

HIV Counselling Series N° 6



Basic AIDS Counselling Guidelines



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Basic AIDS Counselling Guidelines

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SAT Counselling Guidelines Series

This is 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 in the series is designed to offer 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 in counselling in the context of HIV. To date, SAT 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

Number 5: Survival Skills

Number 6: Basic Counselling Skills

Number 7: Children Infected with HIV or Affected by HIV and AIDS

Number 8: Stress Management

Number 9: Men who have Sex with Men

Foreword

This is the sixth publication in a series of guidelines that offer practical guidance on specific issues relating to HIV and AIDS. The guidelines are the result of workshops organised under SAT's School Without Walls, bringing together professional counsellors, people living with HIV or AIDS, staff of AIDS Service Organisations and people working in the field addressed by the publication.

The workshop on basic counselling skills was facilitated by CONNECT, an organisation of counsellors in Harare, Zimbabwe. These guidelines reflect the experience of the participants at the workshop. 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. Cartoons were drawn by Joel Chikware.

The Southern African AIDS Trust (SAT)* is an independent regional organization. It has been at the forefront in supporting community responses to HIV and AIDS in southern Africa since 1991. School Without Walls is an initiative to validate, promote and diffuse southern African experience and expertise in responding to HIV and AIDS. SAT is profoundly grateful to the volunteers and professionals who have made this and other publications possible

(*SAT was formerly known as the Southern African AIDS Training Programme)



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Definition of terms

Affected by AIDS means experiencing psychological, social, or economic problems because a spouse, family member, or close friend is living with AIDS or has died from AIDS.

Antibodies are substances produced by the body to fight infection. HIV infection leads to the production of antibodies. Although they are not effective in fighting HIV, they can be detected by a laboratory test. This is how an HIV test works.

Client refers to a person receiving counselling services.

Confidentiality means that information shared is not revealed to anybody else. Confidentiality is essential in the relationship between a counsellor and a client. A counsellor may at times find it useful to reveal confidential information to another professional. This requires the expressed consent of the client.

Contraception means prevention of pregnancy during sexual intercourse by using a contraceptive method such as a condom, a diaphragm, contraceptive pills, or hormone injections.

Counsellor refers to the person providing counselling services. This may be a professional accredited counsellor, or may be a person who has developed skills and experience in helping people through their difficulties. This booklet is primarily meant for the latter.

Infected with HIV means carrying the Human Immunodeficiency Virus in your body. This is determined by a positive HIV test and is therefore also referred to as being HIV positive. It also has the same meaning as living with HIV.

Palliative Care is the care of someone who has an illness that cannot be cured. It involves the control of pain, as well as support for psychological, social, and spiritual problems.

Re-infection can occur when a person living with HIV has unsafe sex with another person living with HIV. It can further weaken the person's defences and lead to faster progression to AIDS.

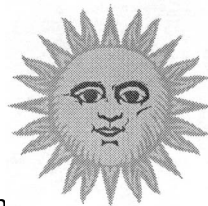
Safer sex means having sexual intercourse with a low risk of transmitting HIV infection. It includes correct use of a condom and sex without penetration (as for instance in mutual masturbation).

Understanding basic counselling

AIDS counselling can mean different things to different people. It is therefore important to agree on what it is and what it aims to achieve. First of all, we need to establish what we mean by counselling.

Counselling includes:

- establishing helping relationships with clients;
- having conversations that have a purpose;
- listening attentively to clients;
- helping clients tell their story;
- giving clients correct and appropriate information,
- helping clients make informed decisions;
- helping clients recognise and build on their strengths;
- helping clients develop a positive attitude to life.



Counselling does not include:

- giving advice;
- making decisions on behalf of clients;
- judging clients;
- interrogating clients;
- blaming clients;
- preaching or lecturing to clients;
- making promises that you cannot keep;
- imposing your own beliefs on clients;
- arguing with clients.



The purpose of AIDS counselling is to:

- help clients cope with the emotions and challenges they face when:
 - they are worried about being infected with HIV;
 - they have found out that they are infected with HIV;
 - they are affected by AIDS in their family or among their friends;
- help clients avoid infection or re-infection with HIV;
- help clients who are living with HIV to make choices and decisions that will prolong their life and improve their quality of living.

What makes an effective counsellor?

To be an effective counsellor you need to:

- show respect for people;
- be an attentive listener;
- be compassionate;
- be honest and trustworthy;
- be knowledgeable;
- be patient;
- know your limits;
- know when and where to refer;
- be aware of your own feelings, values, and attitudes;
- be impartial and objective;
- be positive about yourself.

To be an effective counsellor you also need to be aware of your role. It involves:

- helping your clients identify and prioritise their problems;
- providing emotional support to your clients;
- helping your clients explore options in life and supporting them in reaching a decision;
- assisting your clients in developing problem solving and coping skills;
- providing your clients with accurate and relevant information to help them reach informed decisions;
- assisting your clients to access other available sources of support and resources;
- maintaining confidentiality about your clients;
- maintaining records and ensuring that they are kept safely.



