

MODULE 3

SESSION 1

Counselling

Purpose

Introduce participants to the concept of counselling and the characteristics of a good counsellor. It also reviews The AIDS Support Organization TASO counselling process and gives an overview of counselling skills.

Objectives

By the end of the session, participants will have:

- Defined counselling
- Discussed a “holistic” approach to HIV/AIDS
- Identified qualities of a good counsellor
- Reviewed the TASO counselling process

Time: 90 minutes

TOPIC	TIMING	METHODS	MATERIALS
Introduction Definitions of Key Concepts	15 minutes	Lecture Discussion Exercise	Flip Charts, Markers, Session Notes
Holistic approach to HIV AIDS	10 minutes	Lecture, Group Discussions	Flip Chart, Markers, Session Notes
Qualities of a Good Counsellor	15 minutes	Group Work & Presentations	Flip Chart, Markers, Session Notes
TASO Counselling Process	50 minutes	Lecture Discussion Video	Session Notes, 'The TASO Experience Video', VCR
Summary	5 minutes	Highlight Main Points	Session Notes

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CONTEXT

Participants need to define counselling and explore the meaning of being a good counsellor. This session reviews The AIDS Support Organization (TASO) counselling process and provides an overview of basic counselling skills

ACTIVITIES

DEFINITION OF COUNSELLING

The aim of this activity is to reach consensus on the definition of counselling

Definition of counselling

Here are some Counselling definitions:

- Counselling is a client-centred, interactive communication process in which one-person helps others make free, informed decisions about their personal behaviour and provides support to enable them to act on their decisions¹.
- Counselling can be defined as a process of helping a client explore the nature of a problem so they can determine what to do, without direction from the counsellor.
- Counselling can take place either individually or in a group. Hotline Counsellors do individual or one-on-one counselling.
- Counselling is not simply providing information or simply telling a person what to do.

Perceptions, Values and Attitudes

We already defined these concepts earlier in the workshop when we were discussing Behaviour and Behaviour Change. We again visit them in this session as they also are related to counselling.

Definitions

Perception: to perceive is to become aware directly through the senses, to achieve understanding. Thus, perceptions lead to insight, intuition, or knowledge.

- **What affects our perception?** Our perceptions are affected by our age, gender, social class, ethnic background, life experiences, etc. We may think that we see somebody clearly but personal perceptions influence or colour our vision, as though we are wearing coloured eyeglasses. As a result, no two people perceive something/somebody exactly the same.

Values are the social principles, goals and standards held by an individual or groups that influence the individual's daily life activities or a principle, standard or

¹ Smith, W.A. et al (Eds). 1993. *A World Against AIDS : Communication for Behavior Change*. Washington, DC : The Academy for Educational Development.

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quality regarded as worthwhile or desirable. Values are beliefs, principles and standards to which we assign importance.

- **What influences our values?** We inherit many of our values from our family. Others are influenced by religion, friends, education, cultural factors, and personal experience. They reflect parts of our lives we prize and give a degree of significance. Our values are often so ingrained that we are unaware of them until we are confronted with situations that challenge them.

Attitude is a state of mind or a feeling. It is the mental position we as individuals take in relation to the world.

- **Where are attitudes based?** Attitudes are largely based on our personal values and perceptions. Attitudes are mental views, opinions, dispositions, postures, or behaviour.

THE HIPPO

Values, attitudes and perceptions can be imagined as a hippopotamus in the water. Although one may only see the small ears sticking out of the water, beneath the water lies a very large hippo on which the eyes and ears are based.

The same is true of attitudes, values and perceptions. We present to the world our attitudes and they appear to stand on their own. Yet they are based on a large set of often unspoken underlying values and perceptions. If those underlying values and perceptions were different, it is most likely that our attitudes, our view of the world, would be different. Just as if the hippo was in fact a giraffe, the eyes and ears which the world sees would be different. Therefore, in order to change one's attitudes, it is important to become aware of the perceptions and values that lie beneath the surface.

When are values and attitudes formed? In childhood. The "formative years" are so called for good reason.

Where do we get our values and attitudes? From parents, family society/culture, traditions, religion, community, peer groups, media (TV, music, videos, magazines, advertisements), school, cinemas, climate, environment, technology, politics, experiences, friends, personal needs, economy.

