# HEM 631

# COMMUNICATION AND COUNSELLING IN HIV/AIDS

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| Course Code | HEM 631 |
| Course Title | Communication and Counselling in HIV/AIDS |
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Published by:
National Open University of Nigeria 2008

First Printed 2008

ISBN: 978-058-340-8

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# MODULE 1 COUNSELLING AND COMMUNICATION: AN INTRODUCTION



## UNIT 1 COMMUNICATION

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## 1.0 INTRODUCTION

For some time now, the world has been held hostage by the HIV/AIDS pandemic without any cure in sight yet. The HIV/AIDS scourge has become a global public health crisis with the situation in sub-saharan Africa particularly alarming. Here in Nigeria, the national HIV prevalence rate is put at 5.8 percent according to the 2001 sentinel survey, with approximately 3.47 million Nigerians living with HIV infection. The situation may be worse than this but even with this figure, Nigeria is already in an explosive phase of the epidemic, with potential grave consequences.

One of the crucial points that have to be made about the HIV/AIDS epidemic is that it is different from most other epidemics and diseases, and consequently requires a different and much broader response- one which must encompass far more than the health sector. Any effective response to this epidemic would include strategies aimed at mitigating the impact of HIV/AIDS on the infected and uninfected as well as promoting awareness in order to prevent infection. Such strategies bother on care, awareness and support and have counseling and communication as some of their components. Counselling can help individuals, their families and in turn the communities in which the individuals live to cope with the consequences of HIV/AIDS, while both

counseling and effective communication provide the needed support to bring about and sustain changes in risk behaviours.

This course is therefore designed to introduce you to the nature of communication and counseling as well as exposing you to the basic processes in HIV/AIDS counselling

Human beings are social and gregarious animals that need to interact in order to meet their basic needs. One way through which human beings interact is through communication. Communication allows people to exchange thoughts by one of several methods. These are auditory means such as speaking or singing, and physical means such as sign language, touch, or eye contact. Communication happens at many levels, in many different ways, and for all beings and some machines. Many or all fields of study dedicate some attention to communication because that is the only way discoveries and findings are brought to the notice of all and sundry. In this module, we will review some definitions of communication and some terms essential in understanding the concept as well as exploring the nature of counseling.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define communication
- Illustrate basic components of communication

## 3.0 MAIN CONTENT

### 3.1 Defining Communication

Communication is a term that has no consensus definition. Many authors have defined it in various ways. In fact, nearly every book in communication offers it own definition and no author seem to be satisfied with other authors' definitions and the proliferation goes on and on. This predicament in having a consensus definition of communication arises perhaps because there is no single approach to the study of the subject matter. However, to enable us form our own working definition of communication, we will look at some definitions proffered by some leading communication experts.

According to Steven (1950), communication is the discriminatory response of an organism to a stimulus.

Berelson and Steiner (1964) see it as the transmission of information, ideas, emotions skills etc, by the use of symbols, words, pictures, figures, graphs etc.
To Dance (1967), communication is the eliciting of a response through verbal symbols.

On the other hand, Miller (1966) is of the view that communication has as its central interest those behavioural situations in which a source transmits a message to a receiver or receivers with conscious intent to affect the latter's behaviours.

While Cronkhite (1976) asserts that human communication has occurred when a human being responds to a symbol.

A look at the definitions above shows that each one emphasizes a slightly different aspect of communication. Steven's definition emphasizes the response made by someone who receives a stimulus. Berelson and Steiner focus on the transmission of symbols, while Dance's and Cronkhite's definitions combine the receiver's response with symbols chosen by a sender. On his own, Miller emphasizes the intentional nature of communication.

More recently, some definitions which see communication as a process have emerged.

In one of such definitions, Infante, Rancer and Womack (1997), see it as a situation that occurs when humans manipulate symbols to stimulate meaning in other humans.

Pearson and Nelson (1997) define it as the process of understanding and sharing meaning.

While Wikipedia (online encyclopedia) defines it as a process by which information is exchanged between or among individuals through a common system of symbols, signs, and behaviours.

Communication is considered as a process because it involves activity, an exchange or a set of behaviours. The fact that there is no universally accepted definition of communication should not be a problem rather a challenge to scholars to always come up with their own operational definition of the concept.

**SELF ASSESSMENT EXERCISE**

Defined Communication

## 3.2 Communication: Basic Components and Concepts

There are several components that are in important in understanding the communication process. They include:

**(a) Source**

A source is the originator of a message. Some communication scholars have differentiated between the concept of source and sender. A sender is one who transmits messages but does not necessarily originate them. An example of a sender could be a radio announcer.

**(b) Message**

A message is the stimulus which the source or sender transmits to the receiver. A message may be verbal, nonverbal or both. Tone of voice, gestures, and facial expressions are all examples of nonverbal messages. Usually, both verbal and nonverbal messages are conveyed in human communication.

**(c) Channel**

A channel is the means by which the message is conveyed from source to receiver. Channels may be air waves, light waves, or even laser beams. Any of the five senses of human perception may serve as channels in the communication process. More than one of these channels could be used at the same time in human communication and the number of channels used at a time have a way of affecting the accuracy of a given message.

**(d) Receiver**

The receiver is the destination of a given message. The receiver decodes and interprets the message which is sent whereas the source or sender encodes a message and transmits it. **Encoding** is defined as the process of taking an already conceived idea and getting it ready for transmission. **Decoding** on the hand, is the process of taking the stimuli that have been received and giving those stimuli meaning through your own individual interpretation and perception. In human communication, the stimuli are signs, symbols and all individual function as source and receiver.

**(e) Noise**

Noise is any stimulus which inhibits the receiver's accurate perception of a given message. Noise is often classified as physical, psychological or semantic. Examples of physical noise include car horns blowing, sound of generator, sound of loud music etc. Psychological noise occurs when an individual is preoccupied and therefore misses or misinterprets

the external message. As you are sitting and listening to a lecture in class, you may bee thinking of what you are going to eat for dinner. If this activity prohibits the accurate reception of the lecture, then psychological noise has occurred. Semantic noise occurs when individuals have different meanings for symbols and when those meanings are not mutually understood. For example, semantic noise occurs when you do not understand a particular word being used by another person talking to you or when a particular word could be used to mean many things.

**(f) Feedback**

Like all communication messages, feedback may be verbal, nonverbal or both. It could also be positive or negative. Positive feedback consists of those responses which are perceived to be rewarding by the speaker, such as applause. Negative feedback on the other hand consists of those responses which are perceived as not rewarding. In interpersonal or public communication, frowns or whistles are examples of negative feedback.

**(g) Code**

People express ideas or thoughts in the form of messages. How do thoughts become messages? We use codes to share our ideas with others. A code is a systematic arrangement or comprehensive collection of symbols, letters, or words that have arbitrary meanings and are used for communication. Two major types of codes are used in communication: *verbal codes and nonverbal codes*. Verbal codes consist of symbols and their grammatical arrangement. All languages are codes and the letters and words of a language are arbitrary. On the other hand, nonverbal codes consist of symbols that are not words, including bodily movements, use of space and time, clothing etc.

## 4.0 CONCLUSION

In this unit, we provided different definitions of communication. Specifically, the term communication is defined as the transmission of information, ideas, emotions skills etc, by the use of symbols, words, pictures, figures, graphs. This means that communication is indeed a very broad term, which is oftentimes used according to the users' orientation or theoretical background. This unit also looked at basic components of communication, which includes: source, message, code feedback, etc.

## 5.0 SUMMARY

We hope you enjoyed this unit. This unit provided a broad view of definition and components of communication. OK. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

What are the basic components of Communication?

### ANSWER TO SELF ASSESSMENT EXERCISE

Communication is the discriminatory response of an organism to a stimulus. Berelson and Steiner (1964) also defined it as the transmission of information, ideas, emotions skills etc, by the use of symbols, words, pictures, figures, graphs etc. Communication is also the eliciting of a response through verbal symbols.

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# UNIT 2 CHARACTERISTICS OF COMMUNICATION

**CONTENTS**



## 1.0 INTRODUCTION

In unit 1, we tried to define the term 'communication' as well as its components. This unit will look at characteristics, functions and purposes of communication. Remember, we need to understand these basic introductory term for us to really appreciate communication and counseling in HIV/AIDS and be able to apply them if need be.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Identify and explain characteristics of communication
- Illustrate functions of communication
- Explain purposes of communication

## 3.0 MAIN CONTENT

### 3.1 Characteristics of Communication

There are several characteristics which many experts believe communication exhibits. They include:

**1) It is a symbolic process**

Communication is a discipline that focuses on human symbolic activities. It utilizes signs in achieving its purpose. A sign is something which stands for another thing. It can either be a symptom, for instance,

a cough which is a sign of illness; a symbol which is deliberately created or a ritual, which is not entirely natural (as are symptoms) and not entirely created or arbitrary (as are symbols). Instead, a ritual is a bit of each. For example, people exhibit anger to show displeasure. Anger is natural in that it is a symptom of emotional state. However, it is also symbolic because we usually control our anger so that it does not go out of hand but still sends a message across.

**2) It is a social process**

This implies that communication is a process of intentional exchange of symbols between individuals or groups and this involves perception and impression formation. However, perception alone is not sufficient for communication. Interpersonal communication is therefore what people do together, not something that an individual can do entirely on his or her own.

**3) It involves co-orientation**

This implies that two individuals must be aware of themselves before communication can take place. Awareness could come in various ways ranging from personal contacts to knowledge of what the other person stands for.

**4) Communication involves shared meaning**

People share some of the meanings of words and gestures because they speak the same language and belong to the same culture. Even if you met someone from another culture who spoke a language you did not understand, you might be able to understand yourselves through common gestures such as pointing. Some overlap of meaning or sharing of idea is necessary for communication to occur.

**5) It occurs in a context**

Another important feature of communication is that it is contextual. A communication context is a type of situation in which communication occurs. The idea of communication and context is that the nature of the source, message and receiver differs according to the situation. Thus communication is distinctive to a degree because of where it occurs. There is rather extensive agreement on the contexts. Generally, the contexts considered are:

a) **Interpersonal-**this is communication between two or more people.
b) **Small group-**communication involving several people.
c) **Organizational-**communication within and between organizations.

d) **Public-**a speaker addressing a large audience
e) **Mass-**communication which is mediated by electronic or print media
f) **Intercultural-**communication between people of different cultures.
g) **Family-**communication between family members.
h) **Health-**communication involving health care providers and health care receivers.

## 3.2 Functions of Communication

Though there are marked differences in the definition of communication, most communication experts tend to agree on uses or functions of communication. Some of the identified functions include:

### 1) Creating cooperation

Humans are creatures that depend so much on one another for their survival. The arrangement of the society is such that each of us depends on others to provide what we need. Communication is very important in enabling people to coordinate their efforts and to produce a variety of goods and services which would be impossible if people were to rely on their ability alone. Apart from this, there are other instances in our lives when we use communication to enlist the cooperation of others. We ask people for direction when we miss our way. We want our friends to support us when we take a stand on a controversial issue. We ask our friends to help us when assigned a time-consuming task that should be accomplished within a time frame. It is probably accurate to say that we do not live a day without asking for the cooperation of others and also cooperating with the request made by others. The cooperation individuals receive varies from person to person. Some people get more cooperation than others and this could be attributed to the levels of communication skills individuals possess.

### 2) Acquiring information.

This is another major function of communication. Information is a message received and understood and it is probably our greatest possession. For various reasons, we need a vast amount of information in our lives. We want facts about the candidates to vote for in an election. We want facts about careers we want to pursue. Communication plays a very important role in acquiring information. It makes the process of acquiring information simpler.

### 3) Forming self-concept

Communication is useful in the formation of self-concept. A commonly accepted principle of communication is that how we perceive ourselves greatly influences our communication behaviour. If you believe you are

worthwhile and a success, you say these in many ways and on many occasions. Your verbal messages reflect optimism and confidence in yourself. Nonverbally, your posture, gestures, tone of voice, and facial expression say you have positive beliefs about yourself.

**4) Communication as entertainment**

The previous discussion of the importance of communication gives the impression that humans are serious, goal-oriented, information seekers proceeding through life in search of sober entertainment. As we all know, humans and other advanced animals have a strong inclination towards entertainment. Once basic survival needs like feeding and safety have been satisfied, it seems quite natural to occupy our time with less serious matters. Communication is vital for the entertainment side of the productive character orientation. Most entertainment involves communication. Movies, plays, comedies, books and magazines are some obvious examples. It has been said that entertainment is the main purpose of mass media, while that claim may be debatable, there seems little doubt that mass media provides us with much of our entertainment.

**SELF ASSESSMENT EXERCISE**

Identify the functions of communication

## 3.3 Purpose of Communication

Communication can be put to various uses depending on the goal of the user. Some of the uses of communication include the following:

- To inform
- To avoid misunderstanding
- To remind
- To review beautiful memory
- To gain control
- To persuade
- To teach
- To plan

Also:

- To confuse
- To create misunderstanding
- To distract
- To review painful memories
- To yield control

- To dissuade
- To misdirect
- To express emotion
- To gain status
- To avoid loneliness

## 4.0 CONCLUSION

An interesting observation in this unit is that we learnt among others, that communication involves co-orientation and this implies that two individuals must be aware of themselves before communication can take place. We also learnt that Communication involves shared meaning. When this is viewed in the context of HIV/AIDS counseling and management, it goes a long way to show that the counselor and the client must see themselves as being aware of a particular health situation and sharing knowledge and empathy geared towards better living and management.

## 5.0 SUMMARY

In this unit, we looked at various characteristics, functions and purposes of communication. We hope you found them helpful. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

Identify and explain characteristics of communication

**ANSWER TO SELF ASSESSMENT EXERCISE**

- Creating cooperation
- Acquiring information
- Forming self-concept
- Communication as entertainment

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# UNIT 3 INTRODUCTION OF COUNSELLING

**CONTENTS**



## 1.0 INTRODUCTION

Counseling is a broad term that covers many different functions. A professional counselor may have been trained in psychology, social work, education, theology or a number of other fields. By the end of this unit, you would have been able to understand the nature of counseling and what counselors do to bring changes in individual's behavior.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define counseling
- Identify objectives of counseling
- Identify misconceptions regarding counseling
- Describe counseling and related terms

## 3.0 MAIN CONTENT

### 3.1 Defining Counseling

Different people use the term counseling like the terms personality and intelligence, in everyday life to mean many things. As a result, there is no consensus definition of the term. This difficulty in having a common

definition of counseling may be due to the confusion between the popular understanding of the term and the technical and professional meaning of it. To some people, to counsel is to advice. Individuals seek advice in a variety of situations. It is evident that human beings are social animals who depend on one another for survival. From the earliest times, man has turned to his fellow beings for advice, encouragement, sympathy, comfort and understanding. Individuals have been able to survive the hostile and hazardous environment only because of the innate concern of his/her fellow beings for him/her.

Parents, teachers, friends, ministers, doctors, nurses, social workers, lawyers as well as a host of other people give counsel. Their purposes, methods and training vary enormously. Some give advice and some supply information. Some help the individuals to understand themselves and their environment, to meet their needs and to deal with their problems effectively. Some are trained to be counselors, while others have had virtually no professional training. Nonetheless, all of them are concerned with helping people solve their various problems. Since problems can arise at any time in life, counseling must necessarily be a continuing process concerning persons of all age levels and in different life situations.

Though counseling is a very common word used by many to mean different things, attempts have been made by professionals to give it an operational definition. One of such popular definition of counseling is that given by Perez (1965). According to him, counseling is an interactive process conjoining the counselee who needs assistance and the counselor who is trained and educated to give this assistance. The counselor can initiate, facilitate and maintain the interactive process if he/she communicates feelings of spontaneity and warmth, tolerance, respect and sincerity.

According to Pepinsky and Pepinsky (1954), counseling is that interaction which:

(1) occurs between two individuals called counselor and client;
(2) takes place in a professional setting, and
(3) is initiated and maintained to facilitate changes in the behavior of a client.

Patterson (1959) characterizes counseling as the process involving interpersonal relationships between a therapist and one or more clients by which the former employs psychological methods based on systematic knowledge of the human personality in attempting to improve the mental health of the latter. Patterson emphasizes the

professional nature of counseling by pointing out the qualities a counselor must possess.

To Blocher (1966), counseling is helping an individual become aware of himself or herself and the ways in which he/she is reacting to the behavioral influences of his/her environment. It further helps an individual to establish some personal meaning for this behavior and to develop and clarify a set of goals and values for future behavior.

Gustad (1953) sees counseling as a learning oriented process, carried on in a simple, one-to-one social environment, in which the counselor, professionally competent in relevant psychological skills and knowledge, seeks to assist the client by methods appropriate to the latter's needs and within the context of the total personnel program, to learn how to put such understanding into effect in relation to more clearly perceived, realistically defined goals to the end that the client may become a happier and more productive member of society. This definition is a very comprehensive statement indicating both the scope as well as the function of counseling.

From a more result oriented perspective, Rogers (1942) sees effective counseling as consisting of a definitely structured permissive relationship which allows the client to gain an understanding of himself/ herself to a degree which enables him/her to take positive steps in the light of the new orientation.

From a look of the definitions above, it can be seen that the emphasis placed on the various aspects of counseling by the different authors is not the same. The initial concern was on cognitive factors, which was widened to include effective components as well. The counseling process was also viewed as one-to-one process though it is increasingly becoming less restricted to a dyadic relationship and the scope is being widened to refer to more than one client. Practically, all the definitions agree with the view that counseling is a process, which involves bringing about sequential changes over a period of time leading to a set goal. These definitions stress that the counselor-counselee relationship is not casual, matter-of-fact and business-like, but that it is characterized by warmth, responsiveness and understanding. Also, the fact that the counselor must be knowledgeable in the understanding of common behaviors was not left out.

**SELF ASSESSMENT EXERCISE**

What is Counselling?

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## 3.2 Objectives of Counseling

The major objective of all counseling is to help individuals become self-sufficient, self-dependent, self-directed, and to adjust themselves efficiently to the demands of a better and meaningful life. Individuals are provided assistance to enhance their personal, social, emotional, physical and intellectual development. Therefore, the counselor's services are preventive, developmental and therapeutic in nature. In order to assist the clients, the counselor must understand their needs, motives, perceptions, defenses, etc.

## 3.3 Misconceptions Regarding Counseling

There are quite a few serious misconceptions regarding counseling. In order to clarify these misconceptions, it will be useful to state what counseling is not.

Counseling is not:

(1) Giving information, though information may be given during counseling.
(2) Giving advice, making suggestions and recommendation.
(3) Influencing the client's values, attitudes, beliefs, interest, decisions, etc.
(4) Interviewing clients.

Counseling is concerned with bringing about a voluntary change in the life of counselees. To this end, the counselor provides facilities to help achieve the desired change or make the suitable choice. The client alone is responsible for the decisions or the choices he or she makes, though the counselor may assist in this process by his/her warmth and understanding relationship.

## 3.4 Counseling and Related Terms

Several terms have been used along with, and often synonymously with counseling. It is necessary to examine these terms so as to have a proper understanding of counseling.

### 3.4.1 Advising

It is natural for human beings to have problems. In most problematic situations, individuals seek the assistance of others. An individual may face the problem of taking a decision or making a choice; this may cause him or her to approach another individual for assistance. This situation has several important features:

a. There is an element of voluntariness.
b. There is a belief (right or wrong) that the other person has the necessary experience, wisdom and ability to advice.
c. The advice is sought for consensual validation.
d. The advice given is not binding on the person who seeks it, that is, the person may reject it and approach another person for assistance which in turn may be rejected if found unsuitable.

Advising has no psychological implication as regards individual development. A person in difficulty may seek advice on the problem confronting him or her at that moment. He/she may receive help towards the solution of the problem and thus solve the problem. But on a future occasion, in a similar predicament, he/she may not be able to resolve the problem without outside assistance. Thus each piece of advice is helpful only in a particular situation. Parents and teachers often give advice.

### 3.4.2 Guidance

This is another term that is defined in many ways. While there are differences among the various definition of guidance, there is a broad agreement that the objective of guidance is essentially to render help. Sometimes it is used synonymously with the term counseling. But more often, it is used with the word “and”, as in “guidance and counseling”. Guidance is the assistance given to individuals in making intelligent choices and adjustments. It is based on the conception that it is the duty and the right of every individual to choose his/her own way of life as long as her/his choice does not interfere with or infringe on the rights of others. It is based on the belief that the ability to make intelligent choices is not innate but like other abilities, must be developed. It is customary to use guidance as an important service in an education system.

### 3.4.3 Psychotherapy

Psychotherapy is defined as a form of therapy in which a trained professional uses method based on psychological theories to help a person with psychological problems. The psychological methods can refer to almost any kind of human interaction such as talking or demonstrating that is based on a psychological theory of the problem but it does not include medical treatment methods such as medication.

Though the two disciplines overlap greatly, both draw their inspiration from the same psychological theories. The techniques employed, their objectives and the relationship they maintain with the client/patient are very similar. However, certain distinctions abound between them.

According to Patterson (1973), psychotherapy is employed to remedy the patient of his/her emotional disturbances of a deep-lying and serious nature. On the other hand, when the disturbances are not serious enough to incapacitate a patient but are like the problems of a normal person, which interfere with the development of his/her potentials, it is called counseling. It can also be said that psychotherapist practice counseling while counselors practice psychotherapy.

## 3.5 Goals of Counseling

The goal of counseling is to help individuals overcome their immediate problems and also to equip them to meet future problems.

A statement of goals is not only important, but also necessary, for it provides a sense of direction and purpose for the counseling process. Additionally, it is necessary for a meaningful evaluation of its usefulness. It is only in terms of the defined goals that it is possible to judge the meaningfulness or otherwise of any activity, including counseling. Since individuals have unique counseling needs, specific counseling goals are set for each client and it involves consideration of the client's expectations as well as the environmental aspects. Apart from the specific goals, there are some major goals of counseling generally accepted by counselors. They include:

- **Achievement of positive mental health**

  The need for mental health cannot be over-emphasized. It is identified as an important goal of counseling by some individuals, who claim that when one reaches or secures positive mental health, or learns to adjust and responds more positively to people and situations. Others believe that prevention of emotional tensions, anxieties, indecision and such other problems is also an important goal of counseling.

- **Resolution of problems**

  Another goal of counseling is the resolving of the problem brought to the counselor. This, in essence, is an outcome of the former goal and implies positive mental health. Three categories of behavioral goals can be identified namely, altering maladaptive behavior, learning the decision-making process and preventing problems (Krumboltz, 1966).

- **Improving personal effectiveness**

This is closely related to the preservation of good mental health and securing desirable behavioral changes.

- **Decision Making**

  Counseling enables the counselee to make decisions. It is through the process of making critical decisions that personal growth is fostered.

- **Modification of Behavior**

  Behaviorally oriented counselors emphasize the need for modification of behavior, for example, removal of undesirable behavior or action or reduction of an irritating symptom such that the individual attains satisfaction and effectiveness. Growth-oriented counselors stress on the development of potentialities within the individual, while existential-oriented counselors stress self-enhancement and self-fulfillment.