Basic counselling issues

There are many issues that affect a counselling relationship. The following are some that you will need to consider when working as a counsellor:

Counsellor/client relationship

- Show respect for your clients. If you do not respect them you will be unable to support them.
- Clarify your role as a counsellor. This will prevent any confusion over what you can or cannot offer.
- Maintain neutrality and do not side with any party in case of a conflict.
- Maintain strict confidentiality. Your clients need to be able to trust you.
- Be honest. Do not say things you do not mean or make promises you cannot keep.
- Be aware of differences in power or social status between you and your client. A counselling relationship should be based on equality. If you or your client do not feel comfortable with each other, consider referring your client to another counsellor.
- Avoid counselling close relatives.
- Establish the time available for counselling to let your clients know how long the sessions will last.
- Avoid creating dependency. Your role is to empower your clients to cope or deal with their situation, not for them to rely on you.

The confidentiality dilemma

There will be times when confidentiality puts you in a difficult situation, for instance when the client's decisions or actions are life threatening. In such a situation you should try to come to an agreement with your client about what action to take. If you are not sure how to act, seek help from a supervisor or another counsellor.

Always discuss confidentiality when you begin counselling a new client.

Personal values, beliefs, and attitudes

Your own attitude can affect your ability to relate to your clients. You may have strong opinions about:

- religion;
- life styles, for example drinking, smoking, or commercial sex;
- sexual orientation;
- issues such as abortion, disclosure of HIV status, recreational drug use, pregnancy, or breastfeeding.

You are entitled to hold your opinions, but as a counsellor you must never discriminate against clients because their values, attitudes, or beliefs differ from yours. If you sense a conflict between you and your client that you cannot overcome, refer the client to another counsellor.

Your personal life experience may affect your work as a counsellor. If you are uncomfortable working with a client, refer the client to another counsellor.

Your own values and beliefs may conflict with the policies of the organisation you are working for. Be aware of this possibility and discuss it with your colleagues and supervisor. If you cannot resolve these conflicts within your own organisation, you will not be able to effectively help your clients resolve their own personal conflicts.

Culture

Be sensitive to your clients' culture and tradition. Some traditional practices can increase the risk of HIV infection. But remember that culture is not static, it changes all the time. What may seem a harmful practice to-day, may have once made sense to assure social stability and welfare. You may have strong feelings about practices such as

- polygamy;
- ritual cleansing;
- wife inheritance;
- female genital cutting;
- puberty and sexual initiation rituals;
- scarification.

Your task as a counsellor is not to challenge these practices, but to get your clients to think critically about them. Many individuals and communities have effectively modified or abandoned harmful traditional practices because they understood why and how these practices were

causing harm, and not because they were confronted, instructed, or “educated”.

Religion

Do not allow your own religious beliefs to interfere with counselling your clients. Different religions have varying views on the following issues:

- contraception;
- condom use;
- medical treatment;
- arranged marriage;
- mandatory HIV testing;
- termination of pregnancy;
- male circumcision.

Respect your clients’ religious beliefs. If the differences in belief between you and a client are not reconcilable, refer the client to another counsellor.

Gender

Be aware of the impact of male and female roles on the position of your clients within their family, and on their ability to communicate with their parents or spouses. Some men and women find it very difficult to discuss certain issues with their partners. For example:

- condom use;
- faithfulness;
- disclosure;
- getting pregnant;
- economic dependence;
- housework;
- child care;
- division of labour;
- domestic abuse;
- types of marriage.

You may sometimes be able to help communication by suggesting to counsel couples or parents and their children together.

Counselling environment

Be sensitive to the environment where you meet your clients. Not all places are suited for good counselling; e.g. a crowded home, a hospital bed, a busy clinic. However, it is still possible to counsel somebody by finding a quiet corner or by pulling a curtain around a hospital bed. The most important things to remember are:

- Ensure that you have privacy. Nobody should be able to observe or to listen to your conversation with your client.
- Ensure that you and your client are safe. Some clients are taking risks in talking about personal matters, for instance in a situation of domestic violence. You are responsible to ensure that neither your client nor yourself are harmed as a consequence of your counselling intervention.

Life cycle

People of different ages have different needs, different concerns, and different ways of coping. You have to be sensitive, for instance, to the special needs of an adolescent girl who is infected with HIV. Her priorities will differ from the priorities of an HIV-positive widow with four children.

As a counsellor you should be aware of your clients' stage in life and offer support that is suited to their specific needs. For example, when you refer a client to a peer support group, make sure that the group includes members of the same age group.



