocial stress aggravated by the stigma.

Many children are struggling to survive on their own in child-headed households.

Others have been forced to fend for themselves on the streets.

The epidemic has forced vast numbers of children into precarious circumstances.

All these facts show that children live with trauma that can only be helped by counseling.
Module 4: Counselling for Specific Target Groups and Situations

Session 8: Children Counselling Skills

M4-8
Objectives:

1. Describe skills and attitudes that promote good communication with children.

2. Discuss strategies to be used in helping parents to know their children’s HIV status.

3. Support parents to cope with their emotional reaction when having HIV positive children.

4. Describe effective communication strategies for grieving children.
The Process of Child Counselling

The process of counseling children involves supporting the child to identify his/her concerns, their causes and effects and available options in addressing them thus working out realistic solutions. It is an on-going process that utilizes child friendly approach and good communication skills to help the child participate in exploring the issues related to his/her life and general welfare.
Skills and attitudes that promote good communication with children

• Be approachable to the child and able to get down to the child's level.
• Show interest in the child. The Counselor may first talk to the child and then to the caretaker.
• Be careful about your facial expression, and eye contact as you may frighten the child if not careful.
• Use simple language
• Be ready to provide enough time for the child
• Love and respect the child and his/her rights.
• Be sensitive to the child's need and difficulty by observing the child's feelings and other non-verbal communication clues.
• Be simple open-ended questions
• Acknowledge child’s feelings
• Be ready to accept what a child does
• Assure safety
• Respect children’s privacy
• Assure confidentiality
Strategies to be used in helping parents to know their children’s HIV status

Parents might be stressful when informed that his/her child is HIV positive. To most parents, this will be the unexpected threatening news or information and might arose emotional reactions such as anger, shock, and depression. Therefore, the counselor should support them by:

• Explaining what is happening to them.
• Discuss over why he/she is so anxious, angry, shocked or depressed.
• Lead the discussion focusing on positive things concerning children’s HIV.
• positive status and treat parent as a client with crisis.
Supporting parents to cope with their emotional reaction when having HIV positive children

Parents who decide to disclose their HIV-positive status to their children need to do so in a way that is sensitive towards the child. When doing so bear in mind the following points:

- Be conscious about timing e.g. avoid times of stress such as during the child's examination periods.
- Choose a quiet, sheltered environment, where your child can show his or her emotions without being exposed to other people.

continue
Be understanding and patient. For example, if your child reacts by crying, do not try to reason with him or her, but simply provide a shoulder to cry on.

If you cannot handle the situation on your own, ask a friend, family member or counselor for support.

Be available for some time after you disclose you HIV–positive status. For example, do not do so the day before going on a journey.
Effective communication strategies for grieving children

- **Make - belief play:**
  Make-belief plays involving puppets, toys and masks help them communicate ideas or feelings that otherwise would be too difficult to express verbally.

- **Music:**
  These are powerful tools in helping those emotionally distressed especially if the songs and tunes are familiar and linked with happy memories. The movement and rhythm help to release tension and produce a feeling of well-being.
 ✓ Drama:
   When children are encouraged to create and dramatize their own stories it also helps to relieve the child from pent up feelings. At the end one can discuss with them how they feel about the play and about how it ended.

 ✓ Story telling:
   An important communication tool to build the child's confidence in verbal presentation skills. Stories about characters who overcome difficulties in their lives help children to imagine themselves overcoming their own difficulties.
☑ Drawing pictures of reality:
   Through drawings, children communicate experiences and feelings that are hard for them to talk about. Do not influence what to draw.

☑ Writing about experiences:
   This involves writing stories, poems or accounts of one’s experiences as a useful means of expression. Other children love to write anywhere - on the ground, board or paper etc. Do not criticize the techniques or standards of the productions. This builds confidence of expression.
Rights of children in counseling and testing services

Counselling and testing of children below 18 years of age shall be carried out only when the counsellor has determined and is satisfied that it is in the best interest of the child and not otherwise and shall involve parents or guardians.