Values clarification means sorting out one's own real = (intrinsic) values from the values of the outside world (extrinsic)-- separating one's personal beliefs from the beliefs of others. It means understanding and saying what we really believe.

Why clarify values? Each person develops a unique mix of perceptions, values and attitudes that makes up a personal cultural identity. By

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understanding his/her own values, the counsellor can appreciate and respect the various experiences that shape the values and belief systems of the client. For example, we may find that our own perception and attitudes towards PLWHAs may differ from others in the congregation.

HOLISTIC VIEW OF HIV/AIDS

Holistic view of HIV/AIDS

Something, which is “holistic”, deals with whole systems as opposed to only working with specific parts. In medicine, this means caring for both a person’s physical and mental health. HIV/AIDS is not only a biomedical disease. It affects many aspects of a person’s life. For this reason, counsellors will need to provide **holistic counselling**, or counselling that deals with all of the different aspects of HIV/AIDS.

In the beginning of the epidemic, HIV was seen as a purely medical concern. Over the years, people have begun to view the disease in a more holistic way, including biological, psychological, social and economic aspects. This view has recently been expanded to include the spiritual realm: How people make sense of the world in which they live.

People are influenced by the **context** in which they live. **An individual must be seen within the physical, psychological, social and spiritual aspects of his/her environment.** This environment includes their family, their social circle, their work environment, their community, their church/mosque and their country. The way a person copes with HIV/AIDS, both in terms of preventing it and being HIV-positive is partially determined by how HIV/AIDS is viewed in these different environments.

When dealing with HIV/AIDS, a counsellor needs to be aware of the needs of the individual within their particular context. A counsellor can help someone to make a more realistic plan of action if s/he is aware of the **different factors influencing the person’s behaviour.**

Following are some examples of the different aspects of HIV/AIDS, all of which can have an impact on a person’s behaviour regarding the disease. This list is not exhaustive, however, and participants should be encouraged to add their own ideas to the list.

Physical aspects

- Biological transmission of HIV
- HIV testing
- Sexually transmitted infections, which can make a person vulnerable to HIV
- Health status of an HIV-positive person (state of their immune system)
- Opportunistic infections
- HIV/AIDS treatments

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Social and economic aspects

- Overall poverty
- Loss of income due to HIV/AIDS
- Prostitution
- Rape and domestic violence
- Lack of housing and/or sanitary living conditions
- Breakdown of the family system
- Limited access to food or health care
- Prejudice and misconceptions about AIDS patients
- Workplace discrimination
- Migration, resulting in men engaging in casual sex when away from home
- Drug use or alcoholism
- Discontinuation of schooling to care for a family member with AIDS
- Socio-cultural status of women

Psychological aspects

- Depression
- Grief or anger from receiving positive HIV test results
- Grief or anger from losing loved ones to AIDS
- Fear of discrimination
- Suicidal thoughts
- Desire to harm or take revenge on others
- Consequences of being abused by others
- Sexual orientation

Spiritual aspects

- Beliefs about the origins and transmission of HIV (i.e. A punishment from God/Allah)
- Church/mosque support for HIV-positive people
- Beliefs about healing
- Beliefs about death, dying and the afterlife
- Beliefs about sexual activities (i.e. Sex before/outside marriage is forbidden by God/Allah)

QUALITIES OF A GOOD COUNSELLOR

The aim of this activity is to highlight the fact that counselling is more than just a learned skill: good counsellors have certain characteristics.

Any type of person can be a counsellor -- man or woman, youth or senior citizen, housewife or businessperson, professional or volunteer. This does not mean that everyone has the potential to make a good counsellor, however. A good counsellor is someone who possesses the following:

1. Awareness of self and others
2. Knowledge about the issues being counselled
3. Good counselling skills

In addition to the concepts mentioned above, certain personal characteristics help to make a good counsellor:

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- Integrity (commitment to being honest and adhering 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
- Drive and persistence (unwillingness to give up)
- Ability to articulate thoughts and ideas
- 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
- Ability to maintain confidentiality
- Have a good understanding of human nature and behaviour

Often counsellors have a past history of the problem that they are counselling about, which has motivated them to help others.