## 4.0 CONCLUSION

In this unit, we saw that the major objective of all counseling is to help individuals become self-sufficient, self-dependent, self-directed, and to adjust themselves efficiently to the demands of a better and meaningful life. This is indeed very helpful in HIV/AIDS counseling.

## 5.0 SUMMARY

This unit discussed various definitions, objectives and identified misconceptions about counseling. This unit also looked at goals of counseling as well as counseling and related terms. We hope you found this unit insightful and rich in information. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

Identify and briefly explain the goals of counseling

## 7.0 REFERENCES/FURTHER READINGS

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# UNIT 4 APPROACHES TO COUNSELLING

## CONTENTS



## 1.0 INTRODUCTION

There are different approaches to counseling which could be employed to bring a positive change in behaviour as well as alleviate problems in living. These approaches are based on the different conceptions of human personality structures and dynamics and how they could cause problems in people's daily existence. Also, principle of counseling will form part of this unit.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Explain approaches to counseling
- Describe principles of counselling

## 3.0 MAIN CONTENT

### 3.1 Approaches to Counselling

Some of the major approaches to counseling therefore include the following.

### 3.1.1 The Directive or Authoritarian Approach

This point of view is largely associated with Sigmund Freud's psychoanalytic theory. According to this viewpoint, the client is

ignorant and unaware of the reasons for his/her difficulties or sufferings which are deeply embedded in the unconscious. The client is, therefore, helpless and it is the counselor who has to play the role of interpreting the materials to him or her. According to this approach, it is the responsibility of the counselor to lead the client to recognizing the unconscious sources of his or her problems so as to bring them to the conscious for proper evaluation and resolution. Some of the methods this approach adopts to get to the unconscious sources of conflict include:

**Free Association**

In this method, the client is prompted to talk in a loose and undirected way about whatever comes to mind. No thought or feeling is to be withheld, no matter how illogical, trivial, unpleasant, or silly it might seem. The client is usually prompted by the counselor who instructs the client to say what ever comes to mind without thinking about them.

**Dream Interpretation**

Dreams according to Freud are another window to the unconscious. The psychoanalysts believe that the manifest content of dreams symbolically mask the true or latent content of dreams. By asking the client to recall dreams, Freud believes he could get to the unconscious drives. The dreams are then interpreted to reflect the possible causes of the client's conflict.

## 3.1.2 Humanistic Approach

This approach originated from Carl Roger's client-centered theory. The humanists believe that humans possess an internal force, an inner-directedness that pushes them to improve, to grow, and to become the best individual they are capable of being. People have the freedom to make choices and that they are generally good at making choices that further their personal growth. This inner-directedness is the primary force behind the development of personality. For a self-directed growth process to be achieved a humanistic counselor should follow the provision and reception of a particular kind of relationship with the client characterizes by genuineness, non-judgmental caring, and empathy. According to Rogers (1957), certain conditions are necessary for a change in personality to take place. They include:

1) The client and the counselor are in psychological contact with each other.
2) The client is in a state of distress and hence is vulnerable.
3) The counselor is free from anxiety and tension.

4) They counselor has unconditional positive regard for the client.
5) The counselor experiences an empathic understanding of the client's subjective world and tries to communicate the experiences to the client.
6) The counsellor exhibits empathy and warmth of acceptance of the client while the client shows some understanding of the counselor's position.

**SELF ASSESSMENT EXERCISE**

**What is free association?**

_____

_____

## 3.1.3 Behavioral Approach

This approach is derived from the learning theory. Counselling is concerned with behaviour change and must involve the application of the principles of learning. Learning here is understood as changes in behaviour which are relatively long lasting and which are not due to maturation or physiological factors such as fatigue, effects of drugs, etc. The behaviourist approach to counseling employs the four principles of learning, namely, *drive, cue, response and reinforcement*. Every response is considered modifiable by the use of an appropriate system of reinforcement. To the behaviourist, counseling consists of several simple steps:

a) Identifying undesirable, unwanted, maladjusted and maladaptive behaviours.
b) Careful analysis of the maladaptive behaviour into small units.
c) Elimination of each unit by an appropriate behaviour modification technique.

## 3.1.4 The Eclectic Approach

Brammer (1969) explains that eclecticism in counseling refers to selecting or choosing from various systems or approaches during the course of counseling. What is selected is presumably the best for each situation. The matter of choosing what is the best for each situation is left to the counselor to decide under the given circumstances. It is explained that the choices of the methods to employ are never made in advance but are made as and when they are found to be necessary in working with the client. It is therefore not possible to predict what an eclectist will do in a given situation.

## 3.2 Principles of Counselling

### 1. Confidentiality

This is one of the most important rules of counselling. A counsellor is under obligations to keep all discussions with the client confidential and should not disclose any of the contents to another party unless the clients consent is sought and permission is given. Confidentiality allows the client the peace of mind to open up to the counsellor because he knows whatever has been discussed remains with the counsellor.

### 2. Client self determination

This simply means allowing the clients to make decisions for themselves. The counsellor should never make decisions for the client. The essence of counselling is to empower the client and not to help run the clients life. By allowing the client to reach decisions for themselves the counsellor helps in developing the clients self esteem and allows the client realize that he or she has the ability to cope.

### 3. Acceptance

This means allowing the client to be themselves and accepting the client as they are. The counsellor has to be open and accepting of people with different cultures, backgrounds, status etc. This helps in facilitating the counselling process because the client feels comfortable with the counsellor and does not have to pretend.

### 4. Non judgmental attitude

This is related to acceptance. The counsellor is in no position to judge the client because if the patient feels judged he/she will not open up to the counsellor.

### 5. Purposeful expression of feelings

The client should be allowed to express his feelings be it anger, crying etc and should not be discouraged from it as it will help the counsellor know how the client is truly feeling.

### 6. Empathy

This means feeling with the client but not for the client. Never sympathize with a client.

### 7. Individualization

This means taking the client as individuals and not generalizing. The clients are people with different lives, backgrounds and attitudes and should be accepted, respected and recognized as Individuals.

## 4.0 CONCLUSION

In this unit, we discussed different approaches to counseling which range from directive, to behavioural and humanistic approaches. Behavioural approach for instance is derived from the learning theory. Counselling is concerned with behaviour change and must involve the application of the principles of learning. The behaviourist approach to counseling employs the four principles of learning, namely, drive, cue, response and reinforcement.

## 5.0 SUMMARY

This unit provided us with informations on approaches to counseling as well as principles of counseling. We hope you found this unit interesting and easy to study. Let us attempt the question below.

## 6.0 TUTOR MARKED ASSIGNMENT

1. Enumerate different approaches to counseling
2. Identify and briefly explain principle of counseling

## 7.0 REFERENCES/FURTHER READINGS

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# MODULE 2 THE COUNSELLING PROCESS



## UNIT 1 COUNSELING PROCESS

**CONTENTS**



## 1.0 INTRODUCTION

Counseling can best be described as a process. This means an identifiable sequence of events taking place over a period of time. Successful and effective counseling may take as little as thirty minutes, it may take a few sessions or it may take months. The sequence of events, the dynamics involved and the nature and extent of exploration differ with each individual, but the stages in the process are broadly similar for most individuals.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Describe counseling process
- Identify steps in counseling process
- Identify conditions for effective counseling

## 3.0 MAIN CONTENT

### 3.1 Counselling Process

However, before the counseling process is set in motion, certain conditions are satisfied. They include:

#### 3.1.1 Readiness

This is the initial step in counseling on the part of the counselee or client. For example, many people drink alcohol though some are aware that it is undesirable and injurious, they persist in the habit. From among them, a few may desire to give up and are ready to seek assistance to get rid of the habit. Yet others may not bother themselves about this and will naturally make no efforts to give up the habit.

There are a number of factors affecting readiness. They include:

- **Ignorance**: Individuals may persist in certain kinds of habits without having the least idea that such habits are undesirable.
- **Resistance**: Individuals tend to show no interests or exhibit lack of enthusiasm to certain things due to an innate resistance to change.
- **Lack of motivation**: An individual may be aware that a particular habit is undesirable but may not be sufficiently motivated to do something about it.

#### 3.1.2 Pre-counseling Interview

Once the client has reached the stage of readiness, the next stage is the pre-counseling interview or initial interview. It is meant to notify the client of his/her responsibilities, the manner in which the counseling services will b carried out, the frequency and time of the counseling sessions, etc. This interview must also concern itself with obtaining personal data and other basic information regarding the client. The counselor on his/her part tries to establish an initial contact which could go a long way in establishing rapport and a healthy counseling relationship.

#### 3.1.3 Case History

This is a systematic collection of facts about the client's present and past life. It comes immediately after rapport is established between the client and the counselor. Counselors with different orientations place different degrees of emphasis on case history and use different kinds of materials.

**SELF ASSESSMENT EXERCISE**

The factors influencing counseling readiness are:

_____
_____
_____
_____

## 3.2 Steps in the counseling process

The counseling process, by and large, is the same for all problems and for all individuals. However, in order to achieve appreciable result, sessions are designed in such a way that it should progress in stages.

**Stage 1**

This is the stage *of awareness of need for help*. Most individuals go about their daily activities without much awareness of situations. Inwardly they may be experiencing suffering yet they may not seek help. Some individuals experience their problems either because of their severity or because someone close to them draws their attention to the problems. Such individuals are potential clients. They seek professional assistance because of feelings of distress and because they lack the necessary ability and information to deal with them on their own.

**Stage 2**

This is the stage of *development of relationship.* This stage focuses on the development of an emotionally warm and understanding relationship between the counselor and the client. The level of relationship established goes a long way in determining the outcome of the counseling.

**Stage 3**

This stage is aimed at *encouraging the expression of feelings and clarification of problems*. The expression of feelings not only helps in the release of emotional tensions but can also help in clarifying problems and putting them in perspective.

**Stage 4**

This stage is centered on *exploration of deeper feelings*. It is necessary that the counselor should not be content with a superficial view of the client's feelings. The counselor must try to explore the deeper feelings and conflicting situation, which have not only to be brought to the

surface but also satisfactorily resolved without damaging the individual's personality.

**Stage 5**

This stage is focused on *integrating the conflicting situations and feelings that are at the root of the client's problems*. This stage therefore, consists of working in close harmony with the client with proper understanding; regard and sympathy for the client's inner feelings. This way, the counselor is able to synthesize and integrate the client's potentialities, needs and aspirations and direct them towards appropriate goals.

**Stage 6**

This stage is aimed *at developing the awareness of the client*. The client is helped in gaining insight into himself/herself, his/her problems and the world around him or her.

**Stage 7**

This is the stage in which the client is *encouraged to make use of the benefits gained from the session to the world of realities*. If the client is not able to adapt to the surrounding, then it can be inferred that he or she has not gained much from the counseling.

It does not mean that the stage must be followed religiously. The experience of the counselor goes a long way in determining the sequence to follow.

## 3.3 Conditions for effective counseling

Counseling does not just occur anyhow. Certain conditions are necessary for effective counseling. They include:

### a. Physical Setting

Counseling can best be carried out under certain conditions, which include the physical setting. The physical setting is a place where counseling is rendered. It must be free from outside disturbance. The room should be simple but tastefully furnished; should give a feeling of warmth and should be comfortable, with lighting that is neither too flashy and bright nor too dull and depressing. It should have good ventilation. In short, it should be comfortable such that a relaxed atmosphere is provided in which the client can talk in a relaxed mood. There is a danger of taking the physical setting for granted and more

often than not, it is neglected to such an extent that it seriously interferes with the counseling process.

**b. Privacy**

It is very important that all information obtained during counseling must be kept confidential. If there is need to give out any of such information, consent and permission must be sought and obtained from the client. Confidentiality goes a long way in maintaining trust and confidence in the relationship.

**c. Understanding**

On of the basic needs of an individual is the need to be understood. To be understood is to be loved, liked and accepted. Understanding is essentially the perception of another's attitudes, meanings and feelings. In a counseling session, understanding has two connotations. First, it refers to the client's understanding of himself/herself and the situation or environment, and second, to the understanding of the counselor of the client's position or situation. For counseling to be effective, it is important that the counselor is able to follow the client's mode of thought and to understand his or her feelings.

**d. Rapport**

Much of the success of counseling depends on counseling skills such as establishing rapport and empathy. Rapport is a warm, friendly and understanding condition, which is essential for an effective relationship between a client and a counselor. It is a relationship that cannot be established by force. It grows out of the warmth of the relationship. It is important counselors bring this skill to bear in counseling relationship.

**e. Attentiveness**

To understand the essence of the content and feeling expressed by the client, the counselor should be attentive while listening and observing. In counseling, listening means more than what is meant in common parlance. A counselor should not listen to the verbal communication alone but should also observe the non-verbal behavior of the client, such as facial expressions, postures, gestures, inflections in tone and periods of silence.

## 4.0 CONCLUSION

We saw that before the counseling process is set in motion, certain conditions are satisfied. They include: readiness, case history and pre-counselling interview. We also identified stages of counseling process which starts with the stage of awareness of need for help and end with the last stage where the client are encouraged to make use of the benefits gained from the session to the world of realities. This unit also looked at conditions for effective counselling which includes privacy, attentiveness, rapport establishment, etc.

## 5.0 SUMMARY

This is a very interesting unit, just like the previous ones. I'm sure you will agree to that. We assure you that the information in this course material will be very helpful for those interested in HIV/AIDS counseling and management. OK! Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

1. Identify and briefly explain steps in counseling process
2. Identify conditions for effective counselling

## 7.0 REFERENCES/FURTHER READINGS

Neill McKee, Jane Bertrand and Antje Becker-Benton (2004). Strategic Communications in the HIV/AIDS Epidemic. SAGE.

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# UNIT 2 TYPES OF COUNSELLING

## CONTENTS



## 1.0 INTRODUCTION

Counseling can be categorized into major types based on the number of people involved. The categories are (1) individual counseling and (2) group counseling. This unit sheds more light this.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Identify types of counseling
- Identify differences between individual and group counseling
- Identify similarities between individual and group counseling

## 3.0 MAIN CONTENT

### 3.1 Types of Counselling

### 3.1.1 Individual Counseling

This is a one-to-one, face-to-face relationship between a client, who is presenting with a problem and a counselor who seeks to find solution to the presenting problem. Traditionally, counseling is viewed as individualistic since it involves one- to –one interaction. Usually, a client comes to the counselor with the view that he/she could be able to find solution to his /her problem. The counselor gets to know more about the client and his/her problem using a technique known as counseling interview.

**Counselling Interview**

An interview is a face-to-face technique of obtaining information for a variety of purposes. For instance, it can be used in personnel selection, personality assessment, clinical assessment, researches, etc. In counseling, interview is unique in that it is a therapeutic device as well as an information obtaining device. In counseling interview, the client is put at ease by the counselor after which he/she is encouraged to talk freely about his/her problems. The counselor assumes the attitude of an interested, sympathetic, and friendly listener. He or she neither evaluates nor judges the client's statements. Thus, the essential characteristic of a counseling interview is that it is non-judgmental and non-evaluative.

During counseling interview, information is obtained not only through verbal communication, but also through non-verbal communication. Hence, a counselor should be watchful and alert to take note of the non-verbal communications made by the client. Non-verbal communications include gestures like body movements, smiling, blushing, weeping, prolonged silence and other postural movements. Scratching the head, resting the face on the hand, crossing the arms across the chest cracking the knuckles, fiddling with the fingers, biting the index finger, etc are also some of the devices generally employed by individuals in their non-verbal communication. Facial expressions are yet another source of information. It takes the experience, skills and competence of the counselor to be able to put to effective use some of these signs.

## 3.1.2 Group Counselling

This is a group session for discussing personal problems. It is the process of resolving personal problems by placing clients in groups and under the guidance and supervision of a trained counselor, who will be encouraging them to discuss their problems with one another. In recent time, with several changes taking place in the society, many traditional concepts and meanings no longer hold. There have been tremendous societal pressures that the one-to –one relation has become uneconomical, time consuming and wasteful. Also, there are practical situations, in which a client's problems directly involve other people who may be family members, friends, or relations. In such a situation, individual counseling may not be quite effective. Group counseling thus becomes a practical means of helping to resolve the problems by harnessing the social process of group dynamism, social facilitation, etc. Group counseling could therefore be looked upon as an extension of individual counseling in which free communication between members is encouraged and maintained, leading to an understanding and evaluation of one another's point of view.

**Assumptions of Group Counseling**

Group counseling is based on certain assumptions. They include:

(1) That individuals should possess the necessary latent capacity to trust and to be trusted.
(2) Each individual has the potential to take responsibility for self change.
(3) Group members can learn and understand from the objectives and methods of group counseling.
(4) There should be opportunity for learning problem-solving skills.

**The Process of Group Counselling**

Group counseling ordinarily proceeds in stages, namely:

**(1) The formation of the group** – here, so many issues are resolved such as,

**(a) Selection of members**

This is perhaps the most crucial step. The members of a group must have common goals and are largely homogenous, that is, they must have certain things in common.

**(b) Size of the group**

Opinions differ concerning the exact number in a group that will make group counseling effective. The focus is usually on a manageable size. Some experts have suggested between six and twelve.

**(c) Frequency of sessions**

Here, the number of times members will be meeting for the sessions are decided. More frequent sessions may not be very productive because the individuals would have no chance to think over the experience of the previous sessions.

**(d) Duration of session**

This concern how long the sessions will last on each occasion.
The counselor and clients agree on a duration that will be convenient for all members. Usually, between 45 minutes and 90 minutes is preferred.

**(e) Setting**

This is where the group sessions will be taking place. The group counseling room should be of a reasonable size – it should neither give a feeling of overcrowding nor of emptiness. It should be free of outside distractions such that the members' privacy is not infringed upon.

**(f) Open or closed group**

Decision is taken whether the group can be open or closed. A closed group is one whose membership is fixed. If any of its members withdraw during the course of counseling their place remains unfilled for the rest of the sessions. An open or a continuous group on the other hand permits members to leave at will and new members to join at whatever stage they desire.

**(2) The Involvement Stage**

At this stage, the grand rules are laid. Rules governing interactions and relationships during sessions are established with members agreeing to abide by them.

**(3) The Transition Stage**

This is the stage of establishing cohesion and group dynamics. Members are always trying to outdo one another, while at the same time being cautious of revealing their true identity.

**(4) The Working Stage.**

Here, members are beginning to open up initial resistance and cautiousness and are beginning to understand one another. They are now working together in order to achieve the goals of the programme.

**(5) The Termination Stage**

This is the stage of ending the sessions. At this stage, it is believed that members have acquired enough skills to cope with their problems. Finally, the gains of the sessions are evaluated and the programme terminated.

**SELF ASSESSMENT EXERCISE**

i. Individual counseling is defined as

_____
_____
_____
_____
_____

ii. Identify the assumptions of group counseling.

## 3.3 Similarities between Individual and Group Counselling

Group and individual counseling are similar in several ways:

(1) The objectives of both are similar. Both techniques aim at helping the client over his/her problems.
(2) In both situations, the counselor adopts an accepting, permissive, and non-judgmental approach for the client to participate freely such that the defenses are reduced.
(3) Both techniques aim at clarifying feelings and re-evaluation of thought content. The counselor helps the client to become aware of their feelings and attitudes and also to examine them.
(4) Both approaches provide for privacy and confidentiality of relationship.

## 3.4 Differences between Individual and Group Counselling

Some differences also exist between individual and group counseling. They include:

(1) In group counseling unlike in individual counseling, the clients not only receive help but also give help to others.
(2) Individual counseling is a one-to-one, face-to-face relationship between the client and the counselor as a result is marked by intimacy, warmth and rapport unlike in group counseling where there is the physical proximity of others with perhaps similar problems.
(3) The counselor's task is somewhat more complex in group counseling than in individual counseling. This is because he or she has to attend to the need of several people at the same time and get a good result.

In spite of the similarities and differences between group and individual counseling, it could be stated that group counseling is no substitute for individual counseling. It is always advantageous if both techniques are used to supplement each other whenever it is practicable.

## 4.0 CONCLUSION

This unit provided information on individual and group counseling. Specifically, it defined individual counseling as a one-to-one, face-to-face relationship between a client, who is presenting with a problem and a counselor who seeks to find solution to the presenting problem. Group counseling is also defined as the process of resolving personal problems by placing clients in groups and under the guidance and supervision of a trained counselor.

## 5.0 SUMMARY

In summary, this unit looked at types of counseling, bringing to the fore, definitions, assumptions as well as similarities and differences between individual and group counseling. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

Identify and briefly explain:

1. Similarities between individual and group counseling
2. Differences between individual and group counseling.

### ANSWER TO SELF ASSESSMENT EXERCISE

- Group counseling is based on certain assumptions. They include: that individuals should possess the necessary latent capacity to trust and to be trusted. Each individual has the potential to take responsibility for self change. Group members can learn and understand from the objectives and methods of group counseling. There should be opportunity for learning problem-solving skills.

## 7.0 REFERENCES/FURTHER READINGS

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# UNIT 3 SPECIAL AREAS IN COUNSELING AND EVALUATION OF COUNSELING

**CONTENTS**



## 1.0 INTRODUCTION

Counselling is indeed multifaceted in nature. In this unit, we will look at special areas in counseling as well as evaluation of counseling. Evaluation is the assessment of the relative effectiveness with which goals or objectives are attained in relation to specified standards. It is an important step in the implementation of any program and has several goals to fulfill.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Identify and describe special areas in counseling
- Identify goals of evaluation
- Identify approaches to evaluation

## 3.0 MAIN CONTENT

### 3.1 Special Areas in Counselling

There are several areas in which a counselor could be called upon to function. In any of the areas, individual counseling, group counseling or both could be employed. Some of the special areas include:

**(1) Family counselling**

This is concerned with the family system and changes that can be made in the system so as to make it more functional. Here, the clients are members of a family. If the interaction of the family with one of its members leads to stress, it is a symptom of family dysfunction. The symptom if allowed to persist may not only cause much misery to the individual but also to the rest of the members of the family. Family counseling therefore brings members of the family together in order to find solution to the presenting problem.

**(2) Marriage Counselling**

This is indeed a very wide field and has three important areas, namely, pre-marital counseling, counseling for better marital harmony and counseling to eliminate or forestall a marriage break-up. In marriages, counseling helps in the understanding of marriage issues and relationships and in putting them in their proper perspective. Sometimes, marital counseling is looked upon as a form of crisis intervention.

**(3) Vocational Counselling**

This is concerned with choosing an appropriate career or profession for an individual. The choice of a career is undeniably one of the most crucial decisions one makes in life. The irony is that such an important decision is made very early in life and is made without giving much thought to it. Naturally, a career should be chosen with utmost care, thought and planning and this is what vocational counseling does.

**(4) Health Counselling**

This includes all counseling services provided in health establishments. It includes educating patients on their health conditions, the need for drug compliance, awareness of risk factors, adherence to professional advice, etc. HIV counseling is one of such services.

## 3.2 Goals of Evaluation

Some of the goals of evaluation include:

(1) To determine the appropriateness of the program.
(2) To locate the weaknesses or limitations of the program, if any, such that suitable remedial steps can be taken to correct the shortcomings.
(3) To discover effective measures to improve the program.
(4) To indicate to the clients the nature of progress made and helps motivate them towards more effective results.

