

HIV Counselling Series No. 5



Counselling Guidelines on Survival Skills for People Living with HIV



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Counselling Guidelines on Survival Skills for People Living with HIV

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Southern African AIDS Training (SAT) Programme

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Copies of this publication may be obtained from the

Southern African AIDS Training Programme

3 Luck Street

PO Box 390 Kopje

Harare, Zimbabwe

Tel: 263 4 781-123

Fax: 263 4 752-609

E-mail: info@sat.org.zw

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Foreword

This is the fifth publication in a series of guidelines for counselling people who are infected with HIV, who are concerned about being infected with HIV, or who are living with or caring for people with AIDS. Each booklet offers practical guidance on specific counselling issues. The publications are designed for use by volunteer counsellors, non-professional counsellors, and professional counsellors who do not have extensive experience of counselling in the context of HIV.

The guidelines are the result of workshops organised under the SAT Programme's "School Without Walls" bringing together professional counsellors, people living with HIV, staff of AIDS Service Organisations, and people working in the field addressed by the publication. Production of this booklet on survival skills for people living with HIV was facilitated by The Centre, a self-help group of people living with HIV in Harare, Zimbabwe. Editorial and design assistance was provided by the Southern Africa AIDS Information Dissemination Service (SAfAIDS), a regional organisation based in Harare specialising in AIDS information management and dissemination. The booklet reflects the unique experience of the group of counsellors and activists that met in the workshop facilitated by The Centre.

To date, the SAT Programme has published counselling guidelines in English and Portuguese on the following subjects:

Number 1: Disclosure of HIV Status

Number 2: Child Sexual Abuse

Number 3: Palliative Care and Bereavement

Number 4: Domestic Violence

The SAT Programme is a project of the Canadian International Development Agency delivered by the Canadian Public Health Association. It has been at the forefront in supporting the community response to AIDS in Southern Africa since 1991. “The School Without Walls” is an initiative of the SAT Programme to validate, promote, and diffuse the unique Southern African experience and expertise in responding to HIV. The SAT Programme is profoundly grateful to the volunteers and professionals who have made this publication possible and who are supporting SAT in the preparation of further publications.





Counselling guidelines on survival skills for people living with HIV

Creating these guidelines

These guidelines are based on the experiences and advice of people from across Southern Africa who have extensive experience in counselling people living with HIV or AIDS. The guidelines were produced by the SAT Programme in collaboration with The Centre and with editorial support from the Southern Africa AIDS Information Dissemination Service (SAfAIDS). The Canadian International Development Agency funded the publication. Cartoons were drawn by Joel Chikware.

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Definition of terms

Survival skills are skills that empower persons living with HIV to cope with the difficulties and challenges they might face, and to live a long, fulfilling life. Some people refer to such skills as *positive living skills*.

Client is used to refer to the person who is being counselled.

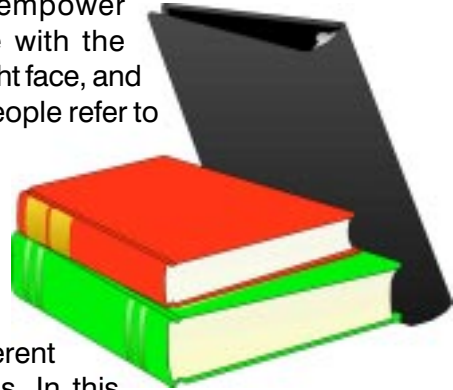
PLWHA is an abbreviation for “person living with HIV or AIDS”. The abbreviation is used with different meanings in different publications. In this booklet, it refers to a client who is HIV positive.

Support groups are groups of people who are facing similar challenges and who decided to meet regularly to share experiences and to help each other. Sometimes such groups are referred to as *self-help groups*.

Opportunistic infections are infections that are particularly common or particularly severe in people whose immune system has been weakened by AIDS. The most common opportunistic infection is tuberculosis.

Disclosure means telling others that you are HIV positive. Disclosure can also be involuntary when this information is revealed by someone else without your approval or knowledge.

Anti-retroviral drugs or **ARVs** are a group of medicines that are capable of slowing down the progression of HIV infection to AIDS. These medicines do not cure AIDS, but if taken daily for the rest of your life, they may prevent the progression from HIV infection to AIDS.



Introduction

Talking about survival skills is a vital part of HIV counselling. It helps people understand that their life is not over because a laboratory test has found that they are infected with HIV. They can still live fulfilling lives, and they are still in control of their own quality of life. Survival skills should be discussed in all counselling sessions, including in sessions with clients who are unaware of their HIV status and are considering being tested. Knowing about survival skills helps people accept a positive HIV test result because it reinforces the message that this result does not mean the end of their life. Everybody needs to understand that being HIV positive is not an immediate death sentence. Following the positive living practices described in this booklet helps people living with HIV to stay healthy and to live a longer life.