Special Qualities of Good Faith Based Counsellors

- Know God/Allah (His character, heart and intentions towards his children)
- Seek to hear God's/Allah's voice and receive and respond to his guidance
- Seek to be people of faith, humility, love and wisdom

THE TASO COUNSELLING PROCESS

The aim of this activity is to present a systematic, proven process for counselling

Following is a summary of the TASO process, which was developed by The AIDS Support Organisation (TASO) in Uganda.

STAGE I: Welcoming and building a relationship

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

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

- ◆ Greeting the client in friendly manner that conveys that you are willing to listen in a non-judgmental way
- ◆ Communicating warmth with facial expression, posture, gestures (smiling, leaning forward etc.)
- ◆ Informing the client that everything said will be kept private and confidential

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STAGE II: Gathering information about the client's situation

The goal of this stage is to learn about the client's "story". The counsellor helps the client to talk about his problem, explore his feelings and reflect on his situation.

This is the "heart" of the counselling process. The counsellor tries to get the client to talk as much as possible in order to explore his situation and express his feelings.

This is when the counsellor invites the client to share what problems s/he is facing. The counsellor helps the person by listening carefully, checking for understanding, and asking open-ended questions to help the person explore and clarify fully. This is also the time when the client explains how s/he tries to cope with the problem.

Things that the counsellor does during this stage include:

- ◆ Active listening
- ◆ Encouraging dialogue
- ◆ Speaking simply
- ◆ Reflecting
- ◆ Probing for more information
- ◆ Affirming

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 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:

- ◆ Select a problem which needs to be worked out
- ◆ Explore all the possible ways that the problem could be resolved
- ◆ Consider carefully all the implications and possible outcomes of each option.

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 finalise the encounter.

MODULE 3

SESSION 2

Counselling Skills

Purpose

To introduce participants to skills used in counselling

Objectives

By the end of the session, participants will have

- reviewed and practised the following skills:
 - Observation /Establishing rapport, Greeting
 - Active Listening and using silence
 - Questioning and probing, focusing,
 - Speaking simply and affirming
 - Reflecting feelings and content,
 - Summarising, supporting and closing

Time: 135 minutes

TOPIC	TIMING	METHODS	MATERIALS
Introduction	10 minutes	Mini-Lecture	Flip Chart, Markers, Session Notes
Observation Establishing Rapport	20 minutes	Lecture, Role play Group Work, Discussions	Flip Chart, Markers, Session Notes Plain sheets
Counselling skills	15 minutes	Group Work, Discussions	Flip chart, markers, session notes
Active Listening, Using Silence	20 minutes	Role Plays, Group Work, Discussions	Flip Chart, markers, Session Notes
Questioning and probing, Focusing, Speaking Simply, Affirming	30 minutes	Role Plays, Group Work, Discussions	“ “
Reflecting feelings and content	20 minutes	Role Plays, Discussions	“ “
Summarising, supporting and closing	15 min	Discussions	“ “
Summary	5 minutes	Highlight Main Points	“ “

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CONTEXT

This session provides an overview of the basic skills needed during counselling. It also allows practice of the counselling skills in the context of the TASO process.

ACTIVITIES

OBSERVATION AND ESTABLISHING RAPPORT

The aim of this activity is to demonstrate the importance of recognizing that observation and interpretation are different skills and need to be separated out in the mind of the counsellor.

OBSERVATION: Use senses to get information

INTERPRETATION: Attaching meanings to what was observed

Attaching meaning to our environment is an automatic, daily process. Most people don't separate the activities of gathering information (typically through the senses--hearing, seeing, touching, etc) and the act of making interpretations about it. Our ability to separate these two processes decreases stereotyping and allows us to see the client as a unique individual. In order to clarify the difference between the information from observation and the interpretation ask participants that when they hear an interpretation (the counsellor was angry, or the client was happy) it is important to describe what they saw or heard that led them to that conclusion.

- **Observation**

Paying close attention to non-verbal cues in communication is very important. They often give deeper insights into true thoughts and feelings. People communicate with each other using words, voice tone, gestures, body movement, touching, facial expression, eye contact, and clothing.

In counselling, one should look for agreement of verbal and non-verbal signals and behaviour. The counsellor wants to observe a client's verbal and non-verbal behaviour with an eye to identifying discrepancies and mixed messages. What do you see, hear, and feel from the client's world? Sometimes, there are conflicting messages between the verbal information and the non-verbal information.