(5) To help the program administrators or managers to make the necessary personnel and material resources available to the program in order to improve its effectiveness.
(6) To demonstrate to the society the meaningfulness as well as the usefulness of the program.

The effectiveness of counseling can be evaluated by determining to what extent the counseling goals have been achieved through the program. According to Shertzer and Stone (1968), the aim of evaluation is to ascertain the current status of the counseling service within some frame of reference and on the basis of this knowledge, to improve its quality and efficacy. Evaluation is thus concerned with an assessment of the outcomes of counseling.

**SELF ASSESSMENT EXERCISE**

What is health counseling?

_____

_____

_____

_____

## 3.2.1 Approaches to Evaluation

There are many different approaches to the evaluation of counseling outcomes. All approaches must satisfy three requisites, namely:

(a) The objectives should be stated in operational terms such that they can be observed and objectively assessed.
(b) The methods to be used in assessing the objectives must have demonstrable validity.
(c) The procedures employed in evaluation must be reliable.

The following approaches are frequently used in counseling evaluation.

**(a) Summary**

This approach is simple and commonly employed in several disciplines. It consists of identifying the population and obtaining a representative sample from it, collecting information or evidence from the subjects in the sample, employing a suitable evaluative schedule and making judgments in terms of the pre-determined criteria. In this approach, clients could be asked questions pertaining to the counseling program and its usefulness. One of the practical problems of this approach is the non-availability of subjects for questioning. Another problem is the unreliability of the subjects' answers.

**(b) Case Study**

This approach is designed to study the client and assess the changes that take place as a result of the exposure to counseling. The advantage of this approach lies in its emphasis on the individual and his or her growth. The draw-back of this method is that it is time-consuming.

**(3) Experiments**.

The basic requirements of this approach are:

- Determining the objectives.
- Choosing appropriate methods.
- Selecting two or more groups of subjects who are comparable with one another.
- Applying counseling technique that could be measured.
- Measuring or assessing the final outcome.

The vital step in this approach is the study of two or more comparable groups. This approach is fraught with problems, for an experiment involves controls. In counseling situation control is difficult. However, in a limited sense, this approach could still be employed to evaluate the counseling outcomes.

Evaluation is important for determining whether counseling goals have been achieved as a result of the implementation of the counseling program. In a way, it is a method of validating counseling. Notwithstanding in all the difficulties and practical problems associated with evaluation, it is essential in all scientific endeavours.

## 4.0 CONCLUSION

In this unit, we identified special areas in counseling which includes: health counseling, vocational counseling, marriage counseling and family counseling. Determining the appropriateness of counseling program and locating the weaknesses or limitations of the program, if any, such that suitable remedial steps can be taken to correct the shortcomings are identified, among many, as goals of evaluation. Summary, case study and experiments, were further recognized as approaches to evaluation.

## 5.0 SUMMARY

This unit basically looked at special areas of counseling as well as evaluations of counseling. We hope you found it helpful. Now, let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

1. Identify and explain goals of evaluation
2. Identify approaches to evaluation

## 7.0 REFERENCES/FURTHER READINGS

Lucas, K. and Lloyd, B. (2005). Health Promotion. SAGE

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# MODULE 3 INTRODUCTION TO HIV/AIDS



## UNIT 1 HIV/AIDS: AN INTRODUCTION

**CONTENTS**



## 1.0 INTRODUCTION

In this unit, we will provide an overview of HIV/AIDS. As you must have noticed, a lot has been written on HIV/AIDS symptoms and manifestation in your various course materials. Not to worry, we cannot afford to get tired reading about this. Instead, we will view this as reading from different scholastic perspectives. However, this unit will provide information on HIV/AIDS, the immune system, how HIV affects the immune system and finally symptoms of HIV. Enjoy your studies.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define HIV/AIDS
- Identify symptoms of HIV/AIDS
- Describe the immune system
- Illustrate how HIV/AIDS affect the immune system

## 3.0 MAIN CONTENT

## 3.1 HIV/AIDS: An Introduction

The acronym HIV stands for **H**uman **I**mmunodeficiency **V**irus. It refers to a type of virus that is known to cause disease in only human beings and can only be transmitted through human contact. The virus when contracted compromises and suppresses the immune system of human beings by destroying certain kind of blood cells (called the T-cells or CD4 cells) that help the body fight of infection. HIV penetrates the T-cells and reprograms the cell to start reproducing more copies of the virus eventually killing off the T-cells. HIV does this by finding the DNA in the cell nucleus and using the DNA to make a copy of itself, this copy then hides itself in the cell's DNA and then turns on the cells machinery to make more copies of itself hereby gradually killing of the T-cells. The suppressing of the immune system by the virus renders it unable to fight against and protect the body from infections that the body would otherwise be able to fight.

There are two types of the human immunodeficiency virus namely; HIV-1 and HIV-2. HIV-1 is found in all parts of the world while HIV-2 is found mostly in West Africa and is not as virulent as HIV-1. Both viruses are referred to together as HIV and will be discussed as such because both viruses are spread in the same way and can be prevented in the same way.

An individual may be infected for many years with HIV without being aware because there are no symptoms that are associated with the early infection stage of the virus; the infected individual though unaware of his HIV status is able to infect others. From the point of infection the virus begins to damage the immune system, though the immune system tries to fight back and can do so for as long as 10 years depending on the health and lifestyle of the individual eventually the virus continues to do damage until the immune system is too weak to fight back.

AIDS refers to **A**cquired **I**mmune **D**eficiency **S**yndrome which is an advanced stage of the HIV infection when the body's immune system is no longer able to fight of infections that the body would normally be able to withstand. AIDS is a continuum of the HIV infection not a separate illness, but it is referred to separately because it is regarded as the end stage of the HIV infection and it is at this point that signs and symptoms are manifested. At this point the infected person becomes vulnerable to picking up a myriad of infections. These infections are referred to as **opportunistic infections** because they take opportunity of the compromised immune system to cause illness in the body. It is important to note that the word syndrome in AIDS refers to these

opportunistic infections because the infections are infections that can occur to anybody without the person being infected with HIV and can be easily treated but in an infected person the infections occur repeatedly over time and are difficult to treat. It is also important to note that AIDS is not a disease in itself but rather a collection of infections that occurs when the body's immune system does not work anymore, and the body cannot protect itself from diseases.

When people get tested for HIV and are found to be infected, they are referred to as having been tested as HIV positive and are referred to as People Living with HIV/AIDS (PLWHA), while those that have tested for HIV and found not to be infected are referred to as HIV negative. At present there is no cure for HIV and it is believed that most People Living with HIV/AIDS will eventually die of AIDS related illnesses but with the advancement in treatment therapies for HIV and opportunistic illnesses the prognosis for PLWHA has dramatically extended. PLWHA are now able to have negative children and are living longer, healthier lives than PLWHA a decade ago. With further research into the field it is believed that a cure may be developed or at the least the life span of PLWHA, be so extended by adequate treatment and care that it will be comparable to those not infected by HIV.

## 3.2 The immune system

The immune system consists of many interdependent cells that work to protect the body from infections from viruses, bacteria, parasites and fungi. The immune system acts like an army defending the body from invaders, each group of cells perform highly specialized interrelated function to fight of the invaders.

The cells of the immune system have a nucleus (which is the center of the cell) which controls all the activities of the cell. It tells the cell when to make new cells or to produce substances required by the body. The nucleus contains Deoxyribonucleic Acid (DNA). For each person the DNA in all the cells are the same and the cells all use the same part of the DNA to carry out its activities. When the immune system comes in contact with foreign bodies in the human body it creates small particles made up of protein called **antibodies**. These antibodies stick to the foreign body thus helping the rest of the immune system to identify and destroy the invader.

When bacteria, parasites etc enter the body they are recognized as foreign and this signals the immune system to kick into action. The immune system seeks the foreign invaders and destroys them. When the immune system does not perform its primary task of defending the body adequately, the result is infection of the body.

**SELF ASSESSMENT EXERCISE**

i. When people get tested for HIV and are found to be infected, they are referred to as: _____
ii. while those that have tested for HIV and found not to be infected are referred to as: _____

## 3.3 How HIV Affects the Immune System

A special protein called CD4 marks the outside of certain immune system cells making them different from the other immune system cells. CD4 cells are also called helper **T cells** and they act to coordinate immune regulation and secrete specialized factors that activate other immune cells to fight off infection. Ironically HIV deliberately attacks CD4 cells in the body and it enters cells that have CD4 on their surface, therefore attacking the cells that are meant to regulate defense of the body against HIV.

This constitutes a serious problem because the body needs the CD4 cells to defend against infection, when HIV infection compromises the CD4 cells a door has been opened for other infections to follow because the CD4 cells are no longer able to do its proper function. The number of CD4 cells range from 450-1200 (this measurement is called **CD4** count or **T cell** count) cells per microlitres.

When HIV penetrates the CD4 cell it finds the DNA in the cell nucleus and makes a copy of itself using the DNA building materials, this copy then hides itself in the DNA. When the cell is studied under a microscope it looks normal thought it is now carrying the HIV's DNA which is referred to as RNA. Once safely hidden in the cell, the HIV can do two things either stay quietly in the cell or turn on the cell to make replicas of itself. These new viruses then exit the cell and penetrate new CD4 cells and the same sequence recurs over and over again.

## 3.4 Symptoms of HIV

As already mentioned HIV damages many parts of the body and it does this by directly invading different body organs such as the brain, nervous system, intestines and blood as well as lowering immunity and allowing other organisms to cause opportunistic infections.

When people are newly infected with HIV, there usually are no symptoms but research as shown that a few people however do notice symptoms between the first to fourth weeks of infection. Some of these

symptoms include flu like symptoms such as sore throat, fever, headache, stomach pain, diarrheoa and a feeling of tiredness. After a week a rash may appear on their face, chest and neck. People also have night sweats, muscle and joint pains, swelling in lymph nodes, nausea and vomiting. These symptoms usually last fewer than two weeks. It is important to note that it is a minority of people who have these symptoms after infection; the majority do not have symptoms. People recover from these first symptoms within a few days and for several years remain healthy and very active.

Between 3 and 10 years after infection, some people may develop minor symptoms and signs secondary to the HIV infection. These may include the following:

- Chronic swelling of the lymph nodes in the neck and below the jaw
- Herpes Zoster
- Occasional fever
- Skin rashes
- Fungal mouth infection
- Recurrent mouth ulceration
- Recurrent upper-respiratory-tract infection
- Weight loss

Eventually after the immune system is totally weakened people start falling ill and develop opportunistic infections. It is at this point that all people infected with HIV start exhibiting signs and symptoms of advanced HIV infection otherwise known as AIDS. Some of the symptoms include the following:

- Weight loss
- Persistent diarrhoea
- Fever
- Tuberculosis
- Pneumonia
- Skin cancer.
- Skin rash
- Acne-like bacterial skin infection
- Oral or vaginal thrush
- Hairy leukoplakia on the tongue
- Recurrent cold sores or genital herpes infection
- Herpes Zoster
- Persistent fever and night sweats
- Generalised lymphadenopathy

This symptomatic phase usually progresses over the next year or 18 months into the AIDS phase of the disease. Signs and symptoms of AIDS may differ from one patient to another depending on which system is affected, but may include any combination of the following:

- A Variety of skin rashes and skin conditions
- Persistent cough, chest pain, and fever
- Oral and/or genital thrush
- Infection of the bowel presenting with ongoing diarrhea
- neurological conditions
- Infection of the brain presenting with headache, fits, and other
- Cancer such as Kaposi Sarcoma
- Severe tiredness, fatigue, and weakness
- Memory and concentration loss

It is important to note that HIV/AIDS is a variable disease. The PLWHA health decline depends on multiple factors such as hygiene, diet, immune system, lifestyle (alcohol and drug use), nature of medical help sought etc.

Some patient's progress rapidly to AIDS while others progress slowly, some patients may suddenly deteriorate and progress very rapidly to severe illness and death after several years of good health and some may never get ill at all (no opportunistic infections).

There are certain clinical criteria though that must be met before a person is diagnosed as having AIDS, firstly a test to check the CD4 (T-cell) count in the body is conducted and if the count is below 200 cells per microlitre then a diagnosis of AIDS can be made.

Secondly, there are a list of 20 disease conditions that are called AIDS defining illness, which when at least 3 of the disease conditions are diagnosed in an individual, then the person can be said to have AIDS. This form of diagnosing with AIDS defining illnesses is usually used in resource poor countries (developing countries) that may not have access to all the necessary test and equipments that are needed for CD4 count and all other necessary laboratory test.

## 4.0 CONCLUSION

In this unit, we illustrated that the acronym HIV stands for **H**uman **I**mmunodeficiency **V**irus. It refers to a type of virus that is known to cause disease only on human beings and can only be transmitted through human contact. AIDS refers to **A**cquired **I**mmune **D**eficiency **S**yndrome which is an advanced stage of the HIV infection when the body's

immune system is no longer able to fight of infections that the body would normally be able to withstand. We also illustrated that the immune system consists of many interdependent cells that work to protect the body from infections from viruses, bacteria, parasites and fungi, ironically HIV deliberately attacks CD4 cells in the body and it enters cells that have CD4 on their surface, therefore attacking the cells that are meant to regulate defense of the body against HIV. We also identified symptoms of HIV to be persistent fever, weight loss, etc.

## 5.0 SUMMARY

This unit provided an overview of HIV/AIDS definitions, characteristics, the immune system and how HIV affects it and lastly, symptoms of HIV. We hope this unit was interesting and insightful.

## 6.0 TUTOR MARKED ASSIGNMENT

Illustrate how HIV affects the immune system
Identify symptoms of HIV

## 7.0 REFERENCES/FURTHER READINGS

Anne-Marie Barry, Chris Yuill (2002). Understanding Health. SAGE

Allot, M and Robb, M. (1997). Understanding Health and Social Care. SAGE.

Neill McKee, Jane Bertrand and Antje Becker-Benton (2004). Strategic Communications in the HIV/AIDS Epidemic. SAGE.

# UNIT 2 HIV TRANSMISSION FACTS

## CONTENTS



## 1.0 INTRODUCTION

This is a continuation of the previous unit. Here, we will look at HIV modes of transmission, how HIV is not transmitted, and hierarchy of sexual needs, opportunistic infections and HIV prevention methods.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define HIV modes of transmission
- Identify how HIV is not transmitted
- Illustrate hierarchy of sexual needs
- Identify opportunistic infections
- Identify HIV prevention methods

## 3.0 MAIN CONTENT

### 3.1 HIV: Modes of Transmission

There are three major modes of transmission of HIV but first for infection to occur there are two important factors that facilitate HIV transmission they are

i. Entry point: The virus must have a point of entry into the blood stream for it to cause infection

ii. Quantity: The virus must be present in large enough quantities to cause infection

The main mode of transmission of HIV is as a result of exposure to infected body fluids by an uninfected individual.

There are only three body fluids that have a large enough quantity of HIV to be infectious:

a. Blood: The blood of a person who is HIV infected has a very high level of HIV. This includes the monthly menstrual blood of women when having periods.
b. Breast milk: The breast milk of a woman who has HIV contains enough HIV to infect the child who is drinking that milk.
c. Sexual fluids (cum): During sex, men secrete two types of fluids from their penis, the first is the pre-cum which is a clear liquid that appears during initial sexual arousal and the second is the cum - a milky fluid that a man releases during ejaculation and also known as semen. In a man infected with HIV, both of these fluids contain enough HIV to infect another person. During sex a woman secretes vaginal fluid (cum) from her vagina. In a woman with HIV, this fluid contains enough of the virus to infect another person.

There are **four ways that these fluids can enter a person's bloodstream:**

1. Sexual intercourse (vaginal, anal or oral)
2. Transfusions of contaminated blood and blood products and transplants of tissues and organs
3. Use of contaminated needles, syringes, razors, and other piercing instruments. The risk of getting HIV through a needle stick is 1 in 300 if that needle had been used on a person who was infected with HIV. Keep in mind that the risk increases with the frequency of needle sticks (i.e. especially in facilities that reuse needles or needles for injecting drug users).
4. Mother-to-child transmission (in the womb, during birth and through breastfeeding). The risk of mother-to-child transmission of HIV is approximately 25%. The risk decreases to under 10% if the mother takes Anti-RetroVirals (ARV- HIV drugs) during labour and delivery.

Other body fluids have been shown to contain HIV, but they do not contain enough of the virus to infect a person. These fluids include saliva, tears and sweat or digestive enzymes. Therefore, it is not dangerous to come in contact with these fluids of an HIV-positive person.

**SELF ASSESSMENT EXERCISE**

For HIV infection to occur there are two important factors that facilitate HIV transmission they are:

_____

_____

_____

_____

## 3.2 Ways HIV is not transmitted

Following are ways that HIV is not transmitted**:**

- Hugging, touching or shaking hands
- Mosquito bites or other insect bites
- Sharing eating utensils or other objects
- Toilets or showers
- Coughing or sneezing
- Swimming pools
- Public phones
- Sharing food or drinks
- Kissing (NOTE: There have been no documented cases of HIV transmission through kissing but in theory HIV could be transmitted through deep kissing (wet or French kissing) if one of the partners has blood or sores in their mouth or on their gums. Dry kissing is considered safer).

## 3.3 Hierarchy of sexual risk

It is not known to what exact degree the chances are of getting HIV from a particular behaviour, but research has shown some sexual activities are riskier than others.

Below is a diagram that classifies sexual risk behaviours in the form of a triangle. The riskiest behaviours are at the bottom of the triangle and the safest behaviours are at the top.

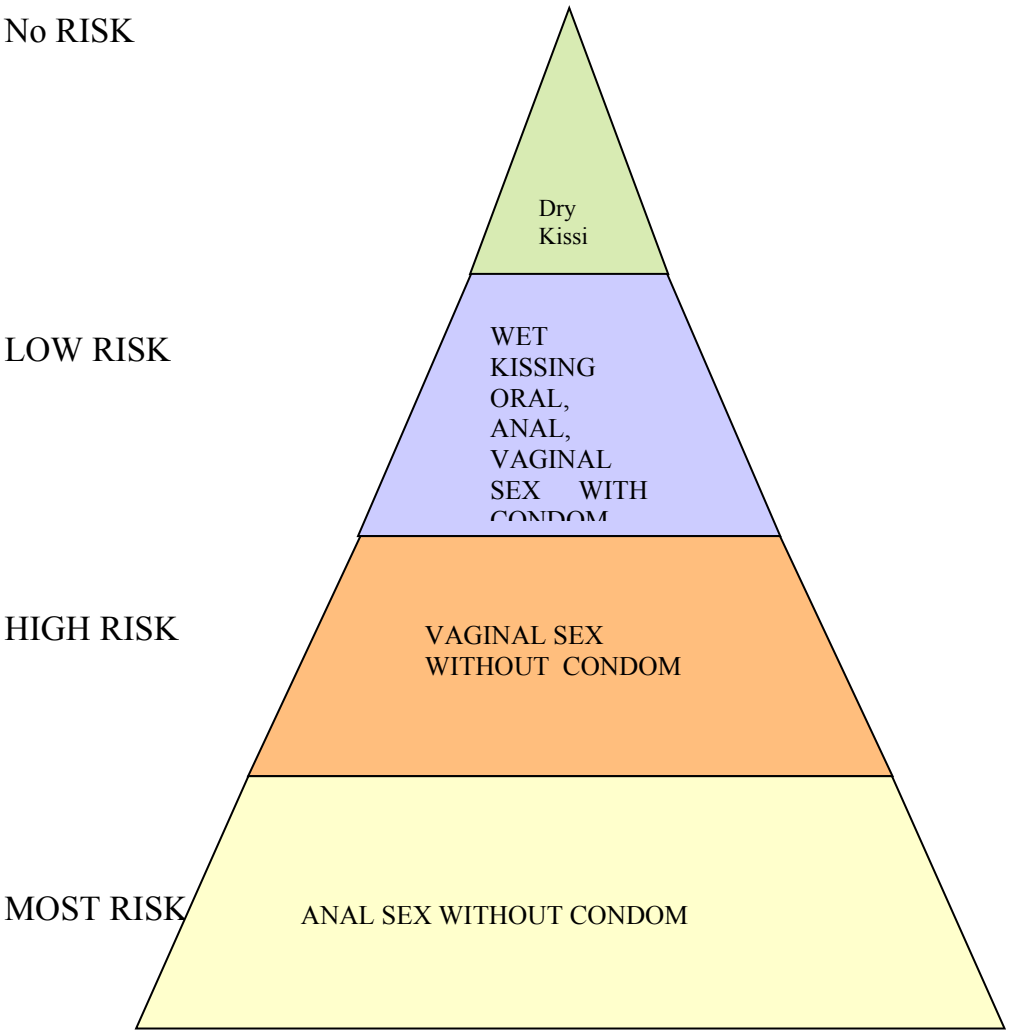


Diagram: From Erhardt, A. « Sexual Behaviour among Heterosexuals». In AIDS in the World II. New York: Oxford University Press, 1996, p. 259.

For sexual activities, the risk increases with the number of sexual partners. But for all behaviours, risk increases with the frequency of the behaviour. In other words, the more times a person engages in a risky behaviour, the more likely s/he is to contract HIV.

## 3.4 Opportunistic Infection

The immune system is our body's defense system. It helps us fight against infection. Over time the immune system is gradually and systematically destroyed by HIV and the body becomes vulnerable to diseases. When a person gets different diseases because of a weakened immune system, the diseases are called **Opportunistic Infections**. Healthy people are exposed to many of these infectious agents every

day, but they do not get sick from them because their immune systems are working properly. A person with AIDS can have more than one opportunistic infection at the same time. Following is a list of some of the most common opportunistic infections.

- Tuberculosis (TB)
- Herpes simplex (which causes sores in the mouth and on the genitals or anus)
- Herpes zoster (shingles)
- Candidiasis (a yeast infection that occurs in the mouth and the vagina)
- Recurrent pneumonia (a type of lung infection that causes fever, shortness of breath and coughing)
- Cytomegalovirus (which can cause blindness and lung infection)
- Cryptococcosis (a fungal infection that can cause pneumonia and meningitis, or inflammation of the brain)
- Kaposi's sarcoma (skin cancer)

Most Opportunisitic infections can be treated and it is recommended that People Living with HIV/AIDS (PLWHA) should get treated for opportunistic infections.

## 3.5 HIV Prevention Methods

HIV can be prevented

1. **Abstain** from sexual relations. This is the only 100% method that Sexual HIV transmission can be avoided. For people that have been sexually active this proves difficult and it entails a lot of determination, motivation and skill to abstain
2. **Being faithful to one sexual partner who is also faithful**. Getting to know ones sexual partner and talking about sexual history helps in determining whether either party has being exposed to STIs. Going for an HIV test if there is a risk that either partner is infected. It is safe to have sex with only one uninfected partner as long as the couple are aware of their HIV status and are not having sex with anyone else.
3. Correct and Consistent Condom use. Individuals should use condoms correctly by observing all the rules of condom use and condoms must be used at all incidence of sexual inter course. The rules for condom use include the following:

    a. Check for expiry date Use your hand to tear along the serrated edge of the condom rather than your teeth or sharp object this is to avoid accidentally piercing the condom.

b. Do not use any oil based lubricants on condoms such as Vaseline, baby oil, groundnut oil etc as this weakens the rubber of the condom making it prone to break. Rather water based lubricants such as KY jelly should be used or even saliva.