Preparing for a counselling session

Counsellors need to prepare for counselling sessions. Each counselling session differs depending on the needs of clients and on the issues and concerns they bring to the session. There are, however, several things you can do to prepare yourself:

- ⌘ Find out as much information as possible about HIV, AIDS, and related subjects. This information should be accurate (from a reliable and recognised source) and up-to-date.
- ⌘ Make yourself familiar with the skills needed to prolong life and the behaviours that speed up the progression of AIDS.
- ⌘ Inform yourself about other counsellors, groups, and organisations you can refer your client to for further help and support, especially on issues where you feel that you lack expertise and experience.
- ⌘ If you know other people dealing with similar problems for your client, explore your client's interest in meeting these people to help in the formation of support or self-help groups.
- ⌘ Decide on the length of the counselling session beforehand and advise your client.
- ⌘ Have a positive attitude; your personal gloom will not help anybody.



Pre-test counselling

Begin to discuss survival skills with your clients as early as possible, preferably during pre-test counselling. Most people going for an HIV test are already thinking about how a positive test result may affect their life. Knowing beforehand that there are survival strategies can ease the tension. If the test does turn out to be positive, the knowledge that there is something one can do to stay healthy will help your client cope with receiving the result.

Some issues you should be aware of when you are counselling a person who intends to have an HIV test:

- ⦿ Determine the reasons why the client has decided to have an HIV test. Sometimes people are pressured or coerced into having a test by another person such as a doctor, counsellor, or partner. It is important that the client, and nobody else, decides to have a test. Taking an HIV test is a big step and the client needs to be aware of the advantages and disadvantages. The test should not be done without the client's full and genuine consent.
- ⦿ Give the client accurate and up-to-date information about HIV and AIDS, and correct any misconceptions the client might have. Give your client time to express any worries or fears, and address them before the test is taken.
- ⦿ Stress the confidentiality of counselling and testing. It is important that the client understands that both the discussion and the results of the test will be confidential, and that nobody else will be told about them without the client's permission.
- ⦿ If your client thinks that he or she might be HIV positive, you should explore the reasons. Help your client assess the risks and the effects of HIV in preparation for the results.
- ⦿ Whenever possible, help your client identify a support person – a relative or a friend – to provide company when going for the test results and for post-test counselling.
- ⦿ Tell your client about support groups and explore the possibility that he or she may join such a group if the HIV test is positive. This

is particularly important if you sense during the interview that the client does not have a strong social support network.

- ⊗ If the client has a stable sexual partner, you should explain the advantages of getting tested and getting results with the partner. Explore the difficulties and possible consequences of disclosing the test result to the partner. Try to encourage the client to bring his or her partner to a pre-test counselling session.
- ⊗ Prepare your client for both a positive and a negative HIV test result. In preparation for a negative result explore with your client how to reduce his or her personal risk for HIV infection. In preparation for a positive result introduce the subjects of survival skills and positive living that will be covered in much greater detail during post-test counselling.

Testimony 1: pre-test counselling

Very few people come for pre-testing of their own free will. Doctors or relatives usually send them. Others get tested to join a pension or health care insurance plan, or a training programme such as entry to the police force. At their first visit, clients are usually very anxious. As counsellors, we give them as much information as possible. We discuss what HIV is, what it does, how it can be controlled and how one can manage it. We stress the importance of having a positive mind. After talking to us people usually want to go ahead with the test.

"We stress the importance of having a positive mind."

Post-test counselling

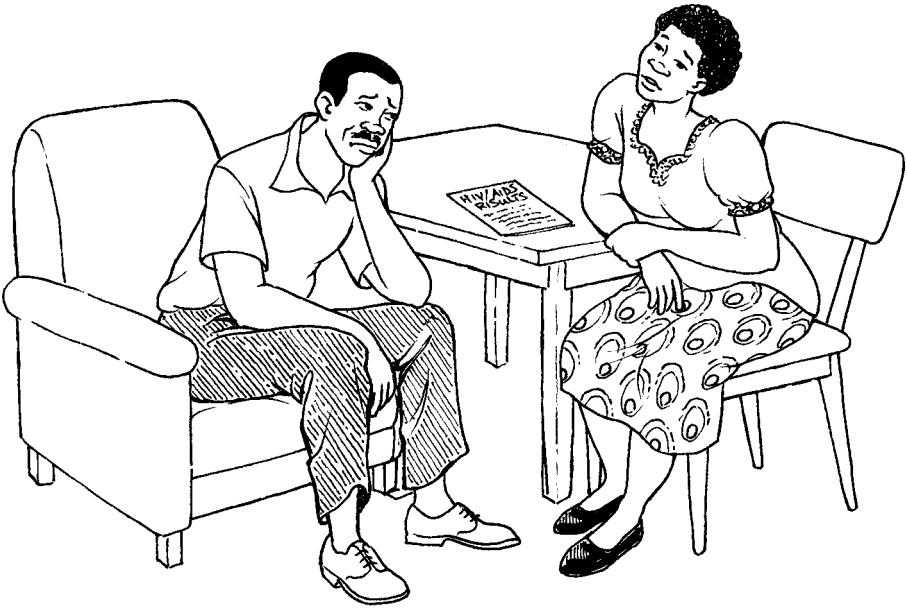
Survival skills are a very important subject of post-test counselling. When people find out that they are HIV positive they often feel as if their world has fallen apart and that there is no point in living any longer. Post-test counselling should help people develop coping mechanisms for dealing with their HIV status, and to realise that life is not over just because of the result of a laboratory test.