Establishing Rapport

(word comes from the French language)

- Greeting with respect and in a way that conveys that you are ready and willing to listen in an unhurried manner
- Establishing contact with the person in a warm, welcoming way
- Establishing a harmonious or sympathetic relationship
- Building trust

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- Maintain privacy and confidentiality
 - Liking one another
 - Having each other's best interest in mind
 - Mutual respect
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- Good counselling is a balance of building relationships and achieving tasks. Without good rapport, tasks are very difficult to achieve.
- Successful counsellors work in an environment in which everyone treats clients as individuals and with respect. Respect and friendliness includes the assurance of privacy and confidentiality.
- Good counsellors respond to each client's individual needs. Needs are based on the client's lifestyle, life stage and personality.

COUNSELLING SKILLS

The aim of this activity is to identify specific skills that are needed throughout the counselling process.

Following is a description of skills that are frequently used in counselling. This is just a list of the basic skills that are used most frequently and should be mastered by all counsellors. There are, of course, many more advanced skills that are not covered here.

Greeting	Empathising	Establishing Rapport
Using Silence	Questioning and Probing	Observing
Active Listening	Focusing	Affirming
Reflecting	Speaking simply	Summarising
Supporting	Correcting misperceptions	Closing

COUNSELLING SKILLS

The aim of this activity is to review and practise various counselling skills that have been identified

Active Listening

Active Listening involves more than just hearing what other people say. It means attending to both verbal and non-verbal messages and listening in a way that conveys respect, interest and empathy. It includes the things that go 'unsaid', such as feelings, worries or fears.

Examples:

- Eye contact
- Nodding head
- Encouraging smile
- Body language – leaning towards client, open rather than closed posture

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- Encouragers like: 'Yes, I see', 'Mmm hmmm...', 'Oh?', 'And then?'
- Reflecting feelings. 'I can see you are worried.'
- Repeating key words that the person has just said.

For example:

Client: *"I am so upset with my husband...."*

Counsellor: *"Upset?"*

Client: *"Yes, it makes me so mad that he won't use condoms when he knows that they can protect us."*

Encouragers are a variety of verbal and nonverbal means the counsellor can use to prompt clients to continue talking. They include head nods, an open-handed gesture, a phrase such as "uh-hum," and the simple repetition of key words the client has said. Making positive statements can help clients to feel good about themselves. When a client is in a crisis, it can help her to get control of her own situation. Avoid giving false praise. Some examples are:

Praise:	'You are looking well today.'
Encouragement:	'Coming here whenever you have a question is a good idea.'
Reassurance:	'A lot of people have that concern. Being HIV positive does not mean that you are going to die today.'

Using Silence

Allowing a conversation to stop for a few seconds can encourage more dialogue. While many people are uncomfortable with silence in a conversation, silence 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 the person is upset and needs a few minutes to calm down or collect his thoughts.

Counsellors can use silence as a way of demonstrating active listening.

Questioning and Probing

This is the verbal aspect of Active Listening. During this stage of counselling:

1. Find out the person's story
 - a. The situation/the facts, e.g. "Tell me what happened"
 - b. The feelings/emotions, e.g. "How did that make you feel?"
2. Use open- and closed-ended questions to arrive at the collection of basic facts (Open ended questions enable client to go deeper into his/her story)
Close ended questions offer one or few words to answer.

Focusing

Helping the client focus on the issues that are most important to them at this time. Often they have many problems, especially if they are faced with a disease

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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 to solve all the problems in one counselling session and meet all the client's needs.

Example:

Counsellor: *'It sounds like you are going through a lot right now and you feel overwhelmed. We won't be able to solve everything today, but I can help you to start. Which problem is the most important for you right now?'*

The issues that are most important to the client may seem less important than others to the counsellor. It is important to respect the person'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.

Speaking Simply

Using language that is simple enough for a person to understand. Simple language is important in ensuring that accurate information is passed on.

Here is an example of a difficult explanation that has been rephrased to make it simpler:

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

Counsellor: DIFFICULT EXPLANATION

"AIDS results from the acquisition of the HIV virus. HIV is a retrovirus, which inserts its genetic code into T4 cells, which co-ordinate the body's immune defences. HIV replicates and destroys the T4 cells. When this happens a person becomes vulnerable to opportunistic infections."