4. Seek medical treatment if you have a sexually transmitted infection (STI). This is very important as untreated STIs make an individual vulnerable o getting infected with HIV because the sores and lesions of STIs act as an entry or exit point for HIV.
5. Do not share needles, razors or other piercing instruments. If you are forced to share such instruments, be sure to clean them with bleach and water and not other 'sterilizing liquids' that beauty parlours claim to have, these liquids do not work, it is only bleach that can thoroughly sterilize the instruments.
6. See a doctor if you are pregnant and feel that you may be infected with HIV. As there are ways to prevent the child from being infected with the Virus and also ensure that the expectant mother stays health. This strategy is called the Prevention of Mother To Child Transmission (PMTCT).
7. Emphasise dual protection where feasible especially in polygamous settings where it may be difficult to identify if a partner has sexual partners outside the marriage i.e. the woman, while in the case of the man he sees it as his traditional right as a man to have sexual relationships outside the marriage. Dual protection refers to the use of two different types of contraceptive by the sexual partners, one worn by the male (condom) while the woman also uses another form of contraceptive.

## 4.0 CONCLUSION

We saw in this unit four main mode of transmission of HIV which includes sexual intercourse, use of contaminated sharp objects, mother-to-child transmission and transfusion of contaminated blood. We also saw that HIV is not transmitted through hugging, public phones, etc. We further illustrate sexual risk with the aid of a diagram that classifies sexual risk behaviours in the form of a triangle. The riskiest behaviours are at the bottom of the triangle and the safest behaviours are at the top. We also identified opportunistic infections, example, TB, Herpes zoster, etc. and finally, identified various HIV prevention methods.

## 5.0 SUMMARY

This unit illustrated various modes of transmission of HIV as well as identified various opportunistic diseases. For a test of knowledge, let us attempt the exercise below.

## 6.0 TUTOR MARKED ASSIGNMENT

1. Identify the role of opportunistic infections on HIV
2. Identify types of opportunistic infections

### ANSWER TO SELF ASSESSMENT EXERCISE

For HIV infection to occur there are *two important factors that facilitate HIV transmission* they are:

- Entry point: The virus must have a point of entry into the blood stream for it to cause infection
- Quantity: The virus must be present in large enough quantities to cause infection

## 7.0 REFERENCES/FURTHER READINGS

Anne-Marie Barry, Chris Yuill (2002). Understanding Health. SAGE

Allot, M and Robb, M. (1997). Understanding Health and Social Care. SAGE.

Neill McKee, Jane Bertrand and Antje Becker-Benton (2004). Strategic Communications in the HIV/AIDS Epidemic. SAGE.

# UNIT 3 LINK BETWEEN STIs AND HIV TRANSMISSION

**CONTENTS**



## 1.0 INTRODUCTION

Sexually Transmitted Infections (STIs), which are also commonly referred to as Sexually Transmitted Diseases (STDs), are infections that are passed during vaginal, anal or oral sex. STIs can also be passed from a mother to her child during pregnancy, during birth or while breast-feeding. Many STIs that are passed to children are very dangerous and can cause serious health problems. Remember that STIs are part of opportunistic disease discussed in the previous unit.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Identify linkage between STIs and HIV
- Identify causes of STIs
- Identify symptoms of STIs
- Illustrate treatmement of STIs

## 3.0 MAIN CONTENT

### 3.1 Linkage between STIs and HIV

Anyone can become infected with an STI regardless of age, educational level or socioeconomic class. The World Health Organisation (WHO) estimated that there were over 340 million new cases of curable STIs in world.

Having an STI can increase a person's chances of becoming infected with HIV/AIDS and transmitting HIV/AIDS to a sexual partner. This is because sores or inflammation in the genital areas can serve as both entry points for HIV into the body (when they come into contact with infected semen or vaginal fluids) and exit points for HIV to leave the body (through blood). Therefore, it is very important for people infected with STIs to get treatment for themselves and their partners.

There are over 20 different types of STIs. Some of the most common STIs include the following: Gonorrhoea, HIV, Syphilis, Pubic lice, Candidiasis, Chlamydia, etc

## 3.2 Causes of STIs

There are different biological causes of STIs. Some STIs, such as syphilis and gonorrhoea, are caused by bacteria while other STIs, such as pubic lice, are caused by parasites. The third category of biological causes are Viruses, viral STIs include – HIV, Human Papilloma Virus (HPV), Herpes etc.

It is important to note that both bacterial and parasitic STIs can be cured but viral STIs cannot be cured but their symptoms cannot be treated through medication.

There are also behavioural patterns that leave people vulnerable to getting STIs, these behaviours include:

- Having unprotected sex: Sexual intercourse without the use of a condom
- Having multiple/serial sexual partners and being careless with condom use
- Getting high with illicit drugs or drunk before sex (both situation impair peoples ability to make rational decisions on how to protect themselves)
- Ignorance: People do not know the symptoms of an STI (and therefore cannot tell if they or their partner have an STI.)

**SELF ASSESSMENT EXERCISE**

- Identify the linkage between STIs and HIV

## 3.3 Symptoms of STIs

STIs have what is known as an incubation periods. This period is defined as the time from point of infection with the STI till when the person starts to develop symptoms. It varies from a few days to a few

months. In the table below are some of the symptoms but it is important to note that not all STIs produce symptoms, therefore, anyone at risk should get tested for STIs because that is the only way to ascertain if one is infected with an STI or not.

| | General Symptoms for both Males and Females | Symptoms for Women | Symptoms for Men |
|---|---|---|---|
| 1 | Sores, rashes, bumps or blisters on the vagina, penis, mouth or rectum | Unusual discharge or smell from the vagina | Discharge from the penis |
| 2 | Swelling or redness in the throat (Particularly for people who have oral sex) | Pain deep in the vagina during sex | Drip from the penis |
| 3 | Itching or swelling of the genitals | Bleeding between periods or after sexual intercourse | |
| 4 | Need to urinate frequent | Burning or itching around the vagina | |
| 5 | Burning or pain when urinating or excreting | Abdominal pain | |

It is important to note that if STIs are left untreated there are Long-Term Consequences that would occur such leading to serious health problems for the infected person, below are some examples.-:

- Damage to the reproductive organs which could lead to infertility
- Bladder infections
- Damage to other body organs, such as the liver (in cases of Hepatitis B), brain (syphilis), and the heart (gonorrhoea)
- Arthritis
- Breakdown of the immune system and death (HIV)
- Association with cancer of the reproductive organs (Human Papilloma Virus is associated with cervical cancer in women)
- Premature labour and stillbirths (gonorrhoea)
- Blindness (Gonorrhoea) and birth defects in new-born babies (syphilis)
- Pelvic Inflammatory Disease (PID) in women. This is a severe infection of the reproductive organs that can result in infertility, ectopic pregnancy and chronic pain. It is often, but not always caused by an STI. Gonorrhoea and Chlamydia are the most common causes.

## 3.4 Treatment of STIs

STIs as previously stated are caused by different pathogens, the treatment choices made by Doctors will be based on the type of pathogen that the individual is infected with for example antibiotics for bacterial infections. STIs caused by Viruses cannot be cured but its symptoms can be treated with medication.

Early and effective treatment of STIs is important because:

- Potentially dangerous complications can be avoided
- Reduces the risk of the individual contracting HIV
- Reduces the chances that others will be infected

Treatment regimens for STIs usually follow the "4 C" rules which are:

i. **Counselling**: There should be provision of counselling services for the individual and the counselling should include risk assessment, HIV information, need for compliance, and abstinence during treatment etc
ii. **Chemotherapy**: These are the medications that the individual must commence on to either cure the STI or alleviate its symptoms.
iii. **Compliance**: This refers to the individual's behaviour during the treatment. The person must comply with all the Doctors recommendations for treatment.
iv. **Contact Tracing**: This is also referred to partner notification and it involves informing sexual partners to ensure that the infected individual is not re-infected and to control further spread to others

## 4.0 CONCLUSION

In this unit, we saw that having an STI can increase a person's chances of becoming infected with HIV/AIDS and transmitting HIV/AIDS to a sexual partner. This is because sores or inflammation in the genital areas can serve as both entry points for HIV into the body (when they come into contact with infected semen or vaginal fluids) and exit points for HIV to leave the body (through blood). We also saw that there are different biological causes of STIs. Some STIs, such as syphilis and gonorrhoea, are caused by bacteria while other STIs, such as pubic lice, are caused by parasites. Symptoms of STIs also includes: Sores, rashes, bumps or blisters on the vagina, penis, mouth or rectum. Also we stressed on the fact that early and effective treatment of STIs is important because potentially dangerous complications can be avoided,

it also reduces the risk of the individual contracting HIV and reduces the chances that others will be infected.

## 5.0 SUMMARY

This unit provided use with contents on the linkage between STIs and HIV, drawing into causes of STIs, symptoms as well as its treatment. We hope you enjoyed your studies.

## 6.0 TUTOR MARKED ASSIGNMENT

Identify the symptoms of STIs in both men and women

**ANSWER TO SELF ASSESSMENT EXERCISE**

- Having an STI can increase a person's chances of becoming infected with HIV/AIDS and transmitting HIV/AIDS to a sexual partner. This is because sores or inflammation in the genital areas can serve as both entry points for HIV into the body (when they come into contact with infected semen or vaginal fluids) and exit points for HIV to leave the body (through blood).

## 7.0 REFERENCES/FURTHER READINGS

Anne-Marie Barry, Chris Yuill (2002). Understanding Health. SAGE

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# UNIT 4 HIV TESTING

## CONTENTS



## 1.0 INTRODUCTION

We have seen the various linkages between STIs and HIV as well as causes of STIs. In this unit, we will look at HIV testing, testing infants for HIV, possible HIV test results, and the window period.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Describe HIV testing
- Explain testing infants for HIV
- Identify possible HIV test results

## 3.0 MAIN CONTENT

### 3.1 The HIV Test

The HIV test is a test that tells if a person is HIV positive or negative by using a simple blood test or at times making use of saliva or urine. Several methods have been developed to detect the infection. Most HIV test that are readily available and affordable do not actually test for the HIV virus but rather for the antibodies produced by the body in reaction to the HIV infection. It is important to note that even though HIV antibodies can be detected in the mouth and in urine, the virus cannot be transmitted from one person to another through saliva or urine. This is because there is not enough of the virus in saliva or urine to infect people this way. HIV needs to be present in very large quantities in order for a person to be infected. The only body fluids that contain enough HIV to be infectious are blood, semen, pre-cum, vaginal fluids

and breast milk. There are test which can detect the virus but they are very expensive to carry out and require rigorous procedure to carry it out.

It is important to remember that the HIV test can only detect if a person has contracted the virus and not:

- If a person has **AIDS** (only a doctor can make this diagnosis)
- How the person became infected with HIV
- How long the person has been living with HIV
- Who infected the person

HIV test can be carried out in any reputable Medical institution/facility and various approved and regulated Non Governmental Organisations and Laboratories across the country. When the HIV test is carried out typically it is followed by another HIV test which is called a confirmatory test, which is done to confirm the result of the first test. A confirmatory test is carried out only for positive HIV results and it is carried out shortly after the first test so as make sure that the positive result is a truly positive result.

## 3.2 Testing Infants for HIV

Children born to HIV positive mothers can be prevented from contacting the virus from their mothers with proper medical attention, care and treatment. Unfortunately it is difficult to ascertain if a child is positive or not soon after it is born. This is because children carry their mothers antibodies for several months after birth as a form of protection against infection. Since most available HIV test seek to detect HIV antibodies in the children would test positive because they are carrying their mothers HIV antibodies. Babies born to HIV positive mothers can test positive for antibodies acquired from their mothers for as long as 15 months after birth. For this reason, identifying infected and uninfected infants can only be possible after 18 months. HIV-antibody test results will only show infants who have been exposed to the virus via their mothers. As mentioned previously, in environments where the HIV test which can detect the virus itself as opposed to the HIV antibody produced by the mothers body is available, the children can accurately be tested HIV negative or positive.

**SELF ASSESSMENT EXERCISE**

When the HIV test is carried out typically it is followed by another HIV test which is called_____

## 3.3 Possible HIV test results

### A. Negative Result

An HIV negative result can mean one of the following things…….

1. The person has not been infected with the HIV virus and the HIV antibodies have not been found in the individual's blood.
2. That person has been infected with HIV in the last 3-6 months, and the body has not yet developed antibodies for the HIV test to detect the infection. It is recommended that everybody who is HIV negative should be asked to carry out another HIV test within 3-6 months of the first test during which time they should avoid putting themselves and others at risk of contracting the HIV infection. This period is called the window period.
3. In cases where an individual has developed AIDS and is very ill the person HIV test may read HIV negative this usually happens close to death of the person.

**The window period**

This refers to the period between when a person is first infected with HIV and the development of HIV antibodies in the person's body. If an individual gets tested for HIV during this period it will read negative. This is what is called a **false negative** because the individual is actually positive but the test cannot detect it yet because the body has not produced enough antibodies for the test to detect. During this period though the person has tested negative the person is actually HIV positive and can infect other people. In other words, a person is actually infected with HIV but the test will show up negative.

Depending on the test used, it can take anywhere from three weeks to 6 months for the antibodies to show up in the blood. Almost in all people (99%) develop antibodies within 3 months, however, some testing sites now have more sophisticated tests that are able to "shorten" the window period. In other words, they can detect antibodies within a much shorter period of time -- approximately 25 days after infection

If this new test is **not** available, a person who has received a negative test result and has recently engaged in risky behaviour should be tested again 3-6 months after the last time they participated in a risky activity (For example, if s/he had unprotected sex one month ago, s/he should be tested again in 2-5 months).

## B. Indeterminate result

This means that it is not possible to tell if the person has been infected with HIV based on the test results. In other words, the test results are inconclusive meaning it does not indicate either a negative or a positive. This does not occur very often, but it can happen to people who:

- Have had multiple pregnancies or miscarriages
- Have received multiple blood transfusions
- Have recently received an organ transplant
- Suffer from other autoimmune diseases, such as lupus or Grave's disease
- Suffer from kidney disease or are receiving dialysis treatment
- Suffer from liver disorders
- Suffer from some types of cancer.
- The person is in the process of Sero-Conversion from negative to positive (window period)
- Cross reactivity due to prior inoculating, e.g. anti viral vaccine
- Prior medical conditions, e.g. auto immune disorders and severe kidney diseases

People who receive indeterminate results should also be re-tested again in six months if they have engaged in HIV risk behaviours.

## C. Positive Result

A positive result means that the HIV antibodies have been detected in the person's blood and that the person has been infected with HIV and can infect others through exposing them to infectious body fluids (blood, semen, pre-cum, vaginal fluids or breast milk). All positive results are confirmed with another test called a confirmatory test. Therefore, it is unlikely that a positive result will be false.

## D. False Positive Result

There are sometimes a positive result will be obtained when there are no HIV antibodies in the blood. These can be due to a number of reasons such as:

- Technical errors: Technical errors which may be made by the laboratory scientist.
- serological cross-reactivity
- repeated freezing and thawing of the HIV test reagent
- Stickiness of stored sera in malaria

### E. False Negative Result

This situation occurs when the blood tested gives a negative result for HIV antibodies while it should have tested positive as the person is infected. The reason for this is the WINDOW PERIOD, that is the person must have been newly infected or the test maybe defective

## 4.0 CONCLUSION

In this unit, we summarized that HIV test is a test that tells if a person is HIV positive or negative by using a simple blood test or at times making use of saliva or urine. A review of possible HIV test also includes: negative result, indeterminate result, positive result, false positive result and false negative result.

## 5.0 SUMMARY

This unit provided a broad view of HIV testing and possible HIV results. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

Describe the 5 possible HIV test results

## 7.0 REFERENCES/FURTHER READINGS

Anne-Marie Barry, Chris Yuill (2002). Understanding Health. SAGE

Allot, M and Robb, M. (1997). Understanding Health and Social Care. SAGE.

D'Cruz, Premilla (2004). Family Care in HIV. SAGE.

Neill McKee, Jane Bertrand and Antje Becker-Benton (2004). Strategic Communications in the HIV/AIDS Epidemic. SAGE.

# MODULE 4 HIV/AIDS PRE/POST TEST COUNSELLING



## UNIT 1 HIV/AIDS COUNSELLING: DEFINITIONS

**CONTENTS**



## 1.0 INTRODUCTION

Remember, in the previous modules and unit, we discussed communication, counseling processes and techniques as well as symptoms and manifestations of HIV/AIDS. The above mentioned terms therefore served as precursor to HIV/AIDS counseling. Specifically in this unit, we will look at definitions of HIV/AIDS counseling, aims of HIV/AIDS counseling, Types of HIV/AIDS counseling and lastly, qualities of a good counselor.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Describe HIV counseling
- Identify aims of HIV counseling
- Identify types of HIV counseling
- Identify qualities of a good counselor.

## 3.0 MAIN CONTENT

## 3.1 HIV/AIDS Counselling: Definitions

Counselling has been defined as a process of helping a person/people learn how to solve certain interpersonal, emotional and decisional problems. Counselling, in relation to HIV and AIDS is a confidential dialogue between a person and a care provider aimed at enabling the person cope with stress and make informed personal decisions relating to HIV and AIDS (World Health Organisation-WHO 1994).

Counselling has become an integral part of prevention and treatment in HIV and AIDS. This was not so at the beginning of the epidemic, then HIV/AIDS was regarded as solely a medical problem and was treated as such. But it became evident that HIV and AIDS are not just medical issues but also problem of lifestyle as well as well as ignorance. This lead through a breakthrough in the management of HIV/AIDS, and thus it was recognized that for HIV to be properly managed a more holistic approach had to be adopted.

The holistic approach to care and management of those infected with HIV has become a core element in the Healthcare model for HIV.

## 3.2 Aims of HIV/AIDS Counselling

HIV/AIDS counseling has three main aims

i. **Preventive:** - Providing counseling service and information to help prevent and mitigate the continued spread of HIV by providing information about risk behaviours that leave people vulnerable to contracting HIV infection as well as helping individuals to develop the required skills for behavior change.
ii. **Supportive:** - Providing counseling services to help support people that are infected or affected by HIV. The support includes emotional, social and psychological help given to people who are infected by HIV and those that are affected by the virus.
iii. Ensuring that clients have access to all the health services available by providing adequate referrals for treatment, care and support services.

## 3.3 Qualities of a Good Counsellor

Anybody can be a counsellor, a man or woman, youth or senior citizen, professional or volunteer. However this does not mean that everyone has the potential to make a good counsellor. A good counsellor is someone who possesses the following:

- Awareness of self and others
- Knowledge about the issues being counselled
- Possess good counselling and communication skills and be familiar with counselling techniques.

Apart from those mentioned above certain personal characteristics are needed by a counsellor which, will help to enhance his or her counselling. The characteristics include the following:-

- Integrity (commitment to a set of moral values)
- Concern for people
- Warmth, acceptance and genuineness
- Ability to work with strong emotions
- Creativity
- Optimism and confidence
- Flexibility and tolerance and be able to recognize their limitations
- Drive and persistence (unwillingness to give up)
- Ability to articulate thoughts and ideas coherently and precisely.
- Commitment to personal wholeness on physical, emotional, social, intellectual and spiritual levels
- Commitment to the development of one's own skills, knowledge, supervision and mentorship
- Understand all aspects of HIV/AIDS (knowledgeable, accurate and consistent)
- Be accessible and available for clients
- Be able to empathize
- Possess high level of self-awareness.
- Be respectful, friendly and observant
- Be patient
- Be able to maintain confidentiality

All the listed characteristics are the added difference that gives a counsellor an edge beyond acquired skills and education.

**SELF ASSESSMENT EXERCISE**

A good counsellor must possess the following skills, namely

_____
_____
_____
_____
_____

## 3.4 Types of HIV Counselling

There are several types of counseling in relation to HIV Counselling. The essence of the different types is to provide for the different stages of the HIV infection that the infected person and the relations will go through. The types include:

a. Pre-test counselling
b. Post-test counselling
c. Prevention counseling
d. Bereavement counseling
e. Crisis counseling
f. Disclosure Counselling

## 4.0 CONCLUSION

In this unit, we read that counselling, in relation to HIV and AIDS is a confidential dialogue between a person and a care provider aimed at enabling the person cope with stress and make informed personal decisions relating to HIV and AIDS. Aims of HIV counseling include both supportive and preventive features. Furthermore, we observed that a good counselor must be flexible, knowledgeable, friendly, supportive, etc. We also identify several types of HIV counseling.

## 5.0 SUMMARY

In this unit, we looked at features of HIV/AIDS counseling as well as qualities of a good counselor. We hope you enjoyed your studies. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

What are the aims of HIV/AIDS counseling?

## 7.0 REFERENCES/FURTHER READINGS

Melia, K. M. (2004). Health Care Ethic. SAGE

Parker, R. (2006). Global Public Health. Routledge

Richard Nelson-Jones (2005). Practical Counselling and Helping Skills. SAGE.