Some issues you should be aware of when you are counselling persons who have returned for their HIV test result:

- ⦿ Assure yourself that the client is ready to receive the result. You can assume that most people who have returned to the testing centre want to know their test result, but you should still ask. If you sense some hesitation, talk about the reasons. Your client may not be here out of his or her own free will. Discuss the advantages and disadvantages of knowing one's HIV status. Do not give the results until you are sure your client is ready to receive them.
- ⦿ Assure your client again that the result of the HIV test and the discussions of the counselling session are confidential and will not be disclosed to anyone without his or her explicit permission.
- ⦿ If and when the client is ready, give the test result.

If you have just given a positive HIV test result to a client:

- ⦿ Observe and assess your client's emotional state. People react in different ways to a positive result. Some people show little emotion, others react with emotional outbursts. The counsellor's role is to assist clients to deal with their emotions as they are expressed.
- ⦿ Address your client's needs and concerns. This discussion must be driven by the client and not by the counsellor. This means that you should respond to the issues and topics brought up by your client, but not tell your client how he or she is feeling or what emotions he or she might be going through.
- ⦿ Find out if the client has had a pre-test counselling session and what was discussed. Sometimes people are tested for HIV without



Stress management

Dealing with stress is an important survival skill.

A person who is stressed may show the following signs and symptoms:

- ⌘ social withdrawal, loss of interest in surroundings;
- ⌘ moodiness, irritability, or intolerance;
- ⌘ difficulty falling asleep, or early morning waking;
- ⌘ constant fatigue, difficulty in getting out of bed;
- ⌘ upset stomach, loss of appetite, over-eating;
- ⌘ headaches or pain in the neck and shoulders;
- ⌘ loss of sexual desires or urges;
- ⌘ loss of ability to concentrate;
- ⌘ loss of interest in activities, apathy;
- ⌘ poor performance at work or in school;
- ⌘ pacing or restlessness;
- ⌘ increased use of alcohol, tobacco, or other drugs.

Possible causes of stress that are related to HIV infection may be:

- ⚔ receiving the result of a positive HIV test;
- ⚔ involuntary disclosure of a positive HIV test;
- ⚔ break-up of family or of a relationship;
- ⚔ death of a spouse or child;
- ⚔ financial difficulties;
- ⚔ loss of employment;
- ⚔ inability to talk about one's problems;
- ⚔ isolation due to expected or actual stigma;
- ⚔ belief that death is imminent;
- ⚔ fear of dying.

As a counsellor, you should help your clients manage their stress:

- ⚔ Encourage your clients to talk about the issues troubling them.
- ⚔ Discuss potential sources of support. Who can your clients turn to for help? With whom can they share their worries and concerns? Sources of support can be found amongst family, relatives, friends, church groups, support groups, or counselling organisations.
- ⚔ Encourage your clients to rest, relax, and get enough sleep. Some people find it relaxing to pray, meditate, or to talk to themselves in private. Physical exercise is very effective for stress management. Encourage your clients to take up yoga, go jogging, join an aerobics class, or go dancing.
- ⚔ Encourage your clients to spend time with other people and help them identify people they feel secure with.
- ⚔ Try to identify the problem. It is easier to deal with stress once you know what is causing it.
- ⚔ Death or sickness in the family is a common cause of stress. Another booklet in this series provides *counselling guidelines for palliative care and bereavement*.

People are affected differently by stress. After a stressful event some people “shut down” and adopt a life style of mere survival without joy or expectations. Others react by becoming over-active and pushing themselves harder. It is important that you help your clients in either extreme to recognise this behaviour as a reaction to stress. Encourage

them to adopt techniques like affirmation (I am..., I can..., I will...) and relaxation (meditation, exercise) to help them return to a pace and a style of life that is comfortable for them.

Remember that some stress can be positive. Knowing that they are HIV positive has motivated many people to plan their lives more carefully and deliberately. They are achieving much more because they have developed a positive attitude to life.

Affirmation

Look in the mirror
and tell yourself:

"I AM strong

I CAN stay healthy

I WILL beat HIV."

Disclosure of HIV status

Another booklet in this series provides *counselling guidelines on disclosure of HIV status*. Whom, when, and how to tell about your HIV status are very important decisions for a person living with HIV. You should be aware of the following disclosure issues when counselling for survival skills:

- ⦿ People who plan to disclose their HIV status need a lot of support and emotional preparation.
- ⦿ The respondents, whom your clients want to disclose their HIV status to, should have correct information about HIV and AIDS, and should have an open and non-stigmatising attitude towards people living with HIV. You may need to help some clients prepare their respondents.
- ⦿ Some clients may ask for your presence when disclosing their HIV status. The presence of a counsellor can support both your client and the confidante. Remember that finding out that a loved one is infected with HIV can be very stressful.
- ⦿ Encourage your clients to be selective about disclosure. There are advantages and disadvantages to disclosure in each situation.
- ⦿ People should never be forced or pressured to disclose their HIV status; they must only do so when they feel ready to deal with the

consequences. The client and not the counsellor has to decide whom to tell and when. This may be difficult for the counsellor who may know the client's family or sexual partner.