• Before a child is tested, he or she must be involved in the dialogue and the parent or guardian must approve the testing.
• In giving results to a child below 18 years of age, the counselor will counsel both the child and parents /guardians before the results are communicated.
• For the child who tests HIV positive long term supportive counseling is imperative.
• A parent/guardian consent form for testing a child below 18 yrs. of age must be filled before testing is done.
Module 4: Counselling for Specific Target Groups and Situations

Session 9 Handling People With Disabilities in the Context of HIV Counselling and Testing
Objectives

1. Define disability

2. Identify groups of people with disabilities

3. Explain requirements for HTC services for different groups of people with disabilities

4. Explain Minimum Standards for setting up a Disability friendly HTC Site
Disability

The United Nations Convention on the Rights of Persons with Disabilities defines disability as ‘those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.'
The plight of people with disabilities

• Little attention has been given to the risks of HIV and AIDS for individuals with a physical, sensory (deaf, blind), mental or multiple disability before or after infection.

• Cultural and social prejudices create misconceptions that people with disabilities are not at risk of infection because they are incorrectly assumed to be sexually inactive.

• However, people with disabilities do the same things as everyone else and are just as sexually active as other people.
Types of Disabilities

**Visually Impaired** – Refers to anyone who is totally blind or has low vision.

**Deaf** - Refers to a person who is deaf or hard of hearing. This definition includes pre-lingual and post-lingual deafness.

**Intellectual Disability** – The term intellectual disability refers to a lower than average ability to process new or complex information, learn new skills, and cope independently.

**Physically Challenged** – Refers to people who have one form or another of disability which is caused by any physical part of the body.
Deaf friendly HIV Testing and Counselling Services

Two main strategies have been utilized, namely:

• Utilizing Deaf HIV counselors, as the main service providers in mobile and stand alone VCT sites for the deaf; and

• Training hearing counselors in sign language and on how to provide services to the deaf so that HTC services targeted at the deaf can be integrated in VCT sites aimed at the general population.
HIV Testing and Counselling Services friendly to Visually Impaired People

Utilize opportunities presented by organizations working with the visually impaired people to provide mobile HTC services.
• Setting up of support groups and post test clubs for the VI where those with HIV share their experiences on how they have managed to cope with their status, encourage their colleagues to go for HIV testing as well as give advice on proper nutrition and coping mechanisms.

• Development of large font generic leaflet on condom use to enable the blind read the condom instructions given on the packets.

• Development of alternative packaging for medicines prescribed to the blind.
HTC Service Delivery to the Physically Challenged

The links between physical disability and HIV are two pronged: people with physical disabilities may become infected with HIV, due to risky behaviour, And, people with HIV may at times become physically disabled due to some of the opportunistic infections (OI).

The following approaches help in giving them services.
• Participatory approaches in enhancing HIV and AIDS awareness
• Structural modifications in existing HIV service delivery stations to facilitate ease of movement
HTC Services to Persons with Intellectual Disabilities

• Service has to employ individualized approach by establishing what the person already knows about HIV and AIDS.
• HIV messages should be simplified for easy understanding.
• HIV messages delivered repetitively for the mentally handicapped to register in their minds.
• IEC materials such as pictorials and illustrations containing different messages on HIV and AIDS, HIV prevention, STI, sexual abuse, among others developed
Disability-friendly Interventions

• This refers to interventions aimed at making the existing services more easily accessible to persons with disability.

• Examples are: use of Information, Education and Communication (IEC) materials, sign language and interpreters for the deaf, Braille materials, large print and tape aid for the blind and mobility aid for the physically challenged.

• The minimum standards for setting up a disability friendly HTC site is given below
Minimum Standards for setting up a Disability friendly HTC Site

Structure:
• Consider setting up the VCT the ground floor for ease of accessibility.
• Where necessary, build ramps at the entrance of the testing centers or provide lifts where possible.
• Ensure that the doors to the counselling rooms are large enough to accommodate a wheel chair
• The service provider’s room should have adequate space and well equipped to accommodate a wheel chair, an interpreter and or a carer/guardian
• Ensure that the rooms are well lit to facilitate communication with deaf (sign language and writing) and persons with low vision.
Minimum Standards for setting up a Disability friendly HTC Site (cont.)

Communication:
• There should be a sign language interpreter.
• Service providers should have basic sign language and or a deaf counsellor/interpreter should be available at the site upon request.
• The HTC site should be located in an environment where there is minimal interference with the counselling session.
• HIV/AIDS IEC materials catering for all groups of PWDs should be availed at the reception desks, waiting bay and the testing room. This should include materials in Braille and large font as well as in sign language; for example posters and leaflets done in sign language.
• The IECs developed should be simplified for all PWDs.
• Drawings and illustrations with focus on HIV and AIDS should be provided for the intellectually challenged persons.
Minimum Standards for setting up a Disability friendly HTC Site (cont.)