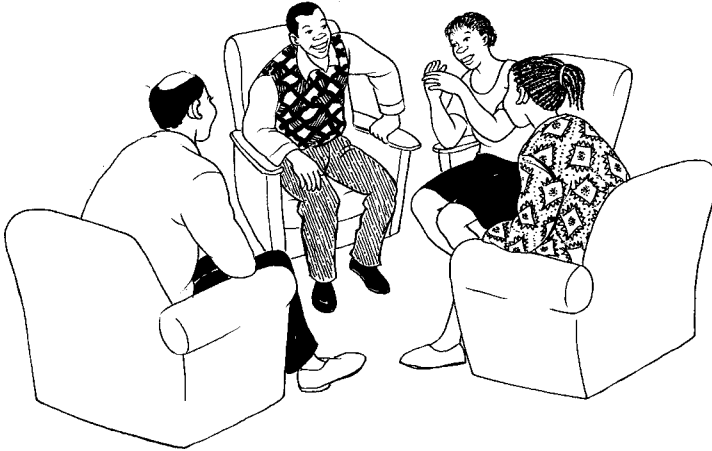
Testimony 1: How counselling helped me

My husband had been sick for a long time. I was scared of AIDS, but I was afraid to discuss my fears with my husband. I felt that he would think I was rejecting him. In the end I decided to go to a counsellor.

The counsellor received me warmly and put me at ease. I felt it was alright to tell this man my fears. So I told him that my husband was very ill and I was scared of being infected with HIV, and if I was already infected, I was scared of re-infection. The counsellor assured me that it was “normal” to be scared and asked whether I had discussed my fears with my husband. “I am scared”, I told him. “He might think that I am rejecting him now that he is sick. My husband has been a good man”. Together we discussed the different options available to me. The counsellor asked whether I had considered using condoms during sex. He felt that my husband might have similar fears, but could also be scared of bringing up the subject. I decided that it was up to me to talk to my husband.

After the counselling session I felt empowered. That night, when my husband turned to me for sex, I was able to voice my fears. I told him, “I love you very much and you have been a good man to me, but I am scared of HIV. Could we please use a condom tonight?” My husband was quiet for a long time. Then he asked me “How do you know that I am infected with HIV? How do you know that you are not already infected yourself?” I told him “I don’t know any of these things but I am still scared. What would you do if you were in my position?” My husband was again quiet for a long time. Then he asked me “Is there a condom anywhere in this house?”

Counselling techniques



Counselling techniques are basic tools to help you be a more effective counsellor. They can also help you overcome some difficult moments in your counselling session. Here are some techniques you may find useful:

Establishing a relationship

You and your client need to get to know each other to establish a free and open interaction. The process of establishing a relationship is sometimes called “joining”. Here are some steps for joining:

- Warmly welcome your client and offer a seat.
- Introduce yourself and allow your client to do the same.
- Initiate a brief social talk – ask how your client is, chat about the weather, ask about family, etc.
- Explain the purpose of the counselling session.
- Explain your role and how you work.
- Explain the concept of confidentiality and assure your client of the absolute confidentiality of the information obtained during counselling.

Be flexible. For example, when a client comes to you in distress you may need to establish the problem more quickly and joining can happen later. Developing a relationship is an ongoing process that cannot be completed the first time you meet your client. But always discuss confidentiality when you begin counselling a new client.

Active listening

Pay close attention to what your client is telling you, and be seen to pay attention. You will not be able to counsel a client effectively if your client thinks that you are not listening. Here are a few points on attentive listening:

- Really listen to what your client is saying.
- Show that you are listening by making eye contact. But remember: In some situations direct and continuous eye contact is not culturally appropriate or may seem threatening to clients.
- Show that you are listening by responding verbally and non-verbally, for example by nodding your head or by saying “mmm” or “aha”.
- Observe your client’s non-verbal messages (body language). Look at posture, hand movements, and facial expressions. Do they show nervous tension, agitation, depression, etc.? Is the client’s body language consistent with his or her story?
- Be as relaxed as possible. Find a comfortable place to sit where both you and your client can see each other without obstruction. The counselling environment is not always ideal. Do the best you can and adapt to the situation if necessary.
- Avoid rushing in with a question or comment when there is a silence. Pauses and silent periods give your client time to reflect.

Don't be afraid of silence. The client may be thinking, or gathering courage to say something difficult.

Questioning

Your skill in questioning is an important determinant of the quality of information you receive from your client. You can help your clients more effectively if you have more information about their lives and circumstances.

Open-ended questions encourage clients to talk, closed questions may limit the conversation. Ask “can you tell me about your family?” rather than “do you have children?”

- Ask simple and straight-forward questions.
- Ask one question at a time.
- Repeat a question if necessary.

- Give your client time to think about the question and to reply.

Empathy

By showing empathy you make your clients feel supported.

Show that you understand what your client is going through. For instance, you may say “That must have been a very difficult experience.”