- ⌘ Talking to somebody who is HIV positive may be very helpful to a person who is considering disclosure. Some support groups of people living with HIV have trained volunteer counsellors. They have personal experience of sharing information about their HIV status and can give guidance to your client. Joining a support group and talking to other people living with HIV is always a good idea, and it is particularly helpful for reaching a decision on disclosure.

Treatment and medicines

There are at least 15 different types of medicines known as anti-retroviral drugs (ARVs). None of these drugs can cure AIDS or eliminate HIV, but if taken in the right combination, they can slow down the progression from HIV infection to AIDS.

Until recently, the drugs have been very expensive. However, an intensive international lobby has resulted in the reduction of price in some countries, and the movement is gaining ground all over Africa. ARVs are already available in specialised clinics and big hospitals in all major cities, however still at a price that places them out of reach of most of the population.

The currently available ARVs have to be taken for life. An effective treatment requires that at least three different drugs are taken at the same time. The drugs have major, and sometimes life-threatening side-effects. In countries where these drugs have been available for a long time, about one in three persons stops taking them because of side effects or inability to follow the very strict drug regimen.

There are a number of other medicines that are known to be beneficial to people living with HIV through their action of preventing common opportunistic infections. These are generally much more affordable and more widely available than ARVs.

As a counsellor, you should be aware of the types of medical treatment available to people living with HIV in your community, and how to access these treatments. However, it is not wise to discuss medical therapies with your client unless you have expertise in this area.

There are, however, alternate therapies being explored by PLWHA groups all over the world, whether they have access to ARV treatment or not. Many of these therapies have proven beneficial. You should explore among local support groups what types of natural or alternative medicines are available. The main guidelines in recommending alternative therapies are that you should not believe any claims of a “cure” of AIDS; the treatment should not do any harm to the patient; and it should not waste the patient’s money without providing any benefit.

Taking vitamin supplements, improved nutrition, prevention and early treatment of minor infections and avoiding stress can help prolong your client’s life. Prompt attention to minor aches, pains, skin rashes, or injuries is essential for health and survival.

Here are some alternative therapies that PLWHAs have found useful. Remember that therapies such as aromatherapy, herbal remedies, reflexology, and hypnotherapy require a qualified practitioner:

- ⦿ meditation – the process of relaxing daily in a quiet setting to focus deeply on body energy and breathing techniques;
- ⦿ relaxation – taking a short break away from work or chores to rest and control your breathing and body’s response to increased tension;
- ⦿ massage – kneading or rubbing parts of the body to promote circulation, suppleness, pain relief or relaxation;
- ⦿ aromatherapy – the application of fragrant essential oils to relieve tension and certain minor ailments;

REMEMBER!
Everyone gets sick at times. Colds, flu, allergies, food poisoning, upset stomach and fatigue are not necessarily HIV related. Anyone can suffer these ailments. But if you are HIV positive, you need to give your body additional help to fight diseases.

- ✂ herbal remedies – the treatment of ailments with plants. There are many effective and widely known herbal remedies for common ailments such as diarrhoea. Some herbal remedies, for instance the African potato, are believed to boost the immune system and help fight off infections;
- ✂ reflexology – a form of therapy where pressure is applied to specific areas on the feet and hands, which stimulate the blood supply and nerves to create a relaxing and healing effect on other body parts;
- ✂ art therapy – drawing, painting or other forms of art as a way of relaxing or expressing emotions;
- ✂ hypnotherapy – inducing a state of deep relaxation and concentration in which deeper parts of the mind are accessible for the treatment of emotional problems.

Remind your client to “listen to your body”. If eating in a certain way or receiving a certain type of treatment makes your client feel better, it will almost certainly be beneficial.



Nutrition

Good nutrition is the only form of therapy that is available to most people. It is generally affordable because unrefined and unprocessed foods tend to be cheaper, though healthier.

Nutrition as a therapy can improve the quality of life for people living with HIV because it can help them feel in charge. It allows them to do something practical to help themselves.

People living with HIV need to protect their immune system because it is weakened by the HIV infection. They can do this by paying attention to two rules:

- 1. Do not give your immune system other things to fight. You are most vulnerable to the effects of HIV when your body is trying to fight off other types of infections or when it is weakened by stress or exhaustion.**
- 2. Strengthen your immune system by providing your body with the necessary nutrients to remain strong. This means eating a healthy and balanced diet.**

As a counsellor, you should become familiar with the rules for healthy eating in order to advise your clients.

When foods are “refined” it means that all the goodness has been removed. You are paying more for less value. When foods have been “processed” it means things like colourings and preservatives – which can be harmful to your health – have been added.