Service provision:
• HIV services providers should have basic knowledge on disability and HIV issues.
• HIV service providers should be trained on how to provide quality and non-stigmatized services to PWDs.
• Service providers should develop innovative approaches that will involve taking HIV services closer to PWDs. Such may include, mobile HTC and Home based Testing and Counselling.
• Clear referral mechanisms from the HTC site to HIV care & treatment services that are disability friendly should be established where possible service should be offered at no cost or a waiver made for PWDs who might not be in a position to cater for the expenses incurred in accessing HTC services.
• Initiate peer led support groups where disabled clients can join for psychosocial support.
• PWDs can be involved either as mobilizers, peer educators, or counselors in the delivery of HTC services.
Module 4: Counselling for Specific Target Groups and Situations

Session 10 Counselling Skills for Most at Risk Populations (MARPS)
Objectives

1. Identify types of most-at-risk populations
2. Explain the need for targeting MARPS
3. Counsel MARPS
Who are the ‘Most at risk Populations’ or MARPs?

Most at-risk populations (UNAIDS 2007):
- Injecting Drug using populations;
- Men who have sex with men (MSM);
- Persons engaged in sex work;
- Clients of persons engaged in sex work.
Other Vulnerable Populations

- Military and other uniformed services;
- Men and women engaging in transactional sex;
- Imprisoned populations;
- Mobile populations (e.g. migrant workers, trucker drivers);
- Street Youth;
- Persons who engage in alcohol-associated HIV sexual risk behaviors.
Why target MARPs?

1. Higher rates of infection than the general population

2. Reduced access to healthcare and other public services

3. MARP intervention will influence the future of HIV/AIDS epidemic in many mixed epidemic countries
HIV Prevalence: Female Sex Workers

![Graph showing HIV prevalence in female sex workers (FSW) and population HIV prevalence across various countries including Ethiopia, Zambia, Ghana, South Africa, Benin, Cote d'Ivoire, Djibouti, and Mali.]

- **Ethiopia**: FSW HIV Prevalence > Population HIV Prevalence
- **Zambia**: FSW HIV Prevalence > Population HIV Prevalence
- **Ghana**: FSW HIV Prevalence > Population HIV Prevalence
- **South Africa**: FSW HIV Prevalence > Population HIV Prevalence
- **Benin**: FSW HIV Prevalence > Population HIV Prevalence
- **Cote d'Ivoire**: FSW HIV Prevalence > Population HIV Prevalence
- **Djibouti & Kenya**: FSW HIV Prevalence > Population HIV Prevalence

The graphs indicate a higher prevalence of HIV among female sex workers compared to the general population in these countries.
## HIV Prevalence: MSM

<table>
<thead>
<tr>
<th>Country</th>
<th>MSM Prevalence</th>
<th>Population Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>21.5 (17.7–25.3)</td>
<td>0.99</td>
</tr>
<tr>
<td>Kenya</td>
<td>10.6 (8.6–12.8)</td>
<td>6.93</td>
</tr>
<tr>
<td>Sudan</td>
<td>9.3 (7.1–11.4)</td>
<td>1.67</td>
</tr>
<tr>
<td>Egypt</td>
<td>0.01 (0.00–4.0)</td>
<td>0.01</td>
</tr>
</tbody>
</table>
### Prevalence of HIV for MARPS in selected countries compared to general population

<table>
<thead>
<tr>
<th>Country</th>
<th>MSM Prevalence</th>
<th>IDU Prevalence</th>
<th>General Population Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>14.4</td>
<td>18-78</td>
<td>0.58</td>
</tr>
<tr>
<td>Kenya</td>
<td>10.6</td>
<td>36-50</td>
<td>6.93</td>
</tr>
<tr>
<td>Zambia</td>
<td>33</td>
<td>42.5</td>
<td>17</td>
</tr>
<tr>
<td>Thailand</td>
<td>24.6</td>
<td>11.52</td>
<td>1.55</td>
</tr>
</tbody>
</table>
Why provide CT services for MARPS

- MARPs exist in all regions of the world and are likely to have high HIV prevalence

- CT service for MARPs will enable them to access care and treatment services

- Need to focus on:
  - Scaling up interventions and services for MARPs;
  - Establish friendly services for their benefit;
  - Linking interventions to other clinical/social services where feasible;
  - Ensuring affected communities are involved
Counseling skills for MARPS

• Maintain self-awareness.
• Remain confident.
• Use plenty of effective listening and communication skills.
• Be empathic and understanding.
• Do not let your values lead you into bias.
• Exhibit the capacity to tolerate their values and behavior.
• Understand the challenges face the particular type of category.
• Value equality and human dignity.
• Demonstrate nonjudgmental concern for and interest in the client.
Module 4: Counselling for Specific Target Groups and Situations

Session 11: Crisis Counselling

M4-14
Objectives:

1. Define crisis
2. Define crisis in relation to HIV and AIDS counselling
3. Discuss types of crisis and crisis counselling
4. Perform crisis counselling
Definition of crisis

Crisis is a sudden or unexpected event that throws an individual completely off balance emotionally.