Avoid emotional involvement with your clients.

Don’t start talking about your own problems, such as “I was also beaten last night” or “I am going through the same thing.”

Empathy is different from sympathy. Empathy is trying to understand a situation from your client's point of view and showing that you care. Sympathy is feeling and expressing pity for your client. When you show empathy you give your client strength. When you show sympathy you can increase your client's feelings of helplessness or desperation.

Building on your clients' strength

Your clients may have abilities that they are not aware of, or that they are overlooking because of the difficulties they are facing. One of the aims of counselling is to awaken these inner strengths. To do this, help your clients to:

- identify what they have already done to overcome their problem or difficulty;
- remember how they have overcome difficult situations in the past; what has worked, and what did not work, and why it did or did not;
- identify a personal goal and work out a plan on how to achieve it.

Some useful questions to explore a client's strength and resources:

- What have you done about this problem?
- Whom have you shared the problem with?
- Are there things you should have done differently?

Summarising

Sometimes it is useful to briefly repeat or summarise what your client has said. For instance:

- when starting a new session with a client you have worked with before in order to recapture the progress made in the previous session;
- when clarifying a point that you think particularly important or that you may not have completely understood;
- before taking a break;
- when moving to a new issue or subject in the counselling session;
- when you are unsure about how to proceed;
- at the end of the session.

Acting (role-playing)

Practising how to deal with a situation may help some clients.

For instance, if your client has decided to ask her partner to join her in going for HIV counselling and testing, acting out the anticipated conversation with the counsellor may help overcome some of the difficulties of carrying out the decision.

Exploring other sources of support

Find out who else can provide support to your client. Many people find support from family, relatives, friends, or religious groups.

Always remember that your clients know more about their lives than you do and that you can learn from them.

The counselling process

Counselling can take place in many different settings and under different circumstances. The following outline of the counselling process should not be read like a cooking recipe that must be followed, but rather like a memory aid for important aspects of the process, to be adapted to the situation in each instance.

Preparing a counselling session

Prepare yourself:

- Know how much time you have for the session.
- Know when you are available for further appointments.
- Make sure your state of mind will not interfere when counselling your client. If you have personal problems you must deal with them outside the counselling interview.
- Be presentable.
- If you have seen the client before, check your notes from previous sessions.
- Collect relevant materials that might be useful to your client.

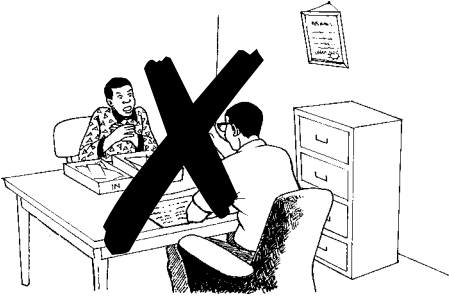
Prepare the counselling environment:

When you are using a counselling room in a health centre or other institution:

- Make sure there is nothing that might disturb you in the room. Disconnect or turn off telephones, radios, and computers.
- Arrange the chairs so that seating is relaxed and informal. Both you and your client should feel comfortable. Do not place the chairs to directly face each other. Do not arrange seating so you face your client across a desk. Instead, place chairs at an angle at a comfortable distance.
- Place a sign on the door to avoid disturbance (for instance “Counselling in progress” or “Do not disturb”).
- Make sure you have a pen and paper for taking notes.
- Have other relevant items accessible, e.g. literature, drinking water, tissues, condoms.

Counselling can also take place under a tree, in a compound, in a hospital room. The most important thing to consider is privacy. Nobody should be able to overhear or observe the session.

Examples of recommended counselling set ups



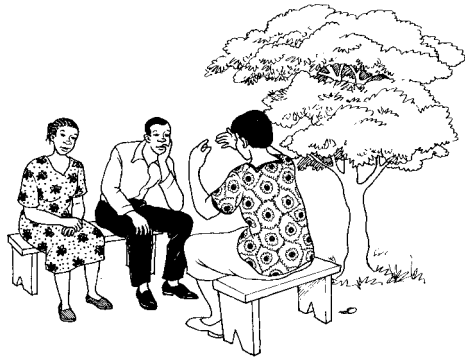
1) *Not recommended counselling set-up*



2) *Recommended counselling set-up*



3) *Not recommended because of the radio*



4) *Recommended counselling set-up*

Beginning a counselling session

- Greet your clients and establish a relationship (see page 9).
- If it is a new client, collect the necessary background information (contact details, who referred the client, family situation).
- Agree on how long the session will last.
- Agree on the language to be used in the sessions.
- Explain and discuss confidentiality and shared confidentiality.
- Explain your role and the way you work.
- Inform your clients that you would like to take notes and ask for their permission.
- Establish an agreement between yourself and your clients on what you can expect from each other – a basic verbal contract.