The Golden Rules of Healthy Eating

Eat **WHOLE** (unrefined) foods.

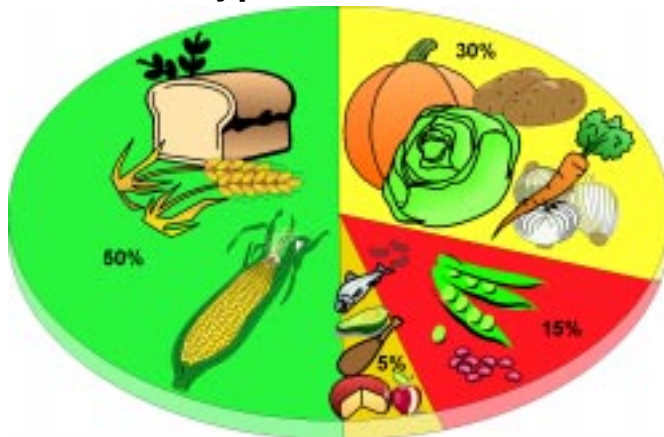
Eat **NATURAL** (unprocessed) foods.

Eat **INDIGENOUS** (not imported) foods and foods that are **IN-SEASON** (fresh foods that have not been stored for a long time).

Drink **CLEAN** water (boiled for ten minutes or filtered).

Eat **LITTLE** and **OFTEN** - 5 times daily (every 3 hours). This applies especially to people with appetite loss or weight loss.

A healthy plate should look like this



Whole Grain (50%) – Grains should be whole, even if ground for thick porridge. For example, sorghum, millet, whole ground maize, whole wheat bread made from whole wheat flour, brown (unpolished) rice, barley, oat porridge, brekweet, or maltabella.

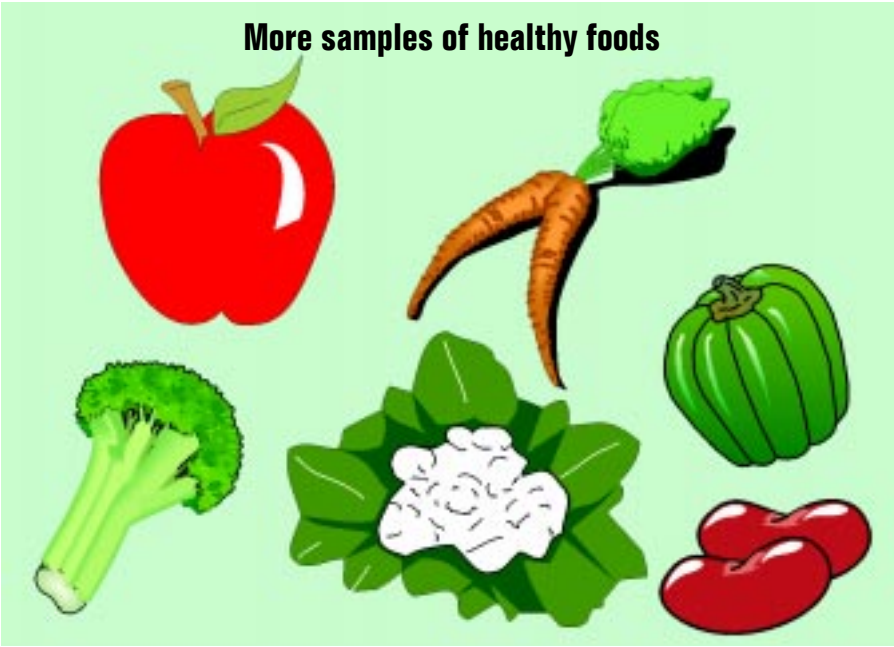
Vegetables (30%) – Combine yellow (pumpkin, butternut, carrots, and sweet potato) with white (onions, leeks, cabbage, cauliflower) and green vegetables (spinach, rape, broccoli, okra, pumpkin leaves). Eat lots of vegetables every day.

Pulses (15%) – Pulses should make up the majority of protein in the diet: lentils, peas, nuts, dry beans, peanut butter, chick peas, beans, and soya (soya mince or TVP). Soya and round nuts are “perfect proteins”. Just like meat all the others must be combined with whole grains to make 100% protein.

Side Dish (5%) – This group should make up no more than 5% of the total amount eaten. It includes:

- ⌘ fruits: eat when fresh and when in season. Avocados, tomatoes and peppers are also in this group.
- ⌘ meat: little or no meat is recommended. Fish and chicken are best. If meat is desired, eat liver, kidney or heart as they are high in iron.
- ⌘ dairy: milk, cheese and milk products should be eaten very sparingly. Don't eat any dairy at all when you have diarrhoea, except yoghurt and lacto, which are good at all times. Eggs are good occasionally.