# UNIT 2 PRE-TEST COUNSELLING

## CONTENTS



## 1.0 INTRODUCTION

In the previous unit, we looked at definitions of HIV/AIDS counseling, aims, qualities of a good counselor and enumerated types of counseling. This unit and subsequent ones will provide more detailed information of types of HIV/AIDS counseling.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define pre-test counseling
- Illustrate important points for pre-test counseling
- Explain risk assessment
- Develop a risk assessment plan
- Explain HIV test and meaning of test result
- Discuss the issue of consent to HIV testing

## 3.1 Pre-test counseling

Pre-test counselling simply refers to counseling given to an individual prior to taking an HIV test. It is given to prepare the person for the HIV test and the implications of taking the test. Pre test counselling has certain core objectives which are:

a. To explain the test and clarify its meaning;
b. To also explain the limitations of test results and to caution the client about potential misuse of results.
c. To help the client to think about possible reactions to the test result and who should be told. If the test result is positive, who could be informed and who could provide emotional support
d. To help the client understand why the test is required and to make a decision about the test.
e. To review the client's risk of infection which is also called risk assessment. HIV/AIDS risk assessment requires discussion of personal sexual lifestyle of the client, with far-reaching implications.
f. Correct myths and misinformation about HIV
g. Review the test procedure, including issues related to false positive and false negative and also "window period"
h. Explain and obtain informed consent Discuss potential implications (personal, medical, social, psychological and legal) of a negative or positive result; discuss and demonstrate condom use

**SELF ASSESSMENT EXERCISE**

Define Pre-Test counseling

_____
_____
_____
_____
_____

## 3.2 Important points for Pre Test Counselling

- Establish a good relationship between yourself and the client. Pre-test Counselling is usually the first point of contact of the client with counsellor/health facility that is providing the testing service so it is important to establish a good rapport. If you prepare your client well during the pre-test session, you may encounter fewer difficulties during the post test.
- Identify yourself and clarify your role as a counsellor.
- Emphasize confidentiality of everything that will be discussed.
- Obtain the client's personal data for record purposes. Depending on the policy and type of organisation/Health Facility, personal data collection method may vary, with some organisations collecting full name and others opting for a code. Example of data to be collected: Name/Code Name (If code name is used - no address is recorded)/Age/ Sex/Residential Address/Telephone Number/Occupation/Education/Tribe/Religion/Marital status/Economic status;

- Ask if relevant why he/her opted to come for counselling and/or testing or clarify why he was referred for counselling.
- Obtain relevant medical history (past and present) e.g. serious illness in the past, blood transfusion; cough and diarrhoea, STD's etc; If female - how many pregnancies, etc.;
- Ask about personal habits such as smoking, drinking, drugs etc. This helps with assessing risk behaviour
- Ask about sexual history. Does the individual have a steady partner, wife/husband, boy/girlfriend, other partners outside relationship, etc;
- Assess client's knowledge on HIV/AIDS. This enables the counsellor the opportunity to correct misconceptions /misunderstandings; Also to cover such issues as modes of transmission, prevention etc.
- Explore potential risk behaviours of client
- Assess the client's understanding of getting tested for HIV and what the test entails
- Explain what the result will mean if positive or negative including the window period and explore the personal implications of having the test, and what a positive or negative result will mean to him/her and their family and/or significant others;
- Educate the individual on safer sex practices and healthy lifestyle practices.
- Discuss with the client what will be required in the area of behaviour change to reduce the risk of contracting HIV irrespective of whether the result will be positive or negative;
- Help identify how the client will protect their sexual partner/s
- Explore clients support mechanisms. Who they will tell or talk to about their results? Where they will get support? Explore areas of strength e.g. faith and/or other support systems (supportive husband/ wife, relatives, or work-mates);
- Explain the procedure for the HIV test and what it entails
- Provide an opportunity for the client to ask questions
- If the client decides to test, obtain informed consent. Explain the informed consent form and allow the client time to read a leaflet on HIV testing where feasible;

## 3.3 Risk Assessment

Risk assessment refers to conducting a review of clients' risk of HIV infection. It is important to remember that this is a very sensitive subject and the client is expected to share information that he/she may never have shared with any other person. To assess the client's personal risk, the counsellor should continue to *explore* with him/her the following areas:

- Current and past client's sexual behaviour: The counsellor needs to collect information on number of sexual partners the client has had, does client patronise Commercial sex workers?, how often does client change partners, does client have unprotected vaginal and/or anal intercourse
- Current and past sexual behaviour of the client's sexual partner(s): Is client aware of partners sexual behaviour and history?
- Current and past drug and/or alcohol abuse behavior of both the client and clients partner
- Has client's ever had a blood transfusion done? (when? where? was the blood screened for HIV?)
- Client's exposure to non-sterile invasive procedures (injections, scarification, non-medical circumcision, tattooing).

Based on the information gathered from the risk assessment, the counsellor can help the client identify any behaviour that leaves the client open to risk of acquiring or transmitting HIV. The essence of exploring risk with the client is not only to show the client that he/she is open to risk of infection but also to help the person examine ways in which he/she can reduce the chances of getting infected. This means helping the client to develop a risk reduction plan.

## 3.4 Individualized Risk-reduction Plan

A risk reduction plan simply refers to a plan or method that a client will develop to help reduce the chances of contracting an infection. It is important that the plan be developed by the client with help by the counsellor and not that the counsellor develops the plan for client. This is to enable the client develop a plan that he/she feels responsible for and also that will suit the clients lifestyle and background. This plan is personalized and tailored to the client.

A personalized risk-reduction plan is centre-piece to client-centred and behavioural HIV counselling. The process is interactive and respectful of clients' circumstances and readiness to change.

Instead of telling clients how to reduce their HIV-related risk behaviour, counsellors elicit information through discussion; assist the client in developing a specific risk-reduction plan.

This type of counselling takes more time and counsellors must allow sufficient time to ensue that a logical conclusion is arrived at. The counsellor should not rush this stage and should allow it evolve naturally at the clients pace because of the sensitive nature of what is being discussed. At this stage the client has explored and understood his/her risk level and is contemplating action.

## 3.5 Developing an individualized risk-reduction plan

In developing a risk reduction plan the counsellor asks the client to propose some ideas about how to reduce their own risk for exposure to HIV. The counsellor may help the client by listing several alternative risk-reduction strategies for the participant to consider.

For each risk behaviour, the counsellor helps to assess internal (personal - motivation) and external (societal, cultural, financial etc) factors that will act as barriers to the client making the desired change. The client's support system will also be examined.

Finally, the counsellor elicits a commitment from the client to make specific behaviour changes before the next counselling session.

A risk-reduction plan should be challenging, but not so difficult that the client will fail to complete it or become frustrated. It is useful to help client develop several goals, some that are easy to achieve and others that are more difficult to achieve. The plan can consist of step by step action plan to be taken by the client so that the client takes the change at a pace that is comfortable for him/her. If the client can read the risk-reduction plan may be written and given to the client to take home.

## 3.6 Explaining HIV Testing and the Meaning of Test Results

Clients considering testing for HIV must be provided with appropriate information they need to make an informed decision and this should include the method for testing used in the organization. This is very important because some people have a fear of needles and need a lot of psychological preparation before taking an injection so the counselor may have to prepare the individual as well answer questions the client will have about the testing procedure.

It is important that the counselors be sufficiently knowledgeable about HIV testing procedures as clients will often have concerns about the accuracy of the test and have specific questions about the laboratory procedures used and the counselor has to be able to show familiarity with the testing procedure so as to convince the client.

The client should also be assured of the confidentiality of the whole testing procedure.

The counselor should also take time and ensure that the client understands the meaning of a negative or positive HIV result. The counselor should never assume that the client understands the meaning

of the negative/positive test result because the meaning of negative/positive in the English language may confuse some clients.

## 3.7 Consent for HIV Testing

Counsellors should always ensure that a client's consent is given and depending on the organization maybe in written format. Assumptions should never be made that because a client has agreed to be counseled it is a guarantee that the client will agree to be tested. Some clients despite counseling may still need time to make up their minds about getting tested. It is the client's right to have or refuse to have an HIV test carried out and they should not be coerced.

It is the counselors duty is to ensure that client understands the meaning and possible implications of HIV testing and to ensure that the client does not feel pressured to make a decision but rather that the client makes the decision to test at their own pace.

An HIV test result is likely to be beneficial to the client only if the client is sufficiently psychologically prepared to deal with the result and any related implications. If the client is unsure about being ready for the test, additional pre-test counseling sessions must be arranged and the counselor should remind the client to follow the negotiated risk-reduction plan while thinking about taking the HIV test.

Finally it is important to reassure the client that the test result will be held in the confidence, to reinforce reasons why the client may benefit from knowing his/her HIV sero-status, and provide an appointment to return for test results.

## 4.0 CONCLUSION

In this unit, pre-test counselling was simply referred to as counseling given to an individual prior to taken an HIV test. We also identified the concept of risk assessment. Risk assessment refers to conducting a review of clients' risk of HIV infection. It is important to remember that this is a very sensitive subject because clients are encouraged to disclose their sexual habits and so on. In consent for HIV testing, counselors are encouraged to ensure that a client's consent is given before testing.

## 5.0 SUMMARY

In this unit, we defined: pre-test counseling, identified important points for pre-test counselling, explained risk assessment and individual risk

reduction plan. We also looked at developing an individual risk reduction plan, explaining HIV testing and the meaning of test results and consent to HIV Testing. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

Identify the objectives of pre-test counseling

## 7.0 REFERENCES/FURTHER READINGS

Melia, K. M. (2004). Health Care Ethic. SAGE

Parker, R. (2006). Global Public Health. Routledge

Richard Nelson-Jones (2005). Practical Counselling and Helping Skills. SAGE.

# UNIT 3 PREVENTING MOTHER-TO-CHILD TRANSMISSION (PMTCT) COUNSELLING

**CONTENTS**

## 1.0 INTRODUCTION

This is another form of pretest counseling. This is because for the pregnant woman who is getting tested she will be given pretest counseling but because she is pregnant she will also be informed about the different options available for pregnant women who are HIV positive to avoid infecting their child with HIV. In this unit, we will identify the need for preventing mother-to-child Transmission counseling, as well as the advantages and disadvantages of testing during pregnancy.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Identify the need for preventing mother-to-child transmission counseling
- Illustrate advantages of testing during pregnancy
- Illustrate disadvantages of testing during pregnancy

## 3.0 MAIN CONTENT

### 3.1 Preventing Mother-to-Child Transmission (PMTCT)

Counselors in antenatal clinics should provide information on Mother to Child Transmission (MTCT) to pregnant women. Counselors must explain that HIV can be transmitted from mother to child during pregnancy, delivery, or breastfeeding. The benefits of early testing during pregnancy so as to enable better care for mother and child should also be emphasized.

Most HIV-positive children get the virus from their mothers. This type of transmission is called “vertical transmission”. There are three major ways for a pregnant positive woman to pass the virus to her child they are

- During pregnancy: About 25 % of infections occur during this stage. During pregnancy, the virus can be passed to the child through the placenta, especially if it is damaged in any way.
- During childbirth: About 60% of infections occur during this stage. During childbirth, the virus can be passed to the child through contact with the mother's vaginal secretions and blood.
- Through breastfeeding: About 15% of infections occur during this stage because of the presence of the virus in breast milk

The chances of a mother passing HIV to her baby are higher if she becomes pregnant at a time when there is a high level of HIV virus in her blood. This happens when she is in the window period or she is ill with AIDS.

**SELF ASSESSMENT EXERCISE**

What is 'vertical transmission?

## 3.2 Advantages of Testing during pregnancy

a. Knowledge of HIV status facilitates early referral for care.
b. Knowledge of HIV status allows appropriate treatment and follow-up of the child.
c. Knowledge of HIV status provides an opportunity to implement strategies to prevent transmission to the child.
d. Knowledge of HIV status enables women to take precautions to help prevent transmission to sexual partners.
e. For HIV-negative women, knowledge of HIV status can lead to appropriate HIV prevention measures and risk-reduction behavior.

## 3.3 Disadvantages of Testing during pregnancy

a. Testing can increase the risk of violence against women by spouse/partner.
b. Testing can increase the possibility that women will be stigmatized by community members and at times even the health care workers.
c. Testing can increase levels of anxiety during pregnancy.

Most people agree on the goals of testing pregnant women in the context of reducing HIV transmission from mother to child. There is also agreement that HIV testing of pregnant women should be accompanied by individual, culturally competent counseling that covers the benefits of determining HIV status and its implications for a woman. This is important because a pregnant positive woman has to think about whether she will breastfeed and if not what her breast feeding options are. Considering the African culture where breastfeeding is very important, women may be reluctant to consider breast feeding options

and would rather breastfeed, in this situation the woman has to be appropriately counseled on the pros and cons of breastfeeding as well as alternatives to breast feeding and she should be allowed to choose what is most comfortable for her.

Breast milk is the perfect food for babies. It provides them with all of the nutrients they need, in addition to giving them antibodies which can protect them from diseases and is usually healthier than bottle-feeding. This is because bottle-feeding can result in diarrhoea and malnutrition if the mother does not have access to clean drinking water and baby formula is expensive.

The World Health Organisation recommends that HIV-positive women should receive counselling in order to evaluate the best option for them. Some of the options available to HIV positive mothers are:

- Using commercial formula or home-prepared formula that is if clean drinking water is available and mother can ensure that the bottle/cup used to feed the child will be well cleaned.
- Exclusive breastfeeding should be carried out for about 3–6 months according to WHO recommendation. The baby should not be giving any other thing (formula or water) during this period or the risk of infection goes up. The child should then be placed on semisolids/formula and should not be breastfed again.
- Breast milk can be expressed by the mother and then heated breast by placing the bottle the milk is in, in a container of boiling hot water to kill the HIV-virus
- Using a wet nurse- A wet nurse is a woman who is breastfeeding or has breastfed a baby before. The baby can be given to a wet nurse for the wet nurse to breastfeed. This method of breast feeding is popular among certain cultures but is not readily accepted by other cultures. Also the HIV positive mother needs to be aware of the wet nurses HIV status before giving her baby to her.

## 4.0 CONCLUSION

We have seen that preventing mother-to-child Transmission counseling is very important for HIV positive women. This is because for the pregnant woman who is getting tested, she will be given pretest counseling, but because she is pregnant she will also be informed about the different options available for pregnant women who are HIV positive to avoid infecting the their child with HIV. We also identified advantages and disadvantages of testing during pregnancy.

## 5.0 SUMMARY

In this unit, we illustrated the concept of preventing mother-to-child transmission counseling. We also looked at the advantages and disadvantages of testing during pregnancy. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

Identify the advantages and disadvantages of HIV testing during pregnancy

### ANSWER TO SELF ASSESSMENT EXERCISE

Most HIV-positive children get the virus from their mothers. This type of transmission is called "vertical transmission".

## 7.0 REFERENCES/FURTHER READINGS

Melia, K. M. (2004). Health Care Ethic. SAGE

Parker, R. (2006). Global Public Health. Routledge

Richard Nelson-Jones (2005). Practical Counselling and Helping Skills. SAGE.

# UNIT 4 POST-TEST COUNSELING

### CONTENTS

## 1.0 INTRODUCTION

We all know that it is very important to provide counseling after an HIV positive result. This provides the patient with options available for a healthier, happier and competent living. In this unit, we will look at issues of post test counseling.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Explain post test counseling
- Explain importance of post test counseling
- Identify important points for post test counseling

## 3.0 MAIN CONTENT

### 3.1 Post Test Counselling

Post test counselling simply refers to counselling given to an individual after an HIV test is conducted and is given irrespective of what the HIV test result is. Post-test counselling is aimed at discussing the HIV test result and providing appropriate information, support, and referral and encouraging risk-reduction behaviours. The main goal is to help the client to understand and come to terms with his/her test results and to initiate adaptation to their seropositive or seronegative status.

Post-test counselling helps the client to understand and cope with the HIV test result. Counselling for people who have recently received their results is similar to pre-test counselling, because both of them involve HIV risk assessment and the promotion of safer behaviours, or “risk reduction” behaviours. The main difference is that in post-test counselling clients need to deal with the reality of their situation and not imagining it in the future. Clients also need to have a clear understanding of what their results mean and what options are available to them.

Giving results (positive) can be difficult and uncomfortable for the counselor. Sometimes the counsellor fears they may not know what to say or do to an emotional client and fear that clients may harm themselves or others. Because of this counselors may be tempted to

make inaccurate suggestions and give inappropriate assurance so as to make the client feel better but this would be doing the client a disservice because the counselor would be lying to the client and it is also unethical and unprofessional.

**SELF ASSESSMENT EXERCISE**

The main goal pf post test counseling is to

_____
_____
_____
_____
_____

## 3.2 Importance of Post Test Counselling

Counselling after an HIV test is important for the following reasons:

**For Positive test results**

Post test counselling is given to convince the client about the reality and seriousness of the situation – it is often difficult for people to accept and believe that they are HIV positive based only on the results of a blood test, especially if they are feeling healthy and strong:

- To ensure understanding of the test result.
- To help client cope with the positive result, especially in the days and weeks to follow.
- To make a plan for ongoing medical care and necessary referrals
- To provide information about the dangers infecting others and getting re-infected with different strain of the virus.
- To understand the need for careful planning and importance of medical attention for client who want to have children
- To help the client with the issue of disclosure.

**For negative test results**

- To explain the window period and the possible need for re-testing
- To help the client develop a plan for remaining negative, that is a risk reduction plan

**For indeterminate test results**

- To explain the need for re-testing and the reasons that the result could have been indeterminate
- To help the client develop a plan for protecting him/herself from HIV

Clients may experience a range of emotions upon learning their test results. Many of these emotions will be very strong and should be acknowledged by the counsellor. A client who is very emotional, either in a positive or negative way may be too distracted to hear information that is given to them. Therefore, it is important to help the client to explore his/her emotions and "vent" them. Once a client has released his/her feelings, s/he will be more receptive to receiving other information regarding prevention, treatment and referrals.

Reactions to results from clients can vary from happiness (negative result) to anger despair, depression, grief, anxiety, suicidal ideations, shock and denial (positive or indeterminate result). What determines people's reactions to their result varies. One of the most important is how well-prepared the person was for the news during the pre test counselling at which the counsellor should have properly prepared the client for the result and also have studied the client and be able to determine the pre-test psychological condition of the client which would help in anticipating how the client would react to the result.

**Other determinants include the**

- State of person's physical health
- Type of support the person has in family, friends and community
- How they learnt about the test result: This could refer to how the counselor told them about the result or what precipitated them to get the HIV test done e.g. pregnant woman in Ante natal Clinic
- Cultural and spiritual values attached to AIDS, illness and death.

Counsellors should pay close attention to client's reaction when they learn their result, especially if positive and should respond appropriately to the reactions. When clients receive the result a lot of times they go through the grieving stages of denial, depression, anger and bargaining, and finally acceptance so counselors should be prepared to support the client as they go through these stages. It is also important for the counselor to understand that other life stresses will further complicate the client's already fragile psychological health. The counsellor's role is to be supportive and helpful to enable the client to gain a sense of overall health.

## 3.3 Important points for Post test counseling

1. It is important to begin the post-test session by asking how the client has been feeling since having the test and what has been going through his/her mind since taking the test.
2. Ask the client if they have any questions but by this time most clients are anxious to receive their result and might not be ready to ask any questions.
3. Give the test result in a neutral tone of voice which shows no emotions to reflect what the result is. State the result clearly and simply.
4. Make sure that the client has understood the test result and that the client is emotionally and psychologically ready for more information to be provided
5. Assess the clients understanding of the test result. Ask the client to explain what the test result means to him/her and check for any misperceptions or misinformation.
6. Assess emotional understanding by asking the client how he or she is feeling at that moment, and allow the client to express the emotions

7. Once the client is emotionally able to cope start to help the client to plan what the next steps will be. This is called behavioural integration. Behavioural integration requires that the client make an immediate plan (ask 'what are you planning to do when you leave here today?') as well as plans for partner notification (disclosing HIV status to partner), modifying the risk-reduction plan or other behavioral changes depending on their test result and the clients situation.

## 4.0 CONCLUSION

Post test counselling simply refers to counselling given to an individual after an HIV test is conducted and is given irrespective of what the HIV test result is. Counsellors should therefore be well equipped with important points for post test counseling, which includes the need to begin the post-test session by asking how the client has been feeling since having the test and what has been going through his/her mind since taking the test. They should also give the test result in a neutral tone of voice which shows no emotions to reflect what the result is. State the result clearly and simply.

## 5.0 SUMMARY

In this unit, we provided a brief definition of post test counseling. We also identified the importance of post test counseling as well as important points for post test counseling. The information provided here is very helpful to aspiring HIV/AIDS counselors. Ok! Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

Identify and briefly explain important points for post test counseling

## 7.0 REFERENCES/FURTHER READINGS

Melia, K. M. (2004). Health Care Ethic. SAGE

Parker, R. (2006). Global Public Health. Routledge

Richard Nelson-Jones (2005). Practical Counselling and Helping Skills. SAGE.

## MODULE 5 SPECIFIC COUNSELLING FOR HIV/AIDS



## UNIT 1 PREVENTION COUNSELLING

**CONTENTS**



## 1.0 INTRODUCTION

This type of counselling is generally aimed at the prevention of infection. It involves the counsellor giving full and accurate information on HIV/AIDS, modes of transmission, stages of infection and its implications and the means of prevention**.**

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define prevention counseling
- Identify forms of prevention counseling
- Identify goals of prevention counseling
- Explain universal precautions
- Explain home based care for HIV/AIDS

## 3.0 MAIN CONTENT

### 3.1 Prevention Counselling

Prevention counselling is similar to pre-test counselling as it provides an opportunity for the counsellor/client to negotiate and reinforce a plan to reduce or eliminate the risk of HIV transmission. Prevention counseling can also be given to relatives and significant others of an infected person so as to protect them from contacting the infection in the process of caring for the PLWHA.

### 3.1.1 Forms of Prevention Counselling

As seen above prevention counselling can be categorized into two:

a. **Primary Preventive Counselling**: This is the counselling given to an individual to avoid contracting an infection.
b. **Secondary Preventive Counselling**: This is the counselling given to an individual who is positive to help reduce the risk of re-infection. It is also given to the family, significant others and care givers of any infected person to enable them to be able to give proper care to the PLWHA as well as to protect themselves. It covers such issues as **Universal Basic Precaution** as well as **Home Based Care**.

### 3.1.2 Goals of Prevention Counselling

Preventive counselling facilitates an accurate perception of HIV risk for those who are unaware, uninformed or in denial. It should also:

- Translate the client's risk perception into a risk reduction plan that may be enhanced by knowledge of HIV infection status.
- Helps clients initiate and sustain behaviour changes that reduce their risk of acquiring or transmitting HIV
- Assess the clients readiness to adopt safer behaviours by identifying behaviour changes the client has already implemented and negotiate a realistic and incremental plan for reducing risk
- Determine the client's understanding of HIV transmission and the meaning of HIV antibody test results
- Safe sex options can be discussed. A condom demonstration can be carried if client is willing to use condoms and is interested in knowing how to make proper and consistent use of a condom

## 3.2 Universal Precautions

Universal precautions are protective measures that are standard practice the world over that where created in order to prevent contact with body fluids of a person who may or may not have a communicable disease or infection.

Universal precautions in relation to HIV are based on the simple fact that there is no way to be certain a person is not infected unless the individual takes an HIV test. The recommended guidelines indicate it is safer to treat and to handle everyone's blood and body fluids as if they were infected. This is very important in health settings where all patients irrespective of their HIV status are treated as if they are positive. Health personnel has no right to force anybody to take an HIV test but the health personnel has to also make sure he/she is protected form contracting the infection without infringing on the patients right. The universal precautions are a set of guidelines to help prevent people from infecting themselves while caring for a person who may have a communicable disease. This also includes caregivers in the home.

Prevention methods to avoid transmission covers most body fluids such as blood, blood products, semen, vaginal fluids (including menstrual blood), as well as saliva, urine, feces, and mucus which may contain blood that is not visible.

Basic methods that everyone should follow include**:**

- Avoid unprotected contact with all blood and body fluids. When contact cannot be avoided the use of barriers such latex or plastic gloves should be used
- A barrier should be used to apply bandages or gauze on a cut or scrape, as well as to stop any bleeding after an accident or injury.
- Discard or decontaminate anything that has had direct contact with blood or body fluids such as bloody tissues, paper towels, gauze, etc. Wash any bloody clothes first in hot water and bleach before using detergent.
- Knives/razors used for traditional rituals (including scarification/tattooing/circumcision etc.) should not be shared and should be sterilized appropriately.

## 3.3 Home-Based Care (HBC)

Home-based care is the care of the sick at home given by family members or volunteers, in collaboration with professional health care providers. In some circumstances the caregiver maybe a spouse/partner who is also infected.