SIMPLE EXPLANATION

"AIDS is caused by a virus called HIV. When HIV enters a person's body, it destroys a person's ability to fight diseases. When a person has this virus, s/he can get sick and die because his body is not able to get better"

Biological transmission of HIV Fear of disclosure Side effects Strengthening the immune system Traditional media Adopt safer behaviour	Sexual orientation - Positive HIV diagnosis - Pathologically jealous Alternative therapy - Abstain from sexual relations Liquid waste
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Affirming

Congratulating or complimenting someone on the positive actions they have been able to achieve. Affirming a client helps him/her to feel respected and valued, and it encourages them to share more information. If the client feels that

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s/he has already accomplished something, even if it is small, then s/he may be more willing to tackle more challenging situations .

Practise Affirming:

- Situation 1: A mother is worried about her teenage son who has been ill
- Situation 2: An 18-year old girl thinks she has contracted an STI from an old boyfriend
- Situation 3: A shy teenage boy who has had sex is sure that he has AIDS

Reflecting

Repeating key words that a client has said also known as **paraphrasing**. It is important to reflect not only content of what has been said, but also feelings.

By reflecting,

- 1) The counsellor can make sure that s/he has understood the client correctly
- 2) The counsellor can show the client that s/he has been listening actively; and
- 3) The client can gain greater clarity about his situation or feelings.

Accurate reflection and acknowledgement of *feelings* are necessary and critical to the counselling process. Clients must first believe that the counsellor hears and understands their feelings and individual needs and concerns before they are ready and willing to deal with the situation, listen to options and make an informed and appropriate decision.

Following is an example:

Client: *"I'm really scared. My daughter is going around with all types of boys. She won't talk to me about it. I think she could get AIDS."*

Counsellor: *"So you're scared that your daughter is exposing herself to AIDS because she has several boyfriends, and you're worried that she won't talk to you about it"*

Practise Reflecting/Paraphrasing:

"I am sad right now because my boyfriend just told me that he does not want to see me anymore. Now I do not know what to do. I have tried everything. If only my mother had not been so strict with me. She is always telling me to be careful about AIDS. She was unfair to give me such an early curfew. She really makes me mad! But maybe I should have been nicer to my boyfriend! I really love him!!!! I just feel so confused about what to do next. "

Summarising

In summarising, the counsellor goes over the main points raised in the session. Summarising is appropriate when:

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- 1) The counsellor wants to check that s/he has understood the client's story
- 2) When it is time to move onto another topic
- 3) When it is time to end the interaction
- 4) Summarising can also help the person to gain perspective on his situation

Supporting

In supporting and encouraging the counsellor helps give the client confidence to explore options that the client can choose to take.

For example: *"We can discuss some options of how to talk to your girlfriend. What would you like to talk about first?"*

Closing

This is the end of the session. The counsellor should ask if the person has any additional questions, thank the person for coming, and discuss future meetings that may be necessary if the person wants to return for more information or assistance. Arrange the next appointment if needed

Focus on Feelings

Participants review handout, "Focus on Feelings" that lists vocabulary that counsellors can use to help clients express and acknowledge their feelings. The handout is also useful for reflecting and summarising.

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Focus on Feelings

Following is a vocabulary of words that counsellors can use to help clients express and acknowledge their feelings. This can promote empathy and can be useful for reflecting and summarising.