More samples of healthy foods



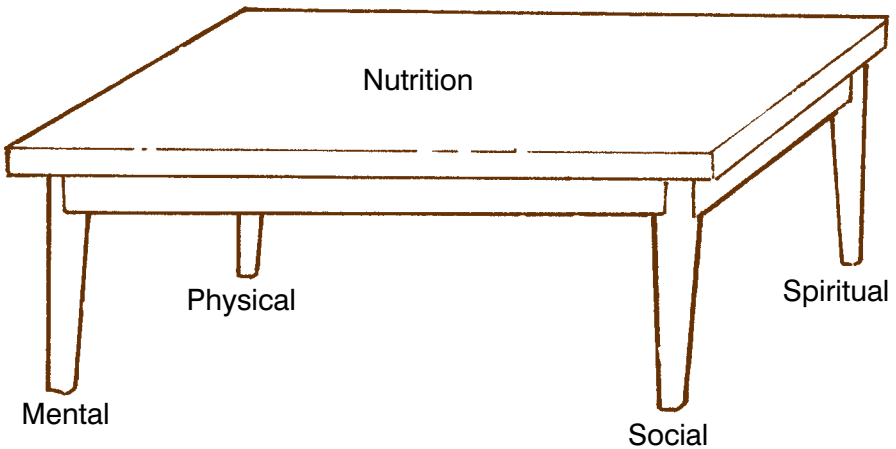
Foods to avoid

- ⌘ Sugar and all foods containing sugar: this includes cool drinks, cakes, sweets and cookies.
- ⌘ Tinned, processed and refined foods.
- ⌘ Strong tea and coffee: rooibos tea, herb tea, fruit tea, bush tea and decaffeinated coffee can be good substitutes.
- ⌘ Alcohol and tobacco.
- ⌘ Red meat and pork: liver and kidney are best if you crave red meat.
- ⌘ Cooking oil: except olive oil or cold pressed oils. Heating oil to cook with it destroys any goodness. Use it for salads only. Fats (dairy products) should be used sparingly and not at all when you have diarrhoea.

REMEMBER!

It is important to keep emphasising the role of nutrition in disease prevention, and the relationship between nutrition and the immune system.

The table of health



Health to achieve long-term survival with HIV can be compared to a table with four legs representing mental, physical, spiritual, and social health. The top of the table is nutrition.

Mental – Encourage your clients to learn to co-exist with the virus. By giving your clients accurate and positive information about HIV and the immune system, you can help them adapt their lifestyle to overcome the immediate threats of HIV infection and to adopt a mental state in which they are not always feeling fragile and in danger.

Spiritual – Encourage your clients to seek spiritual support, whatever their religious and cultural background. Prayer or meditation can induce deep mental and spiritual relaxation and renewal.

Physical – Encourage your clients to learn the practical steps they can take to improve and maintain health e.g. exercising.

Social – Encourage your clients to join a support group and to become active in the community. Social isolation because of fear of being rejected or because of past experiences of rejection is bad for your clients' health and survival.

Paying attention to all of these aspects of health ensures a better and longer life.

Testimony 3: changing my diet

I didn't find it hard to change my diet. I was determined. I was sick and I wanted to get better. If you are not sick, it is harder to change because there is no incentive. My family found it very funny when they saw me boiling sorghum or wheat. They didn't see the sense in not having fried food or meat. But in the end they adopted this diet too because they saw that it saved a lot of money.

Sometimes it is difficult for people to change their diet when they have not disclosed their HIV status to their family, or when they are the only people in the family who want to change – especially if they are not earning the money. If you cannot do everything, the most important thing is to identify the foods that make you sick and to avoid these foods. I know that if I eat sugar, cooking oil, or coffee I get sick, so I NEVER take these foods.

Vitamins and minerals

Vitamins and minerals are natural substances contained in food which are needed by your body in very small quantities for many different functions, including boosting your immune system. They are called micro-nutrients. If you follow the guidelines for a healthy diet, you are eating all the micro-nutrients you need.

Many people living with HIV take additional micro-nutrients in the form of tablets. But remember, vitamin tablets are no replacement for a healthy diet. If your client is poor, do not recommend spending money on vitamin preparations. The priority should be a balanced nutrition for the family. If there is money left over, then your client may consider vitamin supplements.

One combination recommended by PLWHA groups consists of zinc, vitamins A, C, and E and selenium (ZACES). ZACES is an infection-fighting combination of vitamins and minerals. It increases the body's natural resistance and protects against the side effects of medications.

Zinc	1 x 10mg tablet, twice daily
Vitamin A	1 x 25,000 I.U. tablet, once daily
Vitamin C	2 x 500mg tablet twice daily (or 4 x 250mg twice daily)
Selenium	1 x 100mcg tablet daily (or 2 x 50mg twice daily)
Medox 12x12	1 tablet daily
Garlic	Up to 5 cloves a day

Garlic is nature's antibiotic!

Take up to 5 cloves of garlic per day - to keep the doctor away! If you don't like the taste of fresh garlic swallow a whole peeled clove like a tablet.

You can double the number of times you take ZACES if you are taking antibiotics, or suffering from a cold, flu, an infection, or stress.