- Crises are not usually predictable or expected.
- It is this unexpectedness that can intensify the reaction to a crisis.
- A person in crisis feels loss of control and power over his/her life.
Definition of crisis in relation to HIV and AIDS counseling

It is the process of helping someone who is experiencing a crisis to come back to the state at which he/she was functioning before the crisis.

- It is a 24 hours services, it can be done at counselling centre, in the office, and at home.
Types of crisis and crisis counseling

- **Dispositional crisis:**
  This can arise from lack of information for e.g. not knowing which job to take

- **Anticipated life transitions:**
  These are normal developmental crisis that are common in our society. E.g. career changes

- **Traumatic stress:**
  These crisis results from externally imposed stress situations that are unexpected; uncontrolled and emotionally overwhelmed. E.g. rape

- **Maturation/development crisis:**
  These are general crisis that we pass through our life stages. E.g. sexual identity
✔ Psychopathological crisis:
These are emotional crisis, which impair or complicates the way one deal with a situation, inflating it to crisis proportion. E.g. loss of meaning of life

✔ Psychiatric emergencies:
These are situations in which a persons general psychological functioning is severely impaired. E.g Harming others and him/herself.
Factors that lead one to crisis

• Loss of a dearly loved one.
• Loss of property through damage theft or other
• Loss of a job
• Incurable diseases such as cancer and AIDS which have just been diagnosed or chronic diseases
• Incapacitating accidents in which limbs, sight and the like are lost
• Divorce / marital separation
• Transitions of life e.g. becoming an adolescent marriage, changes in socio-economic status retirement and aging.
Feeling and experience during crisis

**Anxiety**: Trouble feeling in the mind caused by fear

**Suicidal**: An individual may experience thoughts on suicidal (killing him/herself)

**Stress and tension**: Is pressure or worry resulting from mental and physical distress.

**Panic**: Sudden feeling of great fear
- Individuals feel they can do, if they are to make up decision they may end up in making a wrong decision.
- Individual usually needs assistance in order to control emotions
Perform crisis counseling

There are eight overlapping steps in crisis counseling:

- **Immediate intervention**
  Crises are threatening to the individual involved, thus limiting the counsellor's time for intervention.

- **Taking action promptly**
  Persons involved in crises need to know that something is being done for them through them.

- **Averting a catastrophe**
  This is done to start restoring the client to a state of balance.
• **Fostering hope and positive expectations**
  The client loses hope and expectation.

• **Providing support**
  Results from lack of an adequate social support system.

• **Focused problem solving**
  The counsellor and client work to determine the main problem that led to the crisis.

• **Building self-esteem**
  A person may become passive and sit back to await help from somewhere.

• **Instilling self-reliance**
  The client becomes too reliant on other people.
Module 4: Counselling for Specific Target Groups and Situations

Session 12: Counselling for Loss, Grief and Bereavement
Objectives:

1. Explain the concepts: Loss, Grief, and bereavement

2. Describe stages of grieving and bereavement

3. Define emotional stages a client may go through

4. Describe strategies of dealing with loss

5. Describe different fears which accompany death
Definitions

• Loss is the state of being deprived of or being without something one has had and valued.

• Grief is the intense emotional suffering caused by loss, disaster or misfortune.

• Bereavement is the act of separation or loss that results in the experience of grief.
Stages of grieving and bereavement

Shock and crying:
It is the time of sudden pain, ache, despair and feeling of helplessness.

Guilt:
Is a universal phenomenon; is a responsible for something wrong, blame. Many guilt reactions are an attempt to gain control.

Hostility:
Is a state of one being unfriendly accompanied by anger especially when a person feels abandoned and in doubt of life’s continuity.
• **Restless activity:**
  Is a loss of interest in doing certain activities and switch from one another.

• **Usual activities lose their importance:**
  Usual activities lose their importance only because they were done in relation to the deceased.