Shared confidentiality means that certain information may be shared with family members, or others who are part of your client's support network. However, only for the client's benefit, and only with the explicit consent of your client in each case.

Conducting a counselling session

- Discuss the reason for the visit.
- Help your clients identify and prioritise their problems.
- Provide relevant information to enable your clients to make informed decisions.
- Help your clients explore possible options and solutions to their problems.
- Support your clients in making choices and taking decisions, and discuss the possible implications of each choice.
- Assist your clients in finding ways to cope with their situation.

Ending a counselling session

- Summarise what has been discussed and review your clients' action plan.
- Ask your clients on how they felt about the session and about any other feedback they would like to give.
- Ask clients if they have any further questions.
- Acknowledge your client's contribution to the session.
- Agree with your clients on what to do next and how to work together in future.
- Set a date for the next counselling appointment.
- If appropriate, make any referrals that were discussed in the session.
- Accompany your clients to the door while engaging in social talk.

Counselling is not always restricted to individual clients. You may sometimes find yourself counselling groups, couples or families.



Testimony 2: Counselling a family

One of the doctors at our hospital asked me to make a home visit to counsel a woman who had recently been discharged. When I arrived at the house, I found that there were many problems in the family. The woman was a widow with five children aged 5 to 16. She was bedridden and in pain. Her widow's pension had not yet been finalised and the family had no income. Her 80-year-old mother was trying to care for her and for the children.

There were many problems within the family

The eldest son, Norman, was playing truant from school and acting up in the home. He was bullying his younger siblings and was abusive and disobedient to his grandmother. His 12-year-old sister, Daisy, seemed very upset and cried a lot. The school fees had not been paid and the children had been threatened with dismissal. Sam, the youngest, was constantly sick. He had rashes on his face and had recently suffered from pneumonia. No one in the family had ever been tested for HIV. Although it was evident that the mother was suffering from AIDS, nobody in the hospital had talked to her about HIV infection or AIDS.

I realised that the entire family needed support. I contacted a home care programme to provide palliative care for the sick mother, and to support the grandmother in looking after the children. I asked the home care nurse to assess the medical care needs of the smallest child.

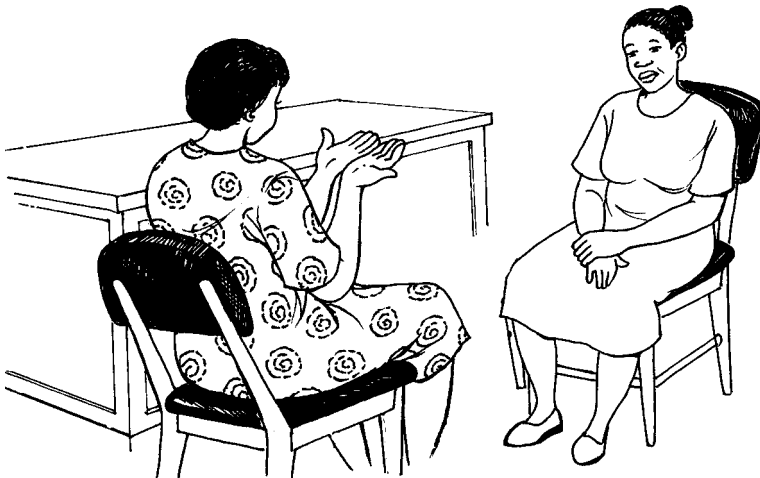
I then started bereavement counselling for the whole family. Norman was counselled to deal with his anger and disillusionment. I started to talk to the mother about AIDS. I encouraged the family to ask relatives for material and emotional support. I also referred them to the department of social services for financial support, especially school fees.

Types of AIDS counselling

Preventive counselling

The aim of preventive counselling is to help your clients assess their risk of becoming infected with HIV, and to change their behaviour in order to decrease this risk. The main elements of preventive counselling are to:

- provide accurate and appropriate information about HIV and AIDS and direct your clients to sources where they can obtain relevant reading material and additional information;
- help your clients identify their own risk, such as excessive alcohol or drug use, unsafe sex with frequent change of partners, having a partner who has many other sexual partners, etc.;
- help your clients decide how they can and will try to change their behaviour in order to reduce their risk of HIV infection;
- discuss the option of male or female condoms. You may not approve of condom use or you may think that your client does not approve. Condoms do, however, play an important role in HIV prevention and you should at least present them as an option;
- discuss the option of voluntary HIV counselling and testing (VCT), inform your clients about the availability of VCT, and if they are interested direct them to the closest centre providing these services.