Reproductive and sexual health

After receiving the result of a positive HIV test, some people feel “off” sex, some feel dirty or “contaminated”, and some believe that they can no longer have normal sexual relations. Yet a person living with HIV has the same sexual feelings and needs as anyone else, and there is no reason why these should be denied. Counsellors can help people understand this. At the same time they must make their clients aware of the risks so they can make informed and responsible choices about their sexual and reproductive lives.

You should be able to talk to your clients freely and objectively about sex. This means that you have to build a relationship of trust. Condom use is a key issue to be discussed. You have to impress on your clients that consistent use of a male or female condom in every act of sexual intercourse is important for their own health and the health of their partners. If the partner is not infected, then he or she risks becoming infected with HIV. If the partner is already HIV positive, then both partners risk re-infecting each other, and thereby increasing the number of virus particles in their system. This may result in a faster progression of the HIV infection to AIDS. Therefore, strict condom use or practising non-penetrative sex will protect both partners, whatever their status.

Other important counselling issues related to reproductive and sexual health include:

- ⦿ family planning;
- ⦿ abstinence;
- ⦿ partner notification;
- ⦿ sexually transmitted diseases;
- ⦿ changes in the menstrual cycle;
- ⦿ transmission of HIV from mother to child.

Your role as a counsellor is to:

- ⦿ provide accurate and relevant information so that your client can make informed choices;
- ⦿ give and explore options;
- ⦿ recognise and respect the uniqueness of your client;
- ⦿ be aware of your own beliefs and values;
- ⦿ know when to refer your client to another counsellor or agency for more appropriate and accurate information.

Your clients may be concerned about whether or not they can have children. You need to advise them on the risks of HIV transmission to the child. Most of the transmission occurs during labour or through breastfeeding. However, most children born to HIV-positive mothers are not infected with HIV, and there are interventions that can reduce the risk of HIV transmission to the infant.

HIV-positive women who wish to conceive should seek out good antenatal and obstetric care. After delivery, they should avoid breastfeeding or practise “safer breastfeeding”. The four components of safer breastfeeding are:

- ⌘ exclusive breastfeeding for up to six months;
- ⌘ condom use during the lactation period;
- ⌘ proper positioning and attachment of the baby during every feed; and
- ⌘ immediate medical attention for minor infections of the breast or lesions in the baby’s mouth.

Remember!
Not all HIV-positive mothers will pass the infection to their babies. On average, one in three babies born to HIV-positive mothers will be infected. This means that most babies born to HIV-positive mothers are not infected with HIV.



Self-awareness

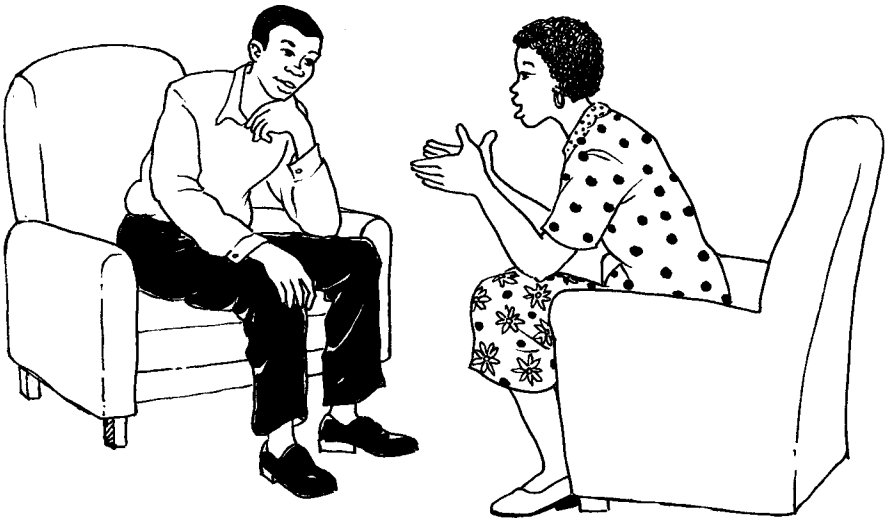
As a counsellor, you should be aware that your own attitudes, beliefs, and life experiences will affect the way you react to the client and may influence the outcome of the counselling session.

Your understanding and interaction with the client may be influenced by your:

- | | |
|------------------------------|------------------------------------|
| ⦿ religious beliefs | ⦿ fears |
| ⦿ social status | ⦿ unfinished business |
| ⦿ marital status | ⦿ prejudices |
| ⦿ gender | ⦿ race |
| ⦿ age or stage in life cycle | ⦿ own ability to deal with stress |
| ⦿ HIV status | ⦿ culture (traditions and values). |

If you feel that your work is being influenced by negative feelings or prejudices towards the client, you must seek counselling to deal with the issues yourself, and refer the client to somebody else for counselling. An important goal in counselling is to make clients aware of their strengths and positive characteristics. If you project a judgmental and disapproving attitude towards the client, you are undermining what you are trying to achieve.

You should also be aware of the language you use when talking to your client. If you use words like “AIDS victim” or “AIDS sufferer” you are undermining your objective to build the client’s inner strength and self-confidence. If your body language signals distance and it appears like you are trying to shield yourself from your client, then you may reinforce your client’s feelings of shame, guilt, and isolation that you want to overcome through counselling.