• **Identification with the deceased:**
  It is a processes whereby the deceased work or project is taken over by the widow or widower.
• **Emotional release:**
The process of encouraging the person to cry or talk it out.

• **Depression and loneliness:**
It is a state of being overwhelmed with thoughts and uncertainties.

• **Panic about him/her or the future:**
This can come because death is ever present in her/his mind.

**The struggle to affirm reality:**
It is a state when one affirms reality. One can come out either stronger or weaker.
Emotional reactions of HIV and AIDS

- **Emotional reaction** is a psychological or mood changes by somebody or group of people after receiving strenuous news or information.
- People or a person can get strenuous news, but can react differently depending on how courageous is and how she/he is going to cope.
Psychological reactions to HIV infection

• **Shock**- exists when a person receives unexpected life threatening news or information. E.g. Reflex-where certain normal body function stop suddenly.

• **Denial**- is characterized by the patient saying, “It can’t be true. They have mixed up the results” in order to reduce anxiety. The facts are denied
- **Anger**: Is characterized by the client saying “Why me and why not the other one”, “What have I done wrong?”, “Why does God punish me.”

- **Bargaining**: The client is looking for better situation, and trying to solve the problem. E.g. “If I get medicine, I will give all my property to the poor.”

- **Depression**: Is characterized by feeling of suicidal activities. E.g. “Life is not worth while anymore,” “I wish I was dead.”

- **Acceptance and Coping**: Clients accept their HIV status and ready to cope with the situations.
Strategies of dealing with loss

For suicidal risks:
- Don’t be afraid to ask for most of greater relief talking to some one about it.
- If some one is suicidal, monitor that person
- If you are not sure, ask a mental health worker for assistance.

For anxiety and neuropsychiatry manifestation:
- Explain to the client what is happening to him.
- Discuss over why the client is so anxious
- Looking for things which make anxiety more worse
- Focus on positive things
- Refer client to a doctor/ psychiatrist
Fears that accompany death

• Fear of pain

• Shame of being helpless

• Fears to be left behind

• Anxieties about unfinished business and unrealised hopes
Module 4: Counselling for Specific Target Groups and Situations

Session 13: Supporting Client and Significant Others to Cope with Loss

M4-13
Objectives:

1. Explain the importance of keeping the communication open between the dying person and significant others.

2. Support client and significant others to cope with loss
The importance of keeping communication

- Listening to dying person’s wishes
- Listening to the questions they want to ask
- Facilitate good terminal care
- Family or significant other to show the dying plans and ability to cope.
Support client and significant others to cope with loss

In Loss and Bereavement counselling, a counsellor should:

• Help the client ventilate their feelings, worries, fears, towards the loss.

• Help the person identify and express spoken and unspoken feelings (anger, guilty, anxiety, helplessness and sadness)

• Help the client identify strategies of dealing with loss.

• Allow time for and give permission to grieve

• Encourage the person to say goodbye
• Encourage to look at a photograph of a deceased one

• Help client to identify rituals such as singing a song

• Help the client think about the previous coping mechanisms they used when experienced the loss which was similar.

• Help them discuss the business and help them to discuss any relevant unfinished business with the family member. Avoid becoming emotionally taken up and don’t give false assurance.

• Encourage the person to continue using the medicine.

• Deal with the spiritual issues or the needs of the client. To the family the counsellor should have talked to them from the time they learnt about the status of the dear one.
Towards the end the counsellor should:

- Help the family members to continue taking care of the person.

- Help them ventilate their feelings. Start planning what they might do in the absence of this person.

- Thus, the necessity to talk to the client about the unfinished business, which they need to talk to before the person dies and where the person wished to be buried.

- When the person dies the counsellor can participate in the burial ceremonies. Helping the family on practical aspects of the burial if you (counsellor) are able.
- After burial make arrangements to visit the family for emotional support.

- Encourage parents or significant other that children also pass through grieving so it is importance to address repeatedly as they grow.

- Address that the longer the grief in children limit ability to experience intense emotions. A child’s grief may be influenced by age, personality, earlier death experiences, ongoing care needs, opportunities to share his or her feelings or memories and caretakers’ ability to cope with stress.

- Encourage that talking about death and dying can be a positive experience for both children and parent. This gives children the opportunity to say good bye and start the healing process and gives parents and significant others the satisfaction that the child will be prepared to live without them.
- Remember that counselling is needed to parents and significant other so as to help them talk with their children about dying