Pre-test counselling

Pre-test HIV counselling should be provided to all who intend to have an HIV test, either at a voluntary counselling and testing centre, or because they want to donate blood, or buy life insurance, or at an ante-natal clinic in order to enter into a programme for the prevention of mother-to-child transmission of HIV. These are some of the elements of pre-test counselling:

Explore the reasons why your client wants to have an HIV test. Sometimes, people are pressured into having a test by others such as a doctor, counsellor, or partner. Taking an HIV test is a big step and your client needs to be aware of the advantages and disadvantages. The test should not be done if your client is not fully aware of the implications and freely consents to being tested.

Give your client accurate and up-to-date information about HIV and AIDS and correct any misconceptions. Give your client time to express any worries or fears, and address these before the test is taken.

Stress the confidentiality of counselling and testing. It is important that your client understands that both the discussion and the results of the test will be confidential.

If your client thinks that he or she might be HIV positive, you should explore the reasons. Help your client prepare for the possibility of receiving a positive test result by starting to consider the consequences of being infected with HIV.

Whenever possible, help your client identify a support person – a relative or a friend – to provide company when going to receive the test result.

Explore your client's social support network. Tell your client about support groups and the possibility of joining such a group should the HIV test be positive. This is especially important if you sense that your client's social support network is weak.

If your client has a stable sexual partner, explain the advantages of getting tested together. Discuss the difficulties and possible consequences of disclosing the test result to the partner.

Prepare your clients for both a positive and a negative HIV test result. Explore their personal risk for HIV infection and how to reduce it. Introduce the subjects of social support, positive living, and survival skills that, in case of a positive test, will be covered in greater detail during post-test counselling.

Post-test counselling

Nobody should ever be handed the result of their HIV test without appropriate counselling.

When the HIV test is negative:

- You should point out to your client that there is a very small chance of HIV infection despite a negative test. This is because it takes some weeks after the infection, before antibodies to HIV, that are detected in the laboratory, develop. This so called “window period” period may be quite short depending on the type of test used. Ask the testing centre.
- Knowing about this window period is especially important when counselling women who have been raped or health workers who have stabbed themselves accidentally with a hypodermic needle.
- All further post-test counselling issues for a client who is HIV negative are covered in the chapter on preventive counselling. Remember that some people interpret a negative test as proof that they are not vulnerable to HIV. A negative test should never be understood as a licence for taking risks.

When the HIV test is positive:

- Post-test counselling should help people develop coping mechanisms for dealing with their HIV infection, and to realise that life is not over because of the result of a laboratory test.
- Make sure 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, find out why. You may discover that your client has been pressured to go for testing and is not emotionally prepared to receive a positive test result.
- Find out if your client has had a pre-test counselling session and what was discussed. Sometimes people are tested for HIV without pre-test counselling. In this case, you should try and cover the most important pre-test issues in your post-test counselling session.

- Assure your clients again that the result of the HIV test and the discussions during the counselling sessions are confidential and will not be disclosed to anyone without their explicit permission.
- After that you may reveal the test result.

When a client has received an HIV positive result:

- 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. Don't tell your clients how they are feeling, or what emotions they may experience.
- Discuss survival skills and strategies for positive living. These include risk reduction, nutrition, and stress management. They are explored in greater detail in another booklet in this series available from the SAT Programme.
- Disclosure of HIV status is a very important subject of post-test counselling. Has the client thought about whom to tell about the result? Do not rush your client into making decisions about disclosure. This is a big step that has to be considered carefully. A booklet on counselling for disclosure and an information leaflet to be given to clients is available from the SAT Programme.
- A person who has just received a positive HIV test result needs emotional support and information. If you cannot provide sufficient support for a prolonged period, or if you do not have all the relevant information, refer your client to another counsellor or to other sources of information and support.
- After receiving a positive HIV test result, many people find it hard to concentrate on specific issues. Your client's mind is racing, many points covered in the counselling session will be quickly forgotten. Encourage your client to return for further sessions of supportive counselling where issues can be dealt with as they become important

and relevant. Make a follow-up appointment or refer your client to another counsellor who can provide supportive counselling.

- Future pregnancy is an important issue to consider for couples or women who are HIV positive. If it is not possible to cover this in the immediate post-test counselling session, make sure it is covered at a later date.
- The majority of people in Southern Africa who are infected with HIV will develop active tuberculosis. You should always refer all your HIV positive clients to a tuberculosis screening and treatment centre, This can be done during post-test counselling or soon after.

Supportive counselling

The purpose of supportive counselling is to provide emotional and psychological support to people who are living with HIV and to people and families who are affected by AIDS. It offers encouragement and hope and helps them cope with their situation. Some elements of supportive counselling are to:

- help your clients identify sources of support to meet their spiritual, social, health care, legal support, and material needs. For instance home care programmes, church groups, self-help groups of people living with HIV, tuberculosis treatment programmes, etc.;
- provide referrals to any of these services as needed;
- provide counselling on survival skills, positive living, fighting discrimination, palliative care and bereavement, preparing wills, and property rights for survivors. Guidelines on counselling in these areas have been published in the same series and are available from the SAT Programme;
- assist you clients in their efforts to solve other problems that may be related to their HIV status or to the fact that they have been affected by AIDS in their family.