It is any form of care or set of activities provided to meet the physical, psychological, spiritual, nursing, medical and social needs of infected persons and their families in the home environment.

This service is usually provided by Community Based Non Governmental Organizations and the services of health professionals are used.

It has become increasingly obvious that care for PLWHA while ill maybe too expensive for the family to bear hence the origination of the Home Based Care to help in reducing the long term cost of care. Many illnesses and infections associated with HIV and AIDS can be managed at home if some basic information is available to caregivers. Home care is less expensive and can be given with compassion and dignity in a familiar environment rather than in a hospital environment that in antiseptic and not warm. Family members are often the best people to give emotional support, love and care to sick persons.

HBC involves the home management of common symptoms (fever, pain, nausea and vomiting, cough, diarrohea, skin problems, etc.) by a caregiver who has been trained to provide care at home. The training is to ensure that the caregiver has the knowledge to care for the PLWHA and also to ensure that the care giver knows how to prevent him/her from being infected.

There are certain things a caregiver should know while taking care of a person who is ill with HIV/AIDS:

- They must have basic knowledge of HIV and AIDS
- Must be schooled on the importance of personal and environmental hygiene
- Must learn how to prevent infections and injuries to themselves and
- others
- Must know how to manage common infections such as diarrohea, skin
- infections, cough etc. at home
- Nutrition for both caregiver and PLWHA is important especially to help
- The caregiver maintain a strong immune system
- Must have adequate information on who call for help when necessary.
- Information about medicines to be taken by the patient and their
- possible side
- The caregiver most also be aware of his/her ability and should avoid burn-out and breakdown.

The Community Based Organisation also provides basic Universal precaution materials such as rubber gloves, face mask for cold, bedpan or bedside commode etc. for the caregiver.

### 3.3.1 Benefits of HBC

The benefits of HBC are numerous for the PLWHA and the society. The benefit of HBC for the society is that it helps in decongesting health facilities which may be overwhelmed by the number of PLWHA that require treatment.

The benefits for the family is that it is often less expensive than care in a medical facility and at times it maybe the only option the family have if they are from a low income family or have no access to healthcare facility.

HBC also helps promote acceptance within family and community when the PLWHA lives amongst them and is being cared for by the family and community. It also allows family members the opportunity to attend to other duties instead of spending time commuting to the hospital and trying to target the hospital visiting hours.

Benefits for the individual is that it allows him/her to be cared for in familiar environment with loved ones and the individual can still contribute and be part of the family decision making process.

### 3.3.2 Challenges of HBC

- There is limited coverage of HBC compared to the number needing care because not all Community Based Non Governmental Organisation provide this service.
- The burden of care is more on women because in most African
- societies women are the primary caregivers and the girl child maybe
- Stopped from going to school so as to care for a parent/sibling. Also, if the female spouse/partner is infected with the virus she is expected to sacrifice her health to care for the male partner.
- The training of caregivers may also be inadequate or not properly carried out leaving both the care giver and PLWHA vulnerable to infections
- Insufficient community sensitization to what HBC is and its aims
- When there is lack of adequate provision by the Community Based Non Governmental Organisation of nutritional/material/medical support the caregiver may feel overwhelmed when he needs assistance and there is no where to get information or help.

- The HBC programmes are difficult to sustain because of financial considerations on the part of the Community Based Organisation.
- HBC may mean neglect for PLWHA if the caregivers are not willing to cooperate
- There is the risk of overburdening caregivers.

## 4.0 CONCLUSION

In this unit, we saw that prevention counselling is similar to pre-test counselling as it provides an opportunity for the counsellor/client to negotiate and reinforce a plan to reduce or eliminate the risk of HIV transmission. Thus prevention counselling is both informative and life saving. We also touched on the issue of Home Based Care. Home-based care is the care of the sick at home given by family members or volunteers, in collaboration with professional health care providers. In some circumstances the caregiver maybe a spouse/partner who is also infected.

## 5.0 SUMMARY

In this unit, we looked at: prevention counselling, forms of prevention counselling, goals of prevention counselling, universal precaution, home based care and its benefits and challenges. Hope you enjoyed your studies.

## 6.0 TUTOR MARKED ASSIGNMENT

Explain the goals of prevention counselling

## 7.0 REFERENCES/FURTHER READINGS

D'Cruz, Premilla (2004). Family Care in HIV. SAGE.

Lucas, K. and Lloyd, B. (2005). Health Promotion. SAGE

Melia, K. M. (2004). Health Care Ethic. SAGE

Parker, R. (2006). Global Public Health. Routledge

Richard Nelson-Jones (2005). Practical Counselling and Helping Skills. SAGE.

# UNIT 2 BEREAVEMENT COUNSELLING

**CONTENTS**

## 1.0 INTRODUCTION

Bereavement is a term that can be used to describe any event that includes loss, so this could mean losing a job or the death of someone you know. Bereavement can also be termed as grief.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define bereavement counselling
- Identify factors influencing grieving
- Identify normal grief reactions
- Identify potential danger signs in grief reactions
- Explain goals of grief counselling
- Identify stages of bereavement

## 3.0 MAIN CONTENT

### 3.1 Bereavement

Bereavement in relation to HIV/AIDS could be grief over the loss of a dear one or grief upon learning one or a partner or a friend is HIV-positive.

Grief is multidimensional it can be experienced on all levels of the person, in the heart (feelings and emotions), the mind (thoughts), the spirit (meaning of life), the body (physical manifestations). It is a time of transition, beginning with period of diagnosis to death, shock of an anticipated loss, of trying to prepare for the inevitable.

Death, even though it is an inevitable end for everyone, when it occurs irrespective of the manner of death (illness, old age) there is a deep sense of loss for the people left behind. When death follows a terminal illness (like AIDS) even though the family and friends know that the death is inevitable and have watched the person slip away during the illness, they are still left with a sense of loss. People grieve not only for the deceased, but also for the unfulfilled dreams and plans for the future that they hoped to share with them.

There is no right way of coping with a death; people respond to a loss in their own individual way. The way a person responds is partly dependent on their relationship with the deceased, but it also depends on their own personality and upbringing.

## 3.2 Factors influencing Grieving

Other factors that may influence the grieving process include:

- Mode of death
- Where the death occurred (geographically near or far, sudden or expected, etc.)
- Historical antecedents (previous losses and how the person grieved)
- Prior mental history
- Personality variables (age, gender, stress level, etc.)
- Social variables (ethnic and social sub-cultures, religious persuasion and faith)
- Degree of perceived emotional and social support
- Concurrent stresses (grievers HIV status) and changes following a death.

### 3.2.1 Normal Grief Reactions

The normal grief reactions can include:

**Feelings**: This can be expressed in the form of shock, anger, Sadness, guilt, self-reproach, loneliness, helplessness, hopelessness, depression, numbness and feelings of unreality etc.

**Physical symptoms:** Such as tightness in throat and chest, excessive sensitivity to noise, irritability, weakness, loss of appetite, insomnia, weight loss etc.
**Behaviour:** This can be manifested in the form of confusion, hallucination (seeing or hearing the deceased person), tearfulness, Absentmindedness, obsession to belongings of deceased person, relief, irrational behaviour

### 3.2.2 Potential Danger Signs in Grief Reactions

There are some potential danger signs in a client's grief reaction that a counsellor should look out for because they indicate that the client may be slipping into deep depression which is different from the mild depression that is felt after a loss and such deep depression may require medical help from a psychiatrist, some of the signs include:

- When someone feels he/she is no longer of value as a person
- Behaviour or personality changes that are inconsistent with clients normally behaviour pattern.
- When client makes threats of self-destruction
- When clients exhibits anti-social behaviour
- Excessive hostility
- Complete withdrawal and unwillingness to interact with other people
- Appearance of fleeing from reality

Counsellors have to handle bereavement with a great deal of caution. Empathy is required on the part of the counselor and not sympathy. It is important to allow bereaved persons to grieve and ventilate their feelings.

Communication is key to coping and adjusting to the new change as a family goes through grief. It is important to allow the family to talk, cry, vent their rage or even sit in silence or grieve privately, depending on how they feel. Remember that no two people will react the same way under similar situations and the counsellor must give room for such differences and work with the client to deal and develop personal strategies for coping with the situation.

**SELF ASSESSMENT EXERCISE**

Normal grief reactions can include

_____
_____
_____
_____
_____

## 3.3 Goals of Bereavement Counselling

The main goal of bereavement counseling is to increase the reality of the loss to the mourners and help provide psychosocial and emotional support to them. Bereavement counseling also helps:

- To help the person deal with spoken and unspoken feelings which he/she is experiencing about the loss of loved one or the HIV diagnosis
- To help the person overcome difficulties of readjustment to everyday life after the loss or diagnosis
- To encourage the person to say an appropriate goodbye and to feel comfortable reinvesting in life after the loss of the loved one without feelings of guilt
- To help the person to be able to adjust to life after an HIV diagnosis.

## 3.4 Stages of Bereavement

There are typical stages that most people go through when confronted by
sudden unexpected loss and tragedy. It is important to note that the stages are not separate from each other, do not necessarily follow each other simultaneously but can overlap one another. The stages are fluid, and an individual may move in and out of them in their unique individual manner and tempo:

### a. Denial

This is usually the first reaction that people have to the loss of a loved one or a diagnosis of HIV. At first, people tend to deny the loss has taken place, and may withdraw from usual social contacts.

### b. Anger

There is the stage of anger at self, loved one, God, the world, the HIV virus and the world in general. Questions such as “Why me?”, “Why did it happen to him/her?’ are asked over and over again. The grieving person may be furious at the person who inflicted the hurt (even if he/she's dead), or at the world, for letting it happen. S/He may also be angry with her/himself for getting infected/ or loved one dying, even if, realistically, nothing could have stopped it.

### c. Bargaining

At this stage the grieving person may make bargains with God, asking, "If I do such and such, will you take away the loss?", “I promise I'll be a better person if….” Hoping that the loss will disappear or magically be made right.

**d. Depression**

At this stage the person feels numb, although anger and sadness may remain underneath but the person feels tired and doesn’t care any longer about what happens. A sense of hopelessness and helplessness washes over the person and leaves him or her unable to muster energy to do anything and everyday functioning may also be a problem.

**e. Acceptance**

At this stage there is a sense of resignation, when anger, sadness and mourning have tapered off. The person simply accepts the reality of the loss and lets’ go, but memories still remain. It is not a pleasant feeling but rather a feeling of being ready for whatever may come.

Counsellors should listen actively to the client and should be able to listen without judging or trying to guide the person on how to grieve Showing compassion and empathy should be the counsellors primary tool in helping client.

Client should be allowed to express feelings without fear of criticism and guilt that they are not grieving in a “right” way. Avoid clichés words, such as “Think of all you have to be thankful for”, “Time heals all wounds” “I know how you feel” etc These statements are al patronizing and can be hurtful to clients who may ask the counsellor “how can you know how I feel have you lost your spouse/ are you HIV positive?”

It is important to realize that a client’s grief is unique and not two people will ever grieve in the same way, each person is unique and no one will respond to the death of a loved one/HIV diagnosis in exactly the same way. The process of grief takes a long time and each person has a unique time line for healing.

## 4.0 CONCLUSION

We hope you enjoyed this unit. Here we looked at bereavement in relation to HIV/AIDS described as grief over the loss of a dear one or grief upon learning one or a partner or a friend is HIV-positive. We also identified goals of bereavement counselling, which includes: increasing the reality of the loss to the mourners and help provide psychosocial and emotional support to them.

## 5.0 SUMMARY

In this unit, we defined bereavement and goals of bereavement counselling, identified factors influencing grieving and normal grief reactions, and identified potential danger signs in grief reactions.

## 6.0 TUTOR MARKED ASSIGNMENT

Explain the goals of bereavement counselling

### ANSWER TO SELF ASSESSMENT EXERCISE

The normal grief reactions can include:

- *Feelings*: This can be expressed in the form of shock, anger, Sadness, guilt, self-reproach, loneliness, helplessness, hopelessness, depression, numbness and feelings of unreality etc.

- *Physical symptoms:* Such as tightness in throat and chest, excessive sensitivity to noise, irritability, weakness, loss of appetite, insomnia, weight loss etc.

- *Behaviour:* This can be manifested in the form of confusion, hallucination (seeing or hearing the deceased person), tearfulness, Absentmindedness, obsession to belongings of deceased person, relief, irrational behaviour

## 7.0 REFERENCES/FURTHER READINGS

D'Cruz, Premilla (2004). Family Care in HIV. SAGE.

Lucas, K. and Lloyd, B. (2005). Health Promotion. SAGE

Melia, K. M. (2004). Health Care Ethic. SAGE

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Richard Nelson-Jones (2005). Practical Counselling and Helping Skills. SAGE.

# UNIT 3 CRISIS COUNSELLING

## CONTENTS



## 1.0 INTRODUCTION

A crisis is a temporary emotional state of deep distress caused by some kind of unexpected, real or imagined threat. It is hazardous and has the potential to cause psychosocial deterioration. A crisis situation is a critical situation in which a person is unable to use his/her normal problem solving techniques. The situation overwhelms the person emotionally and cognitively. This unit will elaborate more on element of crisis, crisis counseling as well as the role of counselor in crisis counseling

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define crisis
- Identify elements of counseling
- Define crisis counseling
- Explain the role of counselor in crisis counseling

## 3.0 MAIN CONTENT

### 3.1 Crisis

A crisis is not a situation but a persons' reaction to the situation, it is a subjective experience. What maybe mildly distressful to one person maybe a crisis to another. What determines a crisis is how a person copes with the crisis. Crisis a can be dangerous if the normal coping

skills fail to accommodate the crisis. A crisis occurs whenever a client feels:

- Intensely threatened
- Completely surprised and caught unaware by whatever is happening
- Emotionally disturbed as a result of loss of control
- Emotionally paralyzed because there seems to be no way to solve the problem

It is important to note that any event that a person perceives and defines as a crisis is a crisis for the person

## 3.2 Elements of crisis

A crisis is made up of the following elements which defines how an individual assess what he/she regards as a crisis:

a. **The blow**: This is the initial shock, fear or realizing that something is wrong. An awareness of being at high risk or confirmation of HIV-positive status, (fear of) death of self or loved one
b. **The recoil**: This occurs when the person is struggling emotionally to come to grips with the full implications of the crisis at hand.
c. **Withdrawal:** Some people want to be alone with their sorrow or anger and to isolate themselves from contact with others. Others suffer depression or acute anxiety.
d. **Acceptance:** The individual comes through the crisis without permanent loss of self-esteem and with restored sense of control over his crisis and life in general. He/she has developed an appropriate coping strategy to deal with the crisis.

## 3.3 Crisis Counselling

Crisis counselling is a short term intervention which focuses on dealing with the immediate situation. It involves helping clients to understand the crisis situation, express their feelings about it, and outline an action plan and getting referrals.
Crisis counseling in relation to HIV/AIDS is defined as a confidential dialogue between a PLWHA and a counsellor aimed at enabling the client to cope with the crisis which is being experienced. The crisis could be:

- Diagnosis of HIV infection
- Unexpected death in family
- Breakup of a relationship
- Death of another PLWHA

- Emergence of new symptom
- Treatment failure or anything that an individual perceives as a severe life event

**SELF ASSESSMENT EXERCISE**

Identify the elements of crisis

## 3.4 The role of the counsellor in crisis counselling

One of the counselors' major role during crisis counseling is to help the client define the problem and help restore a sense of control. Sometimes the crisis is so overwhelming for the client that he/she is unable to identify what the major problem of the crisis is, is it the HIV diagnosis itself or is it the need to disclose HIV status to a spouse that is causing the crisis and if both are regarded as a problem, which is the more serious of the two to the client. The counselor must "Begin where the client is" and be reassuring and supportive as the client discusses the crisis. The counsellor must listen carefully and patiently because the client may sound incoherent initially but with adequate support will calm down and start communicating in a more coherent manner.

A counsellor should never play down the seriousness what a client regards as a crisis, for example by saying "you are over reacting". What this communicates to the client is that the counsellor does not take his problem seriously and is patronizing him/her. Counsellors should never offer false assurances to clients such as statements like "all will be well" because the counsellor really does not know if all will be well and cannot guarantee the client that his HIV diagnosis status will decline rapidly to AIDS or that if client was raped that the rapist is probably not HIV positive. This sort of false reassurance may temporarily help in calming the patient but on the long term I f the client does test HIV positive or declines rapidly from HIV to AIDS, the client will lose trust in the counsellor and feel that the counsellor lied to him/her.

The counsellor should help break the problem into smaller parts and help client prioritize different aspects of the problem. The counsellor should repeat certain information repeatedly to ensure that the client understands the situation and is not in denial. But the counsellor should not overstate the issue and annoy the client who is already emotionally overwrought.

The counsellor should also help client set realistic goals for problems and identify which ones he can do something about and which one the client will just have to accept as a part of life.

## 4.0 CONCLUSION

In this unit, we were made to understand that crisis is not a situation but a persons' reaction to the situation, it is a subjective experience. Elements of crisis were summarized as: the blow, recoil, withdrawal and acceptance. Crisis counseling was further described as a short term intervention which focuses on dealing with the immediate situation. It involves helping clients to understand the crisis situation express their feelings about it outline an action plan and getting referrals. Also one of the counselors' major role during crisis counseling is to help the client define the problem and help restore a sense of control.

## 5.0 SUMMARY

This unit provided us with brief explanation of crisis and crisis counseling. We hope you enjoyed it, and also found it helpful. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

1. Define crisis counselling
2. Identify the role of counselor in crisis counselling

### ANSWER TO SELF ASSESSMENT EXERCISE

A crisis is made up of the following elements : *The blow*: This is the initial shock, fear or realizing that something is wrong. An awareness of being at high risk or confirmation of HIV-positive status, (fear of) death of self or loved one. *The recoil:* This occurs when the person is struggling emotionally to come to grips with the full implications of the crisis at hand. *Withdrawal:* Some people want to be alone with their sorrow or anger and to isolate themselves from contact with others. Others suffer depression or acute anxiety. *Acceptance:* The individual comes through the crisis without permanent loss of self-esteem and with restored sense of control over his crisis and life in general. He/she has developed an appropriate coping strategy to deal with the crisis.

## 7.0 REFERENCES/FURTHER READINGS

D'Cruz, Premilla (2004). Family Care in HIV. SAGE.

Lucas, K. and Lloyd, B. (2005). Health Promotion. SAGE

Melia, K. M. (2004). Health Care Ethic. SAGE

Parker, R. (2006). Global Public Health. Routledge

Richard Nelson-Jones (2005). Practical Counselling and Helping Skills. SAGE.

## UNIT 4 DISCLOSURE COUNSELLING

**CONTENTS**

## 1.0 INTRODUCTION

This type of counselling assists clients to understand the need to share their HIV status with trusted loved ones for the purpose of support and care. In addition, it assists clients understand the importance of disclosure to reduce risks of re-infection by partner(s).

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Explain disclosure counselling
- Identify benefits of disclosure counselling
- Illustrate guidelines for disclosure counselling
- Explain partner notification in disclosure counselling

## 3.0 MAIN CONTENT

### 3.1 Disclosure Counselling

Whilst disclosure of HIV status may result in a negative reaction from people it is also advocated as a way to reduce stigma. When disclosure brings HIV close to home for people especially when it is a loved one or a respected member of the community it is easier for them to accept HIV than if it is a stranger. Despite a PLWHA's need for support many are unable to tell relatives and friend because of fear of stigmatization and rejection. On many occasions when PLWHA do disclose their status they do not receive the necessary emotional support.

PLWHA may need support to disclose their status to loved ones and their loved ones may need support to cope with their feelings about the information. This is what makes Disclosure counselling a complicated process because the counsellor has to give support to the primary client

but also to the significant others of the client and in some instances it is the counsellor that may have to disclose the HIV status of client to loved one.

PLWHA have been assisted by counselors to disclose their HIV sero-status to their families, husbands/wives and/or the public at large. This can bring about both positive and negative effects. Some individuals may be keen to publicly disclose because they have observed the benefits to some colleagues such as financial gain, attendance at conferences, seminars, and international travel. However, this has also created rivalry, infighting and competition within PLWHA groups. Motivations for disclosure vary greatly, and debates about "degrees of disclosure" have been evoked. The "degrees of disclosure" refer to level of disclosure a client seeks, some want to disclose to loved ones while others may want to go public with their disclosure to help in reducing stigma in the community and to work as HIV/AIDS activists. The advantages, disadvantages and degree of disclosure desired should be explored in depth by PLWHA.

Disclosure Counseling should guide clients in making informed decisions about going public about their HIV status and who to disclose to. The benefits of disclosure can not be overemphasized. The counselor should help the client understand both the pros and cons of disclosing ones HIV status. The counselor should help prepare the client emotionally for the outcome of disclosing and help identify who the disclosure might affect (e.g. spouse, children) and to be aware of potential negative consequences. The counselor should also ensure that there is adequate support and preparation before and after disclosing

## 3.2 The Benefits of Disclosure Sampling

The benefits of disclosing include**:**

- Helps the client ensure that an HIV negative partner does not become infected
- Help ensure that positive partner can also access early care, treatment and support
- It can also reduce the risk of an unborn baby contracting HIV from its mother.

## 3.3 Guidelines for disclosure counselling

i. Counsellor must respect a client's decision not to disclose to partner when adamant and not put any pressure on client to

disclose status out of coercion. This is important because the client may not be psychologically and emotionally prepared to disclose and at times disclosure may put the client in danger of violence and abandonment by partner. The counsellor should understand why the client is reluctant to disclose and help the client to identify and work out plans to surmount the disclosure barriers.

ii. Counsellor must never disclose client's status without consent. This is part of the confidentiality clause of counselling. Irrespective of who the counsellor feels needs to know about the clients status, the counsellor is obliged by ethics and by law not to disclose the clients HIV status unless with clients consent.

iii. The Counsellor must support client through the decision-making process with on-going counselling sessions. The client may take anytime from a few days to months to decide when and who to disclose status to and it is the counsellor's duty to provide emotional support during this period until the client makes a decision.

iv. If the client refuses or is taking time to disclose status then Counsellor must work and encourage the client to identify at least actions that would be adopted to reduce risk of infecting partner during this period.

v. The Counsellor must be ready to have series of counselling sessions with client before arriving at a final decision.

**SELF ASSESSMENT EXERCISE**

Identify the benefits of disclosure counseling

## 3.4 Partner notification in disclosure

There are three ways in which partner notification can be carried out they are

### 1. Client Referral

This is a situation where the PLWHA chooses to inform the partner himself or herself. The Counsellor should help the client brainstorm on the best way to inform the partner. Other issues that need to be discussed are how best to deal with psychological and social implications of disclosing one's HIV status to others, how to respond to partner's reactions including the possibility of personal violence directed towards clients or others and how partner can access Counselling and Testing services.

The advantage of this sort of disclosure is that Client is familiar with the partner and knows the best way to approach difficult issues with the

partner and also knows what to do to calm or appease partner during such emotional crisis.