Happy	Sad	Angry	Confused	Scared	Ashamed	Strong
Alive	angry	Aggravated	Anxious	Afraid	Bored	active
Amused	apathetic	Annoyed	Awkward	Anxious	Confused	aggressive
Anxious	awful	Burned-up	Baffled	Awed	Defenceless	alert
Calm	bad	Critical	Bothered	Chicken	Discouraged	angry
Cheerful	blue	Disgusted	Crazy	Confused	Embarrassed	bold
Content	crushed	Enraged	Dazed	Fearful	Exhausted	brave
Delighted	depressed	Envious	Depressed	Frightened	Fragile	capable
Ecstatic	disappointed	fed-up	Disorganised	Horried	Frail	confident
Excited	dissatisfied	Frustrated	Disoriented	Insecure	Frustrated	determined
Fantastic	disturbed	Furious	Distracted	Intimidated	Guilty	energetic
Fine	down	Impatient	Disturbed	Jumpy	Helpless	happy
Fortunate	embarrassed	Irritated	Embarrassed	Lonely	Horrible	hate
Friendly	gloomy	Mad	Frustrated	Nervous	Ill	healthy
Glad	glum	Mean	Helpless	Panicky	Impotent	intense
Good	hate	Outraged	Hopeless	Panicked	Inadequate	loud
Great	hopeless	Rage	Lost	Shaky	Insecure	love
Hopeful	hurt	Resentful	Mixed-up	Shy	Lifeless	mean
Loving	lonely	Sore	Panicky	Stunned	Lost	open
Motherly	lost		Paralysed	Tense	Overwhelmed	positive
Optimistic	low		Puzzled	Terrified	Powerless	potent
Peaceful	miserable		Stuck	Threatened	Quiet	powerful
Pleased	painful		Surprised	Timid	run-down	quick
Proud	Sorry		Trapped	Uneasy	Shaky	rage
Relaxed	Terrible		Troubled	Unsure	Shy	secure
Relieved	Turned-off		Uncertain	Worried	Sick	solid
Satisfied	Uneasy		Uncomfortable		Timid	super
Thankful	Unhappy		Weak		Tired	tough
Thrilled	Unloved				Useless	
Turned-on	Upset					
Warm					Vulnerable	
Wonderful					Worn-out	

MODULE 3

SESSION 3

Pre-Test Counselling & Voluntary Counselling and Testing

Purpose

Give participants information on HIV anti-body test and the importance of counselling before taking the HIV antibody test.

Objectives

By the end of the session, participants will have:

- Described the HIV antibody test and its limitations
- Explained the importance of HIV testing
- Discussed reactions after receiving results
- Practised counselling

Time: 90 minutes

TOPIC	TIMING	METHODS	MATERIALS
Introduction	5 minutes	Mini Lecture	Flip Chart, Markers, Session Notes
The HIV Antibody Test and Understanding Test Results	20 minutes	Lecture, Q&A, Discussions	Flip Chart, Markers, Session Notes,
The Importance of Pre and Post-Test Counselling	30 minutes	Group work, discussion	Flip Chart, Markers, Session Notes
Reactions to test results	15 minutes	Role Plays, Discussions	“ “ “
Counselling Practice	20 min	Role Plays, Discussion	Handout/Session notes

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CONTEXT

The HIV antibody test is the only way of knowing whether or not a person is infected. We provide basic information about how the test works as well as highlighting the importance of counselling that must accompany the process of HIV testing.

ACTIVITIES

THE HIV ANTIBODY TEST

The aim of this activity is to introduce the HIV antibody test as the only way of knowing whether or not a person is infected, and to provide basic information about how the test works and understanding the results.

The HIV antibody test

The HIV test is a test that tells if a person has produced **antibodies** to the virus. It is usually a blood test, but in some places it is possible to measure antibodies in the tissue of the mouth or in urine instead of blood. It is important to note that even though HIV antibodies can be detected in the mouth or 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. 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, amniotic fluid and breast milk.

The HIV test does **not** test for the virus, only the antibodies that the person's body has produced to fight the virus.

The HIV test cannot tell:

- 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.

A person can get an HIV antibody test done at a hospital or clinic. There are also some AIDS organisations that offer testing.

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What types of HIV tests are available in Ghana?

HIV Spot Test

Instant test

Western Blot

Enzyme Linked Immunosorbent Assay (ELISA)

3 Days



Cost: ₵25,000 to ₵40,000

Understanding Test Results

The aim of this activity is to explain the three different types of test results

Meaning of Positive Result of HIV Antibody Test

- HIV (the virus) is present
- HIV can be passed on through semen, blood, pre-seminal fluid, vaginal fluid and breast-milk
- Because sufficient quantities are generally not present, HIV cannot be passed on through sweat, saliva, tears or urine.

Meaning of Negative Result of HIV Antibody Test

- **The person may not** have the virus
- Depending on most recent occurrence of possible contact, it may be too early to show a positive result. The body has not yet developed HIV antibodies
- The person may need to come back for re-test in 3 months
- It is important to continue to practise “safe” sex

Meaning of Intermediate Results – (Inconclusive)

This does not happen very often, but it can happen to people who:

- Have received multiple blood transfusions
- Suffer from other auto-immune diseases, such as Lupus, or Grave’s disease
- Suffer from kidney disease or are receiving dialysis treatment
- Suffer from liver disorder
- Suffer from certain types of cancer

An Intermediate result means the person:

- May need to repeat test in 3 to 6 months if the person is engaged in high-risk behaviour
- May need to send for a confirmatory test

However, it may not be necessary if they are practising low-risk behaviour. Even if the person is practising low-risk behaviour, re-testing is recommended.