Clients will require supportive counselling for an extended period of time, sometimes for years. It is the clients rather than the counsellors who should decide for how long counselling may be necessary.

Crisis counselling

Clients who are in distressed, in shock, or in an acutely difficult situation require crisis counselling. Important elements of crisis counselling are:

- assess the situation and deal with any urgent needs;
- ensure your clients' and your own safety;
- let clients express their emotions;
- identify your clients' most urgent problems;
- assist your clients in solving their most urgent problems;
- help your clients identify sources of support, that can help them out of their current difficulty or distress, e.g. family, friends, a shelter, a child protection agency, other organisations;
- plan follow-up counselling.

Testimony 3: Counselling in a crisis

Tsitsi came into the counselling room in tears. She was so agitated she did not want to sit down. "I am going to kill myself" she announced. She took some time to calm down sufficiently so she could talk. When we were finally seated I asked her: "You must have a very big problem. Would you like to tell me about it?"

Between outbreaks of sobbing, Tsitsi told me her story. She was three months pregnant with her first child and had just found out that she was infected with HIV. Her husband did not know she had taken an HIV test and was boasting to his family about the pregnancy. Tsitsi felt that she would rather die than face his rage and disappointment. She thought her baby would surely be born infected. She did not want to think of abortion. In any case, she thought that it was probably too late. She felt trapped and could only think of one way out – death.

She was in no mood to listen, but after several cups of tea I finally got her to start looking at possible alternatives. She did not know that most babies of HIV-positive mothers are not born infected. We talked about the possibility of joining a programme for mother-to-child transmission of HIV. I gave her a referral note to such a programme at the University Hospital, to receive more information and possibly join.

We talked about how she might approach her husband. He was surely also infected with HIV. It required both their effort to assure the future health of their baby. She practised how she would talk to him and get him to come for counselling and testing. When she left she had calmed down. She promised to come back the following day and discuss some proposals of how she was going to deal with her problem. She assured me that she was no longer thinking of suicide.

Referral systems

Many of your clients have needs that you will not be able to meet. One of your roles is to identify sources of information and support for your clients. These may include:

Support groups

One of the most useful sources of emotional and psychological support for people in difficulties are other people who face or have faced the same problems. In many communities, you can find self-help groups of people living with HIV, survivors of domestic violence, children who have been sexually abused, or people who are bereaved or otherwise affected by AIDS. These groups offer support and encouragement by allowing people to share their experience and to learn from one another. People in difficulties often feel alone, abandoned, and misunderstood. Talking to others who had the same experience helps to overcome this isolation.

Keep yourself informed about services available in your community and how to help your clients gain access to them.

Directories

Some organisations produce social service directories. These directories may list addresses, opening times, contact persons, and types of services offered. Find out if such directories exist in your community and have them at hand to help you refer clients in need. If there is no directory, create your own by collecting this information in a notebook that you can refer to.

Clinics and hospitals

Many of your clients require health care services. Find out which clinics offer voluntary counselling and testing for HIV. Find out where to access tuberculosis screening and treatment services. Find out if there is a hospital that provides services for the prevention of HIV transmission from mother to child. Be sure that when you refer a client to a medical service, you know where and when this service is being offered.

Religious organisations

Churches, mosques, traditional groups, and other religious organisations can offer spiritual support to your clients.

Hospice

In some communities hospice services are available. These offer palliative care to clients or family members who are dying of AIDS.

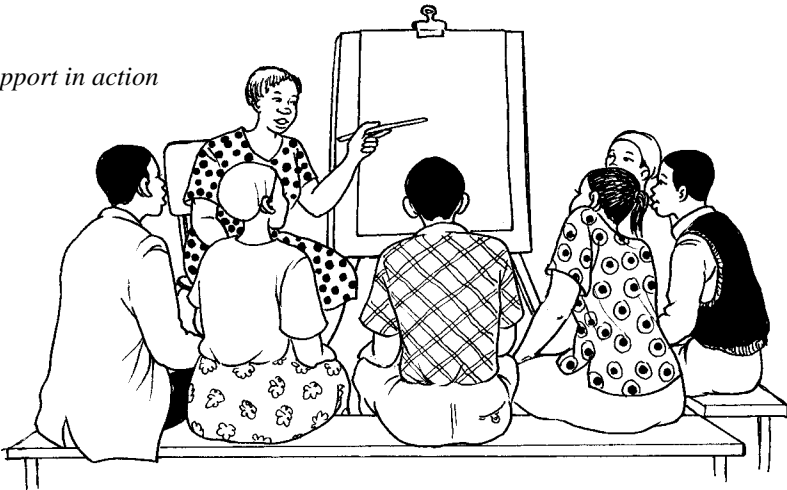
Home-based care

Home-based care programmes provide a variety of support services. They may just consist of social support, i.e. the visit of a volunteer who may help with house work and provide company; they may include the visit of a nurse to provide medical treatment and palliative care; or they may include material support such as food baskets and household items. Inform yourself about the type of home care services available in your community and how to refer a client to them.