The disadvantage is that the client lacks the counseling skills and experience which may help to alleviate the situation. Also the clients might unintentionally convey incorrect or incomplete information about HIV to partner. It is important for the client to realize though that once disclosure has occurred there is an increased potential of third party disclosure by partner which the client has no control over.

### 2. Counsellor referral

This is a situation whereby the Counselor provides disclosure of client's status to client's partner with client's consent.

The Counselor needs to assess the best way to inform the partner and this is done by extensive counseling sessions with client.

The Counselor should readily verify that confidentiality has been maintained and protected and that it is with clients consent that counselor is disclosing. This sort of partner notification is important because it may be able to defuse the partner's potential anger.

### 3. Dual referral

In this situation the partner is informed by both client and counselor after rehearsal has been done to see how best the disclosure can be carried out. There is a need for series of counseling sessions to build the confidence of client and to rehearse with client to ensure smooth discussion with partner. The advantage of this sort of partner notification is that both client and counselor can promptly react to any situation that arises from partner, the counselor handling the situation with a professional touch while the client gives it a personal coloring.

It also allows the counselor to play an active role in ensuring access to accurate information, correction of misconceptions and counseling support for partner. Finally the counselor can assess situation and encourage both of them to come for on-going counseling sessions to help them get over the crisis period.

## 4.0 CONCLUSION

In this unit, we were made to understand that disclosure counselling assists clients to understand the need to share their HIV status with trusted loved ones for the purpose of support and care. We also

identified the benefits of disclosure counselling which aims at helping the client ensure that an HIV negative partner does not become infected. We further illustrated guidelines for disclosure counselling and lastly, partner notification in disclosure counselling.

## 5.0 SUMMARY

This unit, which also is a continuation of previous units in this module looks at the concept of disclosure counseling, bringing to the fore, its benefits and guidelines. We hope you enjoyed your studies. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

Identify and briefly explain guidelines for disclosure counseling

### ANSWER TO SELF ASSESSMENT EXERCISE

The benefits of disclosing include**:** Helps the client ensure that an HIV negative partner does not become infected**.** Help ensure that positive partner can also access early care, treatment and support**.** It can also reduce the risk of an unborn baby contracting HIV from its mother.

## 7.0 REFERENCES/FURTHER READINGS

D'Cruz, Premilla (2004). Family Care in HIV. SAGE.

Lucas, K. and Lloyd, B. (2005). Health Promotion. SAGE

Melia, K. M. (2004). Health Care Ethic. SAGE

Parker, R. (2006). Global Public Health. Routledge

Richard Nelson-Jones (2005). Practical Counselling and Helping Skills. SAGE.

## MODULE 6 COUNSELLING SKILLS/STYLES/ STIGMA AND DISCRIMINATION

Unit 1 Counselling Skills
Unit 2 Counselling Style

# UNIT 1 COUNSELLING SKILLS

**CONTENTS**



## 1.0 INTRODUCTION

This module provides an overview and description of the basic skills needed during counselling.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Identify skills employed in counseling
- Explain skills employed in counseling

## 3.0 MAIN CONTENT

### 3.1 Counselling Skill: An Introduction

Counselling is an art that requires practice to perfection and even after years of counseling no counsellor can actually say that he or she is a perfect counsellor because like all human beings counsellors have their good days and their bad days which will either enhance or dampen the counselling session. So many factors can affect how a counseling session goes but the most important thing is that if a counsellor is adequately possessed of the basic counseling skills the counsellor can recognize and handle most barriers to successful counselling sessions.

Most counselling skills are things that people do everyday but in respect to counselling these same everyday behaviours will have to be honed to

achieve a counselling goal without alienating, judging, annoying or intimidating the client.

## 3.2 Skills employed in Counselling

Below are descriptions of skills that are used regularly in counselling:

### 1 Greeting

This is one of the many everyday skills that is taken for granted by people. Greeting entails establishing contact with the client in a way that is warm and welcoming. When a counsellor greets the client with respect in a manner that conveys that the counsellor is ready and willing to listen in an unhurried manner to it helps to develop a good rapport with client. The greeting must reflect warmth not only in the spoken words but also in the tone of voice as well as the facial features of the client. Greeting is the first contact with the client and as the old adage goes "first impression last longest", so it is with clients. A client starts to assess the counsellor immediately they met and if the greeting isn't warm and receptive the client already forms an impression about the client which will affect the way in which the client interacts with the counsellor.

### 2 Empathising

Means seeing the world through another person's eye so that one does not judge them. Counsellors should always empathise with their client and not sympathise. Empathy is not the same as sympathy. Empathy means feeling with a person, understanding why the person is in pain while sympathy means feeling sorry for a person and putting oneself in the others shoe. Sympathy creates a dead end in the conversation because when a counsellor sympathises with people his/her emotions are involved and will not allow the counsellor to view the situation in a logical and impassioned way. While empathy involves understanding and acknowledging the reasons for a person's feelings. When a counsellor empathises with clients he/she can step back from the situation and view it in a logical but compassionate manner which enables the client open up encourages dialogue.

**SELF ASSESSMENT EXERCISE**

Why are greeting and empathy very important skills in counselling

### 3 Accepting

Means valuing another person unconditionally as a human being. It involves a genuine effort to understand another person in a non-judgemental way and being open to new knowledge, ideas and behaviours. People are brought up differently and have different values and ideals about a lot of things in life, especially here in Nigeria that people are so diverse in culture, even urban/rural diversity exists in how people view things. That is why it is essential that a counsellor learns to respect people's views, values and way of life even though he/she may not agree with it, it is the client's value and the client holds it in high esteem. When a counsellor shows disrespect or contempt for the client's values and way of life the client would assume that the counsellor does not respect him/her and this will affect the rapport building between them. A counsellor has to learn to look beyond the surface when dealing with a client and try to understand how or why the clients holds such views, values or how the client lives a particular lifestyle.

**4 Affirming**

This means congratulating or complimenting clients on the positive actions that they have been able to take whether it is the decision to come for counselling, to take a test or to reduce multiple sexual partners. Complimenting clients helps them to feel respected and valued, and it encourages them to share more information. If a client feels that s/he has already accomplished something, even if it is small, then s/he may be more willing to take some larger actions**.**

**5 Listening skills**

These are a set of skills that are needed to convey to the client that the counsellor is actually listening to him/her. Also it is for the counsellor to develop a style of counselling whereby he interjects the client only when the client is done talking or when it is necessary. The skills include:

**6 Active Listening**

Involves paying attention to both a client's verbal and non-verbal messages, and listening in a way that conveys respect, interest and empathy. Active listening involves more than just listening to what other people say. It involves paying attention to both the content of the client's message and words as well as the things that might go "unsaid", such as feelings or worries that only come across from the client's body language. A counsellor can demonstrate active listening by using body language to show that s/he is listening as well as verbal cues such as "hmmm", Yes, I see….", "Oh?". All these communicate interest to the client and encourages client to keep talking.

## 7 Using Silence

A lot of people are uncomfortable with a period of silence when conversing with others and they quickly try to fill in the silence by talking. This skill is used by counsellors by allowing the conversation to stop for a few seconds in order to encourage more dialogue on the part of the client. The use of silence on the part of the counsellor can actually help clients talk more. When a client falls silent, s/he will often begin to talk again after a few seconds if the counsellor does not say anything. Also, silence is sometimes necessary if a client becomes upset and needs a few minutes to calm down or collect his thoughts. Counsellors can also use silence as a way of demonstrating active listening.

## 8 Reflecting/Paraphrasing/Clarification

Means repeating the key points of what a client has said. In reflecting, the counsellor repeats what the client has said using the client's words almost exactly. This skill serves many purposes: 1) It ensures that the counsellor can make sure that s/he has understood the client correctly and can clarify any points he/she does not understand. 2) The counsellor can show the client that s/he has been listening actively by paraphrasing the client, and 3) the client can gain greater clarity about his situation or feelings especially if he listens to another person going over the problem. Accurate reflection and acknowledgement of feelings are necessary and critical to the counselling process because it enables the clients believe that the counsellor hears and understands their feelings, individual needs and concerns. This belief gives the client the confidence and willingness to further discuss the issue with the counsellor, face the problem, listen to options and make an informed and appropriate decision. An example of reflecting is:

**Client:** "I'm really scared. My girlfriend is cheating on me. She continues to deny it and insist we don't use condoms when we make love. I am scared, what if she gets infected with HIV?"

**Counsellor**: "Correct me if I am wrong, but it seems you're scared that your girlfriend is exposing herself to HIV because you suspect she is cheating on you though she is denying it and you're worried because she insists on not using condoms with you".

It is important to reflect both the content of what the person has said and their feelings. Emotions form the base of much of life experience. Noting key feelings and helping the client clarify these feelings can be one of the most powerful things the counsellor can do.

## 9 Questioning and Probing

This is a very important skill for the counsellor to possess. This skill is the primary tool that a counsellor uses to obtain information or seek clarifications from clients. Probes are verbal tactics for helping clients talk about themselves and define their concerns more concretely in terms of specific experiences, behaviour and feelings. Probing takes form of statements, interjections and questions. The questions should be asked in a way that encourages clients to express their feelings and share information about their situation. This is accomplished through asking open-ended questions and probing for more information when a superficial answer is not enough. **Open-ended questions** are questions that require more than a one-word answer. They usually begin with words such as "How?", "What?" or "Why?". Open ended questions demand long explanatory answers. They are the best to use in a session because they allow the client to talk more and also to come up with their own solutions. They facilitate more discussions.

**Close ended questions:** These types of questions usually require one or two word answers and are helpful to clarify or confirm issues or statements when the counsellor needs specific information**.** They are very useful for obtaining demographic data and at the opening stages of the session. When overused they tend to lead to interrogation rather than counselling. Close-ended questions limit counselling sessions and put the counsellor and the client in a difficult position to continue.

E.g. Open ended question: "How did you feel about that", Can you tell me more about your partner?".

E.g. Close ended question: "How old are you?" "How old is your partner?" "Are you in school?".

In counselling, questions are asked for the following reasons:

- To know why the client has come
- To help the client express needs and wants
- To help the client express feelings and attitudes that allow the counsellor to know how the client feels
- To help the client think clearly about choices
- To show the client that the counsellor cares
- To learn the client's knowledge of subject matter
- To learn about situations affecting the client

**How to question effectively**

- Use a tone that shows interest, concern and friendliness

- Use words that the client understands
- Ask one question at a time and wait with interest for the answer
- Ask questions that encourage clients to express their needs, e.g." May I ask you about your school and family?"
- Use words such as 'then' "oh". These words encourage clients to continue speaking
- Avoid starting a question with 'why'; this suggests that one is finding fault in the client
- When asking a delicate question, explain why you are asking (e.g. when asking about the numbers of sexual partners to find out about STI/HIV risk)
- Ask the same question in other ways if the client has not understood.

## 10 Speaking Simply

This means making use of language that is easy enough for a person to understand. Counsellors need to change their language to accommodate the literacy level of the client. If a client's literacy level is not obvious, it is better to use simple words in order to make sure that the information is understood. The counsellor should never assume the clients literacy level but should speak simply at all occasions to avoid misunderstanding of counsellors statements by client. Counsellors maybe tempted to show off their knowledge and grasp of issues about HIV/AIDS but this may become embarrassing and problematic for the counsellor when a knowledgeable client comes for counselling and starts to attack the counsellor's use of certain terminologies as incorrect or outdated. With practice a counsellor finds that he is able to break down even the must complex issue to a lay persons' level. Example:

**Client:** "I don't understand AIDS. How does it kill you?"

**Counsellor: DIFFICULT EXPLANATION**

"AIDS is as a result of the acquisition of the HIV virus. HIV is a retrovirus, which inserts itself via genetic code into T4 helper cells, which co-ordinate the body's immune defence system. Subsequently HIV replicates and destroys the T4 helper cells. This leaves a person vulnerable to opportunistic infections which eventually overwhelm the body and cause AIDS related death."

**Counsellor: SIMPLE EXPLANATION**

"AIDS is caused by a virus called HIV. When HIV enters a person's body, it destroys a person's defence system which is also called the immune system. It is the system that protects a person from diseases. When a person's defence system is damaged, s/he can get sick from all sorts of infection and die."

## 11. Focusing

Focusing is a skill which enables the counsellor help, the client prioritize and choose the most pressing problem that they would like to resolve. Often clients have many problems, especially if they are faced with a disease like AIDS, which can impact many different areas of their lives. They may feel overwhelmed and feel the need to address all of their problems at once. It is not realistic to expect counsellors to be able to meet a client's every need. Therefore, counsellor needs to help clients focus on the issues that are most important to them at the time of the session. For example,

The issues that are most important to the clients may seem less important to the counsellors than other issues. It is important to respect the client's feelings, however, and address the issues that *they* feel are most important. Once they have resolved the important issues, they will be more likely to come back to address the other ones.

## 12 Correcting misperceptions

This means providing accurate information to a client and correcting any misinformation that the client has expressed during the session. There are many misperceptions about HIV, AIDS and sexually transmitted infections, and it is the counsellor's role to correct them. It is important for the counsellor to correct misperceptions immediately in a sensitive manner that does not make the client feel stupid or defensive. However counsellors must acknowledge all misinformation expresses during the counselling sessions and then correct it.

For example, "You mentioned that there is a cure for AIDS. Many people believe this, but it is not true. At this time, there is no cure for AIDS."

## 13 Summarising

As the name suggests it means Summing up the main points of a person's story and eliminating the less relevant details. Summarising is similar to reflecting, but in summarising the counsellor does not repeat exactly what the client has said. The counsellor takes the main points of the conversation and presents them to the client in a succinct manner that touches all that was covered during the session. Summarising avoids repetition and it is more concise than the client's statement. Summarising helps the client to gain perspective on his/her situation and what has been discussed so far in the counselling session. Summarising is appropriate when:

- The counsellor wants to check that s/he has understood the client's story;
- It is time to move onto another topic or end a particular topic without disrupting the flow of the session.
- When it is time to end the session.

When summarizing Counsellors should State the positive points of the session first and highlight any points where there was an agreement or difference between the counsellor and client. The Counsellor should always remember to reflect on clients comments rather than own opinions because the onus for change rest finally with the client and it is the clients opinion about the situation that will effect a positive or negative change.

### 14 Supporting

The counsellor offers encouragement and help to clients in order to give them confidence for taking action. The counsellor has to be sure that he/ she does not sound patronising to the client. The offer of support has to be genuine because if it not the client may take offence and may not visit the counsellor again. For example: "we can discuss some options of how to talk to your girlfriend. What would you like to talk about first?"

### 15 Closing

As the session comes to a close the counsellor needs to ask if the client has any questions which should be addressed. The counsellor should provide additional information if necessary and then end the counselling session. The closing of a session may be difficult because by then the reluctant client would have gotten very comfortable with the counsellor and may want to continue unburdening him/herself. The counsellor has to guide the session to a close without alienating the client and undoing the progress made during the session. The client won't be receptive to ending the session until he/she feels ready but the counsellor has to be able to convince the client that the session has to end and another appointment can be fixed. Before the client leaves, the counsellor should thank the client for coming and invites him/her to comeback anytime for more information or assistance.

## 4.0 CONCLUSION

We hope you enjoyed this unit. This unit is relatively long, but very in-dept and interesting. For an aspiring HIV counselling, we assure you that if you study this unit and imbibe all the skills identified, you can

never get it wrong. Remember that with experience, you will grow to be more comfortable with these counselling skills.

## 5.0 SUMMARY

This unit provided us with skills employed in counselling. Specifically, it identified 15 of such skills. Hope you enjoyed your studies. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

Identify and briefly explain the skill employed in counseling.

### ANSWER TO SELF ASSESSMENT EXERCISE

Greeting and empathy are very important skills in counselling because a client starts to assess the counsellor immediately they met and if the greeting is not warm and receptive the client already forms an impression about the client which will affect the way in which the client interacts with the counsellor.

Empathy means feeling with a person, understanding why the person is in pain while, which is far better than sympathy or feeling sorry for a person. This forms a relaxing and trusting relationship.

## 7.0 REFERENCES.FURTHER READINGS

D'Cruz, Premilla (2004). Family Care in HIV. SAGE.

Lucas, K. and Lloyd, B. (2005). Health Promotion. SAGE

Melia, K. M. (2004). Health Care Ethic. SAGE

Parker, R. (2006). Global Public Health. Routledge

Richard Nelson-Jones (2005). Practical Counselling and Helping Skills. SAGE.

# UNIT 2 COUNSELLING STYLE

### CONTENTS

## 1.0 INTRODUCTION

In the previous unit, we looked at skills employed in counseling. In this unit, we will look at counseling styles, specifically TASO. Enjoy your studies.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Describe the TASO process
- Identify and explain the three major stages of TASO

## 3.0 MAIN CONTENT

### 3.1 Counselling Style

There are various counseling styles that are employed and the style used depends on the counselor. The most commonly used format for HIV counseling is called the **TASO process**. TASO stands for **The AIDS Support Organisation** which is based in Uganda. The TASO process came about through years of practice of HIV counselling in Uganda. The style was developed in Uganda over a period to aid HIV counselors in providing better HIV counseling service.

### 3.2 Major Stages of TASO

The TASO Counselling Process consists of three major steps:

1. **STAGE I:** Welcoming and building a relationship
2. **STAGE II:** Gathering information about the clients' situation
3. **STAGE III:** Helping the client to make a plan

**1. STAGE I**

**Welcoming and building a relationship**

The goal of this step is to establish a relationship with the client through putting him/her at ease and building trust with the client.

This is a very important stage, because it sets a good atmosphere and builds a foundation for the rest of the session. Specific things that a counsellor does during this stage are:

- The counsellor should greet the client in a friendly manner that conveys that the counsellor is willing to listen to client in a non-judgmental way. The counsellor must convey a sense of warmth and sincerity to the client not only in the words spoken but also in the tone of voice used, facial and body language.
- The counsellor should explain the types of services that the counselling centre/unit provides including referral services.
- The counsellor should inform the client about confidentiality in counselling and stress that everything discussed during the session will be kept confidential;
- The counsellor if necessary should set boundaries for the sessions such as informing client about amount of time the counsellor has available per session for each client visiting the counselling unit and assuring that if one session is not adequate other appointments can be made.

The skills required for welcoming and building rapport with a client include greeting, accepting, active listening, questioning & probing and more depending on how the early stage of the session develops.

**SELF ASSESSMENT EXERCISE**

TASO stands for _____

**STAGE II**

**Gathering information about the clients' situation**

The goal of this stage is to learn about the client's "story". The counselor needs to know certain information about the client before counselling can take place. Information such as why the client came for counselling, why clients wants to take the HIV test, is client married/single etc are important factors that will help direct the counselor on how best to assist the client. The counsellor helps the client to talk about his/her problem, explore his/her feelings and reflect on his/her situation.

This is the core of the counselling process. The counsellor tries to get the client to talk as much as possible in order to explore the client's situation and help the client express his/her feelings. The counsellor encourages dialogue (communication). This is when the counsellor invites the client to share what problems s/he is facing. The counsellor

helps the client by listening carefully, checking (counsellors and clients) understanding, and asking open-ended questions to help the client explore and clarify fully. This is also the time when the client explains how s/he tries to cope with the problem.

**Skills that the counsellor requires during this stage include:**

- Questioning and probing for more information
- Active listening
- Reflecting
- Speaking simply
- Affirming
- Empathising

Empathising and accepting are very important skills during the second stage of the TASO process because when the client feels the counsellor is empathising with him/her it allows the client to further open up to counsellor. Accepting the client plays a big roll also because counsellors will come in contact with different people with different values and upbringing and the counsellor has to be able to understand "where the client is coming from" to fully understand and be able to empathise with the client and only by accepting the client without bias and judgement can the counsellor truly empathise with the client.

## 2. STAGE III

### Helping the client to make a plan

The goal of this stage is to help the client decide on a course of action for resolving his/her problem. In this final stage, the counsellor helps the client to evaluate options and make a plan for resolving the problem. This is done by helping the client to….

- Prioritize the problems identified during the session which need to be resolved to allow the client live a more fulfilled life as a PLWHA or to help the client remain HIV negative.
- Explore all the possible ways that the problem could be resolved without the counsellor breaking confidentiality and respecting the client's rights.
- Consider carefully all the implications and possible outcomes of each option for the client and explore each pros and cons extensively with the client so that he/she fully understand the situation on ground and what options are feasible.

  If necessary, the counsellor makes referrals to other resources. When the client feels comfortable that his problem has been

addressed, the counsellor summarises the conversation and terminates the session.
Skills that the counsellor will use include empathising, making referrals, summarising, supporting, closing etc

While using the TASO process the counsellor is not expected to break the counselling session into the 3 stages but rather let one stage flow into another without any break or pause. The stages are just a process for the counsellor to be aware of and are to act as a guide for the counselling session. The skills required during the 3 stages also are not cast in stone but depend on the flow of the session and the client. Apart from certain skills like greeting, closing, summarising the rest of the skills will overlap into the stages and can be used in any stage for example empathy can be used in all 3 stages so also can acceptance, affirming, listening skills etc.

## 4.0 CONCLUSION

In this unit, we studied the counseling styles known as the **TASO process**. TASO stands for **The AIDS Support Organisation** which is based in Uganda. We also identified three stages of the TASO process namely: welcoming and building a relationship, gathering information about the clients' situation**,** helping the client to make a plan.

## 5.0 SUMMARY

This unit provided us with information on just one of the many counselling styles, namely: The TASO process. Please feel free to identify others.

## 6.0 TUTOR MARKED ASSIGNMENT

Identify and briefly explain the 3 stages of TASO process

## 7.0 REFERENCES/FURTHER READINGS

Parker, R. (2006). Global Public Health. Routledge
Richard Nelson-Jones (2005). Practical Counselling and Helping Skills. SAGE.

# UNIT 3 DIFFICULT COUNSELLING SITUATION

## CONTENTS

## 1.0 INTRODUCTION

We have looked at counseling skills and styles. Now let us focus our lenses on counseling situations. It is thus of the opinion that all counseling situations are complex and varied.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Identify and describe difficult counseling situations
- Explain counseling rules

## 3.0 MAIN CONTENT

### 3.1 Counselling Situations: An Introduction

Difficult counselling situations arise when reactions or responses from clients suggest the client is uncomfortable during the session or the counsellor finds him/herself in a discomforting position and does not know what to do to continue with the counselling session. Counselors will always come across difficult situations or clients. The difficult situation may arise in form of a question or certain behaviour from the client. In some situation the client may be reacting to the news just received about his/her status (or spouse's status) or the client maybe a naturally difficult person and this would come to bear in the counseling session. In such situations the counsellor must be equipped with basic knowledge and strategies for dealing with them. Below are several examples of some difficult situations in counselling and how best a client can respond to them.

### 3.2 Difficult Counselling Scenarios

#### a. Silent Client

When a client is not willing to or able to talk for some time and does not respond to questions or comments by the counsellor. This may occur in clients that are anxious, angry or embarrassed because of the situation they find themselves in. The client may be experiencing feelings of guilt and self blame. When situations like this occur at the start of a counselling session the client will benefit from being given time to gather his/her thoughts or emotions. After a while the counsellor can then reassure the client in a gentle tone of voice that it is alright and quite normal to have this emotions and that the client can take his/her time to gather his/her thoughts. The counsellor should acknowledge the clients feelings, be it anger, guilt, embarrassment or anxiety and make sure that the feeling is addressed during the session.