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The Window Period

This is the time between when the person is initially infected with HIV and the development of HIV antibodies in the person's body. A test taken during this time will be **falsely** negative because **HIV antibodies are not yet present in the blood** but HIV is. Almost all infected people (99%) develop antibodies within 3 months –1% can take up to 6 months. Today, some testing sites have very sophisticated tests that are able to shorten the window period.

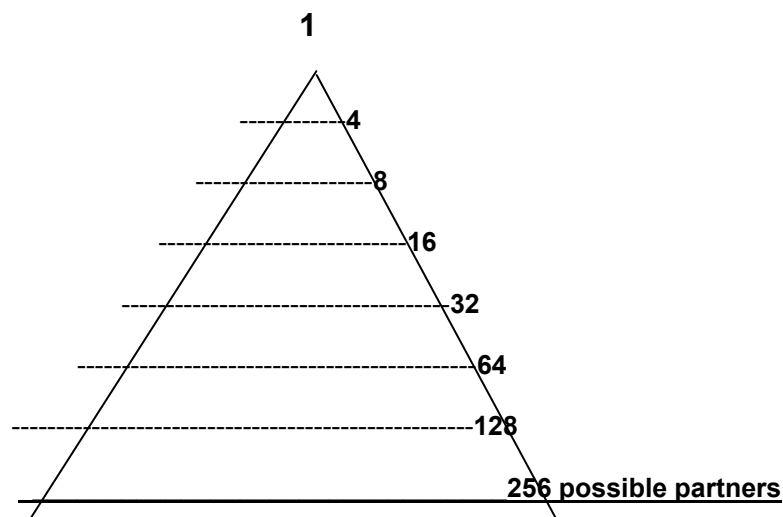
Shortened “Window Period”

Polymerase Chain Reaction – new process to test for HIV. Can detect infection within 48 hours. This process has been used in the USA for 10 years. In Ghana it has been used only for research at the Nuguchi Institute, Accra.

The Infection Pyramid highlights the extent of vulnerability in sexual encounters

The pyramid shows the possible number of people a person has had sex with and the actual contacts in the sexual history. E.g. You may have had sex with only one person, but that does not take into account the number of possible sexual partners he/she might have had and how many each of them had, and so on.....

Infection Pyramid



PRE- AND POST-TEST COUNSELLING

Definition of HIV Counselling:

A confidential dialogue between a client and a counsellor which helps the client cope with stress and make personal decisions related to HIV/AIDS

The responsibility of the person giving the counselling is very high. There is a need for good preparatory training.

PARTICIPANT TRAINING MANUAL

To Test or Not to Test

Reasons to Test

“Win-Win” situation
Knowing status
Early treatment can help her live longer
Prevention of parent-to-child transmission precautions
Can inform partner(s) so they can get tested
Prepare for death

Reasons Not to Test

Fear --- of result
Denial
Violence against her
Discrimination and Stigma Take
Fear of losing a job
Rejection by family, friends
Inability to obtain treatment

The Importance of Pre- and Post-Test Counselling

Pre-Test Counselling

Helps to prepare the client for the HIV test. The counsellor explains the implications of different test results and explores with the client different ways of coping with one's HIV status. This is also the time when the counsellor discusses and explores with the client the issues of sexuality, risky behaviours and HIV prevention. The counselling may also help an uncertain client reach a decision about whether or not to have the test.

Importance of Pre-Test Counselling

Counselling before the test is important for the following reasons:

- The law requires that a person give informed consent before being tested
- To explain the basic facts about HIV/AIDS
- To explain what the test results mean and to prepare people for receiving the results
- To explore what people will do if the result is positive or negative
- To explore potential support from family and friends
- To explain that the results of the test is confidential
- To assess the risk of possible HIV infection
- To advise on safer sex practices to protect from infection and re-infection
- To enable the person to change behaviours regarding protection
- Start medication if available
- To explain measures to boost the immune system
- To explain the types of services and care that are available to HIV positive persons to enable them to live longer
- To allow the person to make informed decisions about whether to have the test or not.