Other local services

Your client may need other services such as social welfare provided by local government, traditional healers, legal aid, or police protection. Make sure you know how to access these.

A support in action



Testimony 4: A new start

Tendai's family suspected that she was infected with HIV. As a result, her family shunned her. She was not allowed to sit at the family table during meals and she had to use her own eating utensils. When she came to the counselling centre she was desperately unhappy and lonely. After our first session, she decided to have an HIV test.

When she returned for her post-test counselling, I gave her the news that the test was positive. She was afraid to go home. She seriously lacked self-esteem and needed the opportunity to develop her skills and to meet with other people who would accept her without stigma because of her HIV status. I referred

Tendai to a self-help group of people living with HIV who offered social support and training in survival skills.

A few months later Tendai came to see me again. "Do you see that I am a changed person now.

Do you see that I am a changed person now. I am happy I have friends here and I have learnt many skills.

I am happy. I have friends. I have learnt many skills. I am going to start my own business after I leave the training programme. I have realised that I am not alone living with HIV. I know many things about HIV and AIDS and I have been able to explain them to my family. They now accept me. Some people feel that I should not have gone public, but that is alright. I can't expect everybody to agree with me."

Record-keeping

You should maintain records for the following reasons:

- As a reminder of what you discussed in previous sessions.
- As a reminder of anything you agreed to do or found out.
- In case you need to refer the client.
- For identifying sources of support.
- For planning and organising.
- For report writing.
- For checking progress and assessing what has been achieved.

Records contain confidential information and must be kept in a safe and secure place. No one else except you and your supervisor should see the records. If you place your records in a filing cabinet, make sure that it is locked and that the key is in a safe place. If you are carrying records with you to your house or on a home visit to a client, you will have to separate the files. Carry only what is absolutely necessary for you to work, and leave other confidential information in a safe place. Your records should contain the following information:

Date:	Family details: (family tree)
Name:	Occupation:
Client number:	Religion:
Address:	Language preferred:
Age:	Problem/Issues:
Sex:	Service provided:
Marital status:	Need for further service, e.g. referral, specific action:
Type of marriage:	Date of next session:

Most counsellors keep the name and address of their clients separate from other information so that if the records are lost, stolen, or read by an unauthorised person, nobody will be able to tell whose notes they are.

Counsellors at FACT Mutare in Zimbabwe and WAMATA in Tanzania carry a notebook that contains the name, address and assigned number of each client. All other information is put on a form that the counsellors use to write their notes during sessions. These forms do not show the names or addresses of the clients, only their number. The forms are then filed at the office of the organisation for safekeeping.

Sources of support for the counsellor

Counsellors are dealing with difficult situations and therefore need support themselves.

- Share your concerns and experiences with others but always maintain strict confidentiality of your client.
- Where possible, join group meetings with other counsellors. You may be able to join a professional counselling association which can provide you with information and support.
- Join other groups or work with other organisations in your community in order to maintain a social network outside your work environment.
- If you are working in an organisation, seek advice and assistance from your supervisor regularly, for example in a weekly debriefing or co-counselling session.

Stress management

Counselling work may cause physical and emotional stress. To avoid stress and to deal with it effectively when it arises:

- rest whenever you feel overworked;
- take regular holidays;
- do something different, e.g. read a book, do gardening;

Taking care of yourself is as important as taking care of other people.

- socialise;
- talk about your feelings;
- exercise;
- meditate or pray;
- eat a healthy diet;
- get enough sleep.

Ongoing training

- Talk to your supervisor about training opportunities.
- Attend professional seminars and lectures.
- Read journals, newsletters and other publications that deal with your area of work.

Organisations that contributed to this publication

Faraja Trust, Tanzania

Wamata Dar Branch, Tanzania

UEM, Mozambique

Kindlimuka, Mozambique

MONASO, Mozambique

Malawi Association of Counsellors

Malawi AIDS Counselling and Resource Organisation

Blantyre Christian Centre, Malawi

Family Support Trust, Zimbabwe

Midlands AIDS Service Organisation, Zimbabwe

The Centre, Zimbabwe

ZAPP, Zimbabwe

Island Hospice, Zimbabwe

FACT Mutare, Zimbabwe

Matebeleland AIDS Council, Zimbabwe

Tshelanyemba Mission Hospital, Zimbabwe

Kara Counselling and Training Trust, Zambia

Copperbelt Health Education Project, Zambia

Zambia Counselling Council