Supportive counselling

After the initial post-test counselling, a person living with HIV will often require further supportive counselling sessions. These sessions can cover a wide range of issues depending on the client's needs. Supportive counselling should instil hope in the client and strengthen the client's will to live on.

Supportive counselling may be centre-based – the client coming to see the counsellor when they need advice and support. Or it may be home-based. The advantage of home-based supportive counselling is that clients may be seen in their own environment. It may not be very expensive if it is well planned, because several clients can often be seen in one visit. It is an opportunity to get to know clients better, to know their social and material situation, and to get to know their families and support networks.

Examples of supportive counselling activities include:

- ⦿ setting up tasks or goals (remember to check or follow up on goals on next visit or session);
- ⦿ providing a “sounding board” (being a listener) for clients to express their concerns or talk about particular issues;
- ⦿ working with the family, e.g. to improve the client’s social support, or to help create more openness within the family;
- ⦿ helping clients to improve their communication skills, especially if they are preparing to disclose their HIV status;

There are limitations to remember:

- ⦿ Supportive home-based counselling requires a lot of resources. It is time consuming and it often requires transport.
- ⦿ A long-lasting supportive counselling relationship may create material and emotional dependency on the counsellor.
- ⦿ Some clients may feel that their privacy is being invaded by the counsellor.
- ⦿ As a counsellor, you may become too involved with a small number of clients, which will reduce your overall effectiveness in your job.

Supportive counselling often involves repetition of things that have been discussed before. Clients who are stressed or upset will not absorb information the first time they hear it because of their emotional state. Be patient and be prepared to repeat discussions and to restate important messages several times.

Testimony 4: how counselling helped me

I had my first counselling session five years after I found out I was HIV positive. I was down. I had lost weight. I had lost hair. I had even lost hope. I got my first counselling from my bed.

When I was told that I was HIV positive, the doctor gave me four years to live. At this time I had a three-year-old son. It was after four years that my health started to deteriorate. I had been waiting for this time and expecting that I would die because that is what the doctor had told me.

“Because she was also someone with HIV I knew I could trust her.”

The counsellor asked me “Are you prepared to leave your son behind?” I knew that I was not. She told me about stress management, visualisation, affirmation, and nutrition. She gave me the support I wanted. Because she was also living with HIV I knew I could trust her.

After two months of seeing her I was up and about again. I changed my way of living and my relatives saw the positive change in me. I disclosed my HIV status to my relatives and they were not shocked. They knew that I could handle it.

Because I now had something to live for, I needed to work. I started knitting and set up my own business. I worked in business until I received money to train to be a counsellor. I now work as a counsellor at The Centre in Harare. My son is 16. I have to see him through High School. I am looking forward to greater things.

Peer counselling

Peer counselling overcomes barriers caused by class, age, gender, sexual orientation, or HIV status. Peer counsellors have similar characteristics and experiences as their clients.

The advantages of peer counselling are that:

- ⌘ it is easier for the client to feel at ease with a counsellor and the discussion will therefore be more open and free;
- ⌘ most barriers and boundaries between counsellor and client are removed, e.g. language, age, gender, etc.;
- ⌘ the sessions are informal and tend to be more spontaneous;
- ⌘ the counsellor and the client frequent the same social circles and often live or work in proximity. This makes the counselling sessions more accessible and often more affordable for the client;
- ⌘ the peer counsellor may provide a role model for the client that is easy to emulate;
- ⌘ counselling may be linked to group support if several peers meet together.

The disadvantages of peer counselling are that:

- ⌘ knowledge may be limited within the peer group so there may be misinformation and misconceptions;
- ⌘ confidentiality may be compromised by the informal nature of the interactions;
- ⌘ dependency on the counsellor may develop because of the easy access and the frequent social contact;
- ⌘ there may be tendencies to compete within peer groups;
- ⌘ problems of some clients may be trivialised as everybody in the peer group may face similar hardships.

In peer counselling it is important to remember the following:

DO:	DO NOT:
✘ establish ground rules	✘ judge or penalise
✘ respect individuality	✘ take over the burden
✘ acknowledge the limitations of counsellors	✘ argue
✘ refer when stuck	✘ ignore
✘ listen	✘ instruct



Supporting the counsellor

Counsellors spend most of their time listening to others and giving other people support, but to do their job well, they too need support. The types of support that counsellors need include:

- ✂ back-up support and personal protection when facing angry clients or potentially violent spouses and relatives;
- ✂ an incentive for motivation, such as acknowledgement for hard and reliable work;
- ✂ psychological and emotional support (debriefing and counselling sessions);
- ✂ retreat (time away) to allow collecting new energy;
- ✂ adequate logistic support, e.g. a counselling room with privacy, transport, communications facilities;
- ✂ professional development and training to keep up to date on issues of importance;
- ✂ networking, exchange visits, and counsellor support groups, to keep in touch with their peers.