**SELF ASSESSMENT EXERCISE**

Difficult counseling situation arises when

_____
_____
_____
_____
_____

**The client asks the counsellor for personal information**

Some clients are naturally curious and may want to know about a counsellor's background, this maybe because the client is trying to get comfortable with the counsellor or because the client wants to have access to the counsellor outside the counselling unit. Some clients may even want to assess the counsellor's experience with similar problems in order to judge whether or not the counsellor is competent or can understand their situation and feelings. Counsellors should not give out any personal information about themselves. Such things as names can be given but details like home address, family details etc. should not be shared. Information like phone number and HIV status should only be shared with client if the policy of the counselling unit allows it and only under circumstances such as the counselling unit is a peer counselling unit (Units where PLWHA are the counsellor) or the counselling unit has an official phone number that can be given out to the public. The reason for not sharing personal information is to maintain confidentiality on both the client and counsellors part also because it takes attention away from the client and may lead to a series of questions that border on very private matters that the counsellor is not ready to answer. When in a situation like this the counsellor can redirect the conversation back on the client by indicating that policy does not allow such exchange of information or asking the client how the information will help the client's situations**.** Ex: I understand why you might be curious about my

HIV status, but that knowledge really won't help your own situation. Let's talk about how you are feeling right now.

**b. When Clients Cry**

When clients start to cry whether quietly or hysterically, the counsellor is bound to feel uncomfortable. Clients will cry for a multitude of reasons, some even cry when they receive an HIV negative result. The crying is a way for the client to ventilate whatever emotion he/she is feeling. The crying will usually cease after a little while. When this occurs the counsellor should wait for the client to become composed. The counsellor if applicable can assure the client that it is normal to cry and then can ask the client why he/she is crying. It is necessary to ask why client is crying at times because the client may be crying out of joy instead of sadness (in case of a negative result) or the client maybe crying because she is afraid her baby may also be positive and not because she is positive. The counsellor should not attempt to touch the client to comfort him/her especially with the opposite sex because it might be misconstrued to be of a sexual nature. In all cases of counselling, a professional relationship should be strictly established and enforced; it is not a social or personal one.

**SELF ASSESSMENT EXERCISE**

How can you take care of a silent client?

_____
_____
_____
_____
_____

**c. Client is uncomfortable with counsellor**

In some cases the client may be uncomfortable with a counsellor because of the client's gender, tribe, age etc. The client is the most important person the counselling relationship therefore the counsellor should acknowledge the client's discomfort and say that even though they are of a different gender/ethnic group, the counsellor is still able to listen to what the client has to say and try and help him/her in an objective way. This may not work because the clients discomfort may come from religious doctrines, if the client is still uncomfortable maybe, the counsellor should respect the clients decision and offer to transfer him/her to another counsellor (if there is another one available). If there are no another counsellors available, the counsellor should offer the client the option of calling back at another time when the appropriate type of counsellor would be available (information about the other

counsellor's schedules should be readily available) or can refer the client to a counselling unit that has the appropriate type of counsellor.

**d. When the counsellor and the client know each other socially**

Sometimes a client will come in and the counsellor and client would recognize each other. The relationship may be casual or very close. It is not appropriate for a counsellor to counsel someone that he/she knows. If the relationship between the two is casual, it may be possible for the counselling to occur but the issue of confidentiality needs to be properly discussed and the client should be assured that the confidentiality of the client/counsellor relationship will be respected and kept. The client should also be informed that the relationship is now counsellor/client and not friends. In the instance that the client and counsellor know each other very well it is not possible that the counsellor/client relationship will be maintained or respected so the counsellor should explain this to the client and arrange for another counsellor to help.

**e. Client asks for information that the counsellor does not know**

When a client asks the counsellor a question that is difficult, complicated or the counsellor does not know the answer it is perfectly okay for a counsellor to tell the client that he/she does not know the answer or can not answer the question because he/she is not a Doctor/nurse. It is not expected that counsellors will know all the answers to every question the client will ask. The counsellor should handle this situation by telling the client that he/she does not know the answer but that he/she will help the counsellor to find out about it. If the information can be quickly obtained from a fellow counsellor then the counsellor can ask clients consent for him/her to consult with colleague. At times Clients may misunderstand the role of the counsellor or the counselling unit and may demand services that cannot be provided. For example, a client may ask to get treated for Typhoid at the HIV counselling centre. The counsellor should state clearly what services are available at that counselling centre the client should then refer the client to other services that can better meet his/her needs.

**f. When clients are anxious about disclosing to partners**

The counsellor will face clients who will find it difficult to disclose their HIV status to their partners. Clients may not be ready to tell anyone very soon after the test or if they are still feeling healthy because telling a partner raises some practical and ethical problems such as the issue of continued unprotected sexual intercourse with uninformed partner who maybe negative or positive. Counsellors should try to introduce the idea of shared confidentiality with partner right from the beginning. The

counsellor may suggest that the client come back with their partner so that the decision about testing can be made together or if client has already tested positive and has problems with disclosing the counsellor can suggest that the client comes back with partner to have the test done again and that the client should behave as if this is the first time he/she is getting tested. Some clients may feel there is no need to protect others from infection because he/she believes the partner is already infected, the counsellor should emphasize the need to use condoms to protect the clients themselves, as this will help keep them healthy by reducing the risk of STIs, which can be more severe in people who are HIV-infected and to prevent being re-infected with HIV. The counsellor can also stress the point that deciding not to tell anyone can result in loneliness and depression, and can make it difficult to get help and support. Some clients sometimes expect immediate rejection from family and friends which is not always the case and counselling will help the client to think of others they can trust and it will further help the client assess who, how and where best to inform others.

### g. Transference

Transference refers to a psychological phenomenon where the client starts to develop feelings for the counsellor. Clients may repeatedly visit the counselling unit to see a particular counsellor and may even refuse to see other counsellors if the sort after counsellor is not available (on leave). While this maybe a sign that the counsellor is doing a good job but this sort of relationship is discouraged because the client no longer visits the counselling unit for help but rather because he/she wants to "see" the counsellor in an unprofessional capacity. In such situations the counsellor should discuss with the client the reasons for the continued visit even though client does not need support any longer and then inform client that because it is unprofessional the counsellor may have to cut off the counselling sessions and refer the client to another counsellor.

### h. Aggressive/Offensive clients

Counsellors may come in contact with clients that are rude, insultive and very abrasive. Some clients may use offensive language and speak to the counsellor in a threatening way. This may be as a result of the emotions they are experiencing. Some clients may just want to shock the counsellor or try to get the counsellor to lose his/her temper. When situations like this occur the client should acknowledge the feelings that are giving rise to such behaviour and explain to client that the client's feelings are understood but that such behaviour and language will only succeed in the termination of the counselling session. If this does not

calm the client down and the client continues to be verbally aggressive the counsellor should end the session in a polite manner

**i. Clients in denial**

Some clients refuse to accept the HIV result and may say they don't understand what it means to be HIV positive. This is a very normal reaction when people receive news that is shocking or life changing. A counsellor needs to find out the simplest way to explain the issues to the clients. The denial may be linked with feelings of extreme anxiety by the client. Feelings of hopelessness and helplessness may overwhelm the client. The counsellor over series of sessions should help the client to start accepting the HIV diagnosis and the fact that HIV may not be curable but is manageable and that people can live normal healthy lives with HIV. Denial may act as a barrier to the client to explore his/her feelings, it is the counsellors job to help the client surmount this barrier.

**j. Client that is severally ill**

Some clients are referred for counselling when they are physically or mentally ill. If the client has severe health problems counselling is not always a possibility. In cases where the clients health affects counselling the family should not be told that the client has HIV without the client's permission, but in situations where the client has a psychiatric illness, is very ill or nearing death, the counsellor may consider telling the key family members.

**k. Suicidal Clients**

This is probably one of the most difficult situations for a counsellor. Some people who discover their HIV status have a significantly higher risk of suicide. The client may contemplate suicide after receiving their HIV result and it may seem a good way to avoid the associated rejection they will receive from family and friends. Counsellors should realize that they cannot stop person from taking his/her own life. It can be very devastating for the counsellor to lose a client but the counsellor has to be aware that the counsellor cannot bear the burden of guilt for client's decisions. The best thing a counsellor should do in this situation is that if after observing the patient and it seems that the client is getting more depressed and the suicidal ideations persist the client should be referred to a psychologist or psychiatrist.

**l. Counsellor makes a mistake**

Counsellors are not machines and are capable of making mistakes. There are many types of mistake that can be made; from giving wrong information to making a mistake with information that client gave them. In such a case the counsellor should admit to his/her mistake and apologize if wrong. The more open and sincere the counsellor is about the apology, the better example that will be set the client to follow.

**m. Client refusing to test: Some clients may refuse to get an HIV test carried out even after counselling has been given**

This may occur if the client did not come voluntarily to the counselling unit and was coerced into coming for the HIV test. A counsellor must remember that HIV testing is not the aim of counselling but rather give correct information about HIV/AIDS so that client is aware of how to protect himself/herself and others from contracting or passing on the infection. The counsellor should always accept the client's decision and never put pressure on client to get tested. Rather the session could focus on the ways in which a person can live his/her life without knowing whether he/she is infected with HIV. Safer sex should be central to the session irrespective of whether client gets tested or. After the session the counsellor should thank the client for coming and ask him/her to feel free to come back if he/she reconsiders.

Difficult counselling situations are numerous and varied as shown above. The vast number cannot be enumerated but are there certain rules which help a counsellor in providing ethical and professional counselling services. The rules are listed below.

## 3.2 Counselling Rules

i. Do not give out personal information unless it is necessary and only according to organisation policy
ii. Counsellors should remember their limitations. They are not therapists, psychologists or medical doctors. Clients with severe problems should be referred to appropriate services. Counsellors should not prescribe treatment for any illness. Even if the counsellor is a trained health worker it is not the counsellor's role to give medical advice. The trained health worker can give medical advice outside the counselling room but not as a counsellor but as a trained health worker. Client should be encouraged to visit a doctor or other health professional.
iii. Counsellors should always admit when they are not able to answer a clients question this saves the embarrassment of avoiding or making up an answer only for the client to find out that the answer supplied by the counsellor was wrong thus builds distrust in the relationship. Admitting ignorance and offering to

help find out the answer builds respect and trust in the counsellors ability to provide only accurate information.

iv. Counsellors should never agree to meet clients privately or outside the counselling unit unless on official reasons.

v. Confidentiality is the watchword of counselling. It can not be overemphasized, if a client believes that any information he/she gives a counsellor will be headline news the following day then clients would never seek counselling

vi. Counsellors should never judge or moralise. Client should be accepted as they are. This includes background, beliefs, attitudes and actions.

vii. Counsellors should never reassure their clients of things that are out of their control. A counsellor is not a soothsayer and cannot guarantee that all will be well for the client. False assurances will not help a client to deal with his/her situation in a realistic manner it only succeeds in misleading the client and giving them unrealistic hopes.

viii. Counsellors should allow their clients to vent their emotions. Regardless of the sort of emotion, tears, anger or even exultation they should not be discouraged. One of the main purposes of counselling is to help a client express their emotions. Strong emotions need to be expressed. They can be potentially destructive if kept inside.

ix Counsellors should stay centred on the client. Counselling is all about client, not about the counsellor.

## 4.0 CONCLUSION

In this unit, we have seen that counseling is indeed a very complicated scenario, and this can trigger difficult counseling situations. Difficult counselling situations arise when reactions or responses from clients suggest the client is uncomfortable during the session or the counsellor finds him/herself in a discomforting position and does not know to what to do to continue with the counselling session. Some difficult counsellin scenarios identified are dealling with a silent client, dealing with a client you knew socially, etc. In counselling rules, counsellors were further to reminded not to exceed their limitations and desist from giving personal information, only when absolutely necessary.

## 5.0 SUMMARY

In this unit, we looked at difficult counseling situations. We hope this unit was helpful. Let us attempt the questions below.

## 6.0 TUTOR MARKED ASSIGNMENT

1. As a counselor, how can you relate to a client that you know socially?
2. Identify the counseling rules

## 7.0 REFERENCES/FURTHER READINGS

Davies, C and Bullman, A. (1999). Changing Practice in Health and Social Care. SAGE.

Richard Nelson-Jones (2005). Practical Counselling and Helping Skills. SAGE.

# UNIT 4 STIGMA AND DISCRIMINATION

**CONTENTS**

## 1.0 INTRODUCTION

Stigma is a powerful and discrediting social label that radically changes the way individuals view themselves and are viewed as persons. People who are stigmatized are usually considered deviant or shameful, and as a result are shunned, discredited, rejected, or penalized by society. In this unit, we will look at different dimensions of stigma and discrimination in HIV/AIDS.

## 2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Identify causes of stigma in HIV/AIDS
- Identify forms of stigma
- Explain consequences of stigma and discrimination
- Identify strategies to address stigma and discrimination

## 3.0 MAIN CONTENT

### 3.1 Stigma and HIV/AIDS

Stigma in terms of HIV/AIDS is any form of behaviour towards a person living with HIV/AIDS that leaves the individual feeling unwanted or dejected. It can occur in different settings – healthcare setting, home, office, church or community.

HIV/AIDS-related stigma is a real or perceived negative response to a person or persons by individuals, communities or society. It is characterized by rejection, denial, discrediting, disregarding, underrating and social distance. It frequently leads to discrimination and violation of human rights." (Definition of HIV-AIDS related stigma produced from Stigma-AIDS 2001discussions and Regional Consultation on Stigma and HIV/AIDS in East and Southern Africa, 2001)

The Joint United Nations Programme on HIV/AIDS has defined HIV/AIDS-related discrimination as follows "Any measure entailing any arbitrary distinction among persons depending on their confirmed or suspected HIV serostatus or state of health". The definition uses the words confirmed or suspected because for discrimination to occur people do not need to be aware of the serostatus of the individual all the need is suspicion and discrimination is manifested.

HIV/AIDS is not the only disease that is affected by stigma other conditions like epilepsy, cancer, tuberculosis, syphilis and psychiatric illnesses are stigmatizing diseases, what differentiates HIV from them is that people living with HIV are stigmatized for a multi-dimensional number of reasons which go beyond the physical illness it self. Some of the reasons are:

i. HIV is associated with a number of behaviours that are regarded as deviant by society, i.e. homosexualism, injection drug use, promiscuity etc.
ii. People are afraid of getting infected with the virus
iii. HIV has no cure and finally
iv Religious or moral beliefs lead some people to conclude that having HIV/AIDS is the result of a moral fault that deserves punishment and that God is punishing people that is why some people are HIV positive.

**SELF ASSESSMENT EXERCISE**

Stigma in HIV/AIDS is characterized by

_____
_____
_____
_____
_____

## 3.2Causes of Stigma in HIV/AIDS

The cause of stigma and discrimination can be reduced to the following points:

**a. Fear:** Fear is a powerful feeling. When people are afraid of something they run away from it and as they run away from it the less correct and accurate information they will get about the object of their fear. This leads to the fear increasing and a vicious cycle is continued.

**b. Ignorance:** "Knowledge is power" The more information that someone has about a subject the better the understanding. Ignorance is the harbinger of fear.

c. **Intolerance:** This occurs when people are unwilling to cooperate and compromise. Intolerance is breed by people's inability to accept diversity and difference
d. **Denial:** Is a phenomenon whereby instead of people facing the reality of a situation they would rather stick their heads in sand like the proverbial ostrich and avoid the situation.
e. **Misinformation:** This one of the biggest causes of stigma. When people are ignorant of certain information they will make up stories or embellish the stories to suit their own thoughts and values about the situation. E.g. Some people say all PLWHA are wicked and out to spread the virus indiscriminately that is why HIV is on the increase in Nigeria. This statement is false the reality of the situation is that a lot of people are yet to be tested for HIV so they do not know their status but they continue to have unprotected sexual intercourse.

## 3.3 Forms of Stigma

There are 2 major forms of stigma

### 1. Felt Stigma

- **Self Stigma** This refers to the stigma that a PLWHA develops towards him/herself as a result of all the negative misconception that the individual has about a positive HIV result. Self Stigma can be manifested in the following ways:

- Loss of interest/withdrawal from people and life in general. Some PLWHA even quit their jobs because they received a positive HIV result
- Dejection: The PLWHA feels lost and depressed about the positive result
- Suspicion of others: Some PLWHA become paranoid and start to suspect everybody of gossiping about his/her status.
- Loss of self-esteem: There is poor self image
- Suicidal tendencies: Some PLWHA start having suicidal ideations.
- Guilt; a lot of guilt maybe felt. Guilt at getting infected, infecting others or bringing such sadness to the family.
- Isolation: The PLWHA starts to isolate him/herself from others
- PLWHA does not disclose status to friends and love ones
- Hostility: PLWHA experiences a lot of anger and hostility at self, the worlds and even God at times.

### 2. Enacted Stigma

- **Family Stigma:** This refers to stigma within the family and friends. Manifestations of stigma in family include:

- Rejection of infected person by family members and friends
- Family isolating the PLWHA because of fear of contracting the virus and will refuse to share food, room or talk with infected person. They will at times provide separate eating utensils, rooms, toilets etc.
- Family may not want to invest in the future of the infected person because they believe the PLWHA will soon die.
- Family members may see infected person as a disappointment and embarrassment and will use every opportunity to let the PLWHA know how they feel.
- Some times the family may show excessive and at times exaggerated demonstrations of love to the PLWHA which may result in the PLWHA feeling embarrassed.

a **Community Stigma:** This refers to stigma within the community such as when landlords eject PLWHA from the house. Examples of such stigma are:

- People in the community will refuse deal with the PLWHA
- People in the community will disclose PLWHA status to others.
- The community will carry out unkind attitudes towards the PLWHA e.g. a landlord evicting the PLWHA because of HIV
- The PLWHA will be treated as an outcast and will be avoided in the community.

b **Religious Stigma:** This refers to stigma within religious Organizations, such as churches and mosques. Religious stigma are manifested in the same way as does mentioned in the area of community stigma but it is unique because the PLWHA will be labeled a sinner and is can be regarded as deserving the HIV punishment for his/her sins.

c **Media related Stigma:** This refers to stigma that is perpetrated by the mass media. This includes:

- Referrals to PLWHAs as "victims" in the media
- Refering to PLWHA as "promiscuous people".
- Providing inaccurate and wrong information about PLWHA
- Disclosing the status of a PLWHA without consent.

d **Office Stigma:** This refers to stigma that occurs within an Office. Office stigma include:

- The PLWHA can be unjustly retrenched based on his/her HIV status

- The PLWHA may be denied promotion or employment opportunities
- Colleagues once aware may start to isolate the PLWHA or may even refuse to work with him/her
- The PLWHA may be denied his/her official rights such as entering staff bus or meetings and the chain of command maybe broken, contacting subordinates directly instead of through the PLWHA
- The PLWHA will be the topic in the office grape vine (Gossip)
- The office may not consider the health needs of the PLWHA in the designing of workload
- The PLWHA maybe denied access to office medical care package

## 3.4 Consequences of Stigma and Discrimination

Stigma and discrimination affects the individual but it also affects the society at large when it continues and is not remedied. Below are some of the consequences of Stigma and discrimination:

- It Limits peoples access to healthcare because people fear stigmatization that may occur if they go to HIV clinics and others people get to find out.
- It increases HIV prevalence and incidence in the country because people are afraid to disclose their HIV status for fear of stigma caused by lack of disclosure.
- When PLWHA are discriminated against economically ( unjustly sacked) the loss is that of the whole family which is affected by the loss in income
- Because of the fear of disclosing their HIV status, PLWHA are not able to access the social support available to them in the society
- There is increase in psychological and emotional disturbances amongst PLWHA which takes a toll on the society as a whole
- The PLWHA may Loss self esteem and confidence and this may leave the person unable to face challenges ahead of him/her.

## 3.5 Strategies to Address Stigma and Discrimination

The issue of stigma and discrimination can only be resolved with a concerted effort from all levels. As shown stigma and discrimination can occur anywhere and can be perpetrated by anybody even loved ones. All stakeholders in the fight against HIV have to be involved in addressing the issue of stigma and discrimination and how to combat it.

Some strategies which have worked in other countries and can be adopted appropriately can be found below:

i. Planning and formulating of comprehensive HIV prevention and care activities that will involve all necessary stakeholders.
ii. Advocacy/sensitization of communities about HIV/AIDS to demystify it
iii. Inclusion of HIV/AIDS into various curricula across the country to ensure that all young people are aware and knowledgeable about HIV/AIDS.
iv. The Government should ensure that policies aimed at reducing stigma and protecting the rights of PLWHA are adopted and implemented.
v. HIV Counselling and Testing should be promoted and encouraged with emphasis on the benefits of knowing ones status.
vi. Improving access to HIV treatment, care and support by increasing the number of HIV treatment centers across the country
vii. Giving the virus a human face through PLWHA activist who will speak out about living with the virus
viii. Promoting the establishment of autonomous self-help groups/support groups that will act as support system and advocates for PLWHA in the country

As counselor it is important to act as advocates and create awareness about HIV/AIDS. Counsellors should always defend the human rights of all people irrespective of HIV status. All human beings have the same rights as individuals and such rights should be respected. The fundamental rights of all human beings are:

- Right to Healthcare without discrimination
- Right to Free speech
- Right to Shelter
- Right to Free movement
- Right to Employment
- Right to Education
- Right to Security and Safety
- The right to freedom of worship
- The right to vote and be voted for
- The right to family life
- The right to dignity
- The right to seek legal action if discriminated against because of serostatus
- The right to Privacy = **CONFIDENTIALITY**

## 4.0 CONCLUSION

We saw in this unit, that stigma and discrimination in HIV/AIDS is any form of behaviour towards a person living with HIV/AIDS that leaves

the individual feeling unwanted or dejected. Causes of such stigma include fear, ignorance, denial, intolerance, misinformation, etc. This unit also identified two forms of stigma, namely: Self Stigma ; refering to the stigma that a PLWHA develops towards him/herself as a result of all the negative misconception, and enacted stigma, resulting from significant others. Concequences of stigma and discrimination also bring about poor health care and social support. Finally, we recommend that all stakeholders in the fight against HIV/AIDS should be involved in addressing the issue of stigma and discrimination and how to combat it.

## 5.0 SUMMARY

This unit tackled a very important issue in HIV/AIDS which is stigma and discrimination. This issue can never be over-flogged until people learn to accommodate and empathize with those living with HIV/AIDS. This is perhaps the most important factor hindering recovery and positive living of HIV patients. They need love and support and not stigma and discrimination.

## 6.0 TUTOR MARKED ASSIGNMENT

Identify and describe the causes of stigma and discrimination in HIV/AIDS

## 7.0 REFERENCES/FURTHER READINGS

Crane, D. R., Marshall, E. S. (2005). Handbook of Families and Health. SAGE

Davies, C and Bullman, A. (1999). Changing Practice in Health and Social Care. SAGE.