There is a strong connection between Pre-test Counselling & Referrals.

Post-Test Counselling:

Helps the client understand and cope with the HIV Test result. This includes preparing the client for the result, giving the result, and providing further information or referrals as required.

PARTICIPANT TRAINING MANUAL

Pre-Test Counselling can be done in a group but Post-Test Counselling must be done one-to-one. It takes time and can be very emotionally charged.

Importance of Post-Test Counselling

For positive test results:

- To discuss with the person the reality and seriousness of the situation –it is often difficult for someone 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 that the person understands the meaning of the test result.
- Help the person cope with the test results
- Discuss options available
- To make a plan for ongoing care.
- To provide information about the dangers of spreading HIV and how to keep from spreading it to others, (i.e. through abstinence or proper condom use).
- To understand the need for careful consideration about having children.
- To help the person develop a plan for informing family members and friends.
- To refer the person to psychological services. Many HIV positive people suffer from depression, anger, guilt, - some even committed suicide after learning that their test was positive.

For negative test results:

- To explain the 'Window Period'
- To help the person develop a plan for remaining negative (in other words, for protecting him/herself from HIV)

For indeterminate test result

- To help explain the need for re-testing and the reasons why the result could have been negative
- To help the person develop a plan for protecting him/herself from HIV.

REACTIONS TO HIV TEST RESULTS

Reactions to HIV Test Results

People 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. Someone 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 them explore his/her emotions and “vent” them. Once the person has released his/her feelings, s/he will be more receptive to receiving other information regarding prevention, treatment and referrals.

Counsellors should always acknowledge the person’s feelings – both those that are directly expressed and those that are “unsaid”. Have participants refer back to the Focus on Feelings handout in order to identify feelings which might accompany the three types of test results

PARTICIPANT TRAINING MANUAL

Feelings present on receiving an HIV test result:

Negative result – relief; unburdened, sad

Note, however, in some cases a negative result may be **bad news**, as in the case of a man who tests negative but his wife is positive. It means she was infected by someone else. It could have disastrous consequences for the marriage as well as the woman herself.

Positive result – blame, anger, despair, devastation, anxiety, overwhelmed, disbelief, and especially **fear** - of dying, of infecting spouse or others, losing one's job, abuse by spouse or sexual partners, rejection by friends and peers,

Indeterminate result – confused, afraid, suspicious, unsure, worried, impatient

Sometimes instead of counsellor breaking the news to the spouse, it has been found to be better if the wife or husband breaks the news to his/her partner.

INDIVIDUAL PRE-TEST AND POST-TEST COUNSELLING ROLE PLAY

The aim of this activity is to give participants the opportunity to practise counselling skills in HIV pre-and post-test scenarios

Scenarios:

1. *You are a 25-year old woman who went to get tested for HIV three days ago. Your results will not be ready for another week, and you are very nervous. You think you might be pregnant, but you're not sure. You got tested because you suspect that your boyfriend has been having sex with other women. You are worried about passing HIV on to your baby if you are infected. You are so scared that you are thinking about not returning to the clinic to get your results. You want to talk to someone about your fears.*

2. *You are a 30-year old man named John, who is in a committed relationship with a woman named Julie. Julie has been having a persistent cough and diarrhoea. She had several sexual partners before meeting you, and she tested HIV positive three weeks ago. You were very scared about Julie's test result and decided to get tested too. You just received your results and they were positive. You were in such a state of shock when you received your results that you didn't pay much attention to what the clinic counsellor told you. Now you want to talk about what you and Julie can do about your situation. You are not sure whether or not you want to stay with her. You are angry that she may have infected you, but at the same time you are not 100% sure that she was the one who did it, since you also had other sexual partners before meeting Julie.*

PARTICIPANT TRAINING MANUAL

3. *You are an 18-year old domestic worker named Gloria. You don't make very much money, so sometimes you have sex with older men who buy you nice things and take you to restaurants. You recently heard a rumour that one of the men has AIDS. You took a test to make sure you were OK and it came back negative. You are very relieved and believe you are 'safe' from AIDS. You are worried though, because this man is pressuring you for sex and doesn't understand why you don't want to see him any more. He forced you to have sex when you went to see him last weekend. You gave in to him and had sex last weekend, but you don't want to do it again. You came to get some advice about what to do.*