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A Training Guide For Counsellors
For Use With The Video

Challenges In AIDS Counselling

Ministry of Health
Government of Zambia
Academy for Educational Development
Johns Hopkins University School of Public Health
USAID/Lusaka

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Special thanks to: Judy Macks, who wrote the Guide; to Laurie Liskin, who edited it; and to the AIDS counsellors in Zambia who helped refine it—Bristol Chembo, Paul Chijoka, Ben Chirwa, Chimponda Chongo, Chilimba Hamavhwa, Alan Haworth, Katele Kalumba, Friday Kasisi, Pascal Kwapa, Robson Mabele, Annie Mshanga, Phelunah Muzungu, and Patricia Ndele

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Note: To simplify the language in the Guide we have used the term "AIDS counselling" as a substitute for HIV/AIDS counselling. We have also used the male pronouns "he" and "his" to refer to both men and women.

Introduction

What Is The Purpose Of The Video?

Challenges in AIDS Counselling is designed to help train AIDS counsellors. The video tells the story of four counsellors who have come to a provincial center for additional training after working as AIDS counsellors in their communities for several months. The four counsellors come from different professional backgrounds and have different levels of counselling experience. But they share a common concern for their clients and a desire to improve their counselling skills. Through discussions with their trainer, Katele, and in a series of flashbacks, the counsellors describe the challenges they have faced in their work.

This video focuses on six broad issues in AIDS counselling:

- defining AIDS counselling
- describing challenges in AIDS counselling
- finding a suitable environment for counselling
- recognizing our limitations as counsellors
- talking about sensitive subjects like sex and condom use
- breaking the news, that is, telling a client he has HIV infection.

AIDS counselling is not easy. There are no quick answers or simple solutions. This video does not pretend to provide any. Instead, it raises questions, provides some possible solutions, and encourages trainers and training participants to develop their own ideas and strategies for meeting the challenges of the work ahead.

Pauses are built into the video at 6 points. Trainers can stop the video at these points and encourage group discussion of the issues raised. This training guide suggests additional discussion questions and training exercises to supplement the issues raised in the video.

What Is The Purpose Of The Training Guide?

The guide is designed to help trainers use the video effectively. It can also be used on its own to enhance training of clinical and preventive AIDS counsellors. The training guide is divided into sections corresponding to the separate scenarios in the video. For each section, the guide summarizes the scenario, gives suggestions for answering the discussion questions at the end of each scenario, and provides relevant training activities. The guide has several major objectives:

- to cover more extensively the issues raised in the video
- to help trainers teach counselling skills
- to help counsellors practice specific counselling skills such as active listening, reflecting feelings, and understanding non-verbal communication
- to help counsellors talk openly about sensitive subjects such as sexual practices and death

- to enhance counselling skills for promoting condoms and teaching clients correct condom use
- to help counsellors recognize how their own attitudes and values can influence their counselling.

What Are Different Ways To Use The Video And Training Guide?

Challenges in AIDS Counselling and the Training Guide can be used in different ways and with different audiences. Depending on the needs of the training participants, trainers may show the entire videotape at one time or only selected scenarios. They may also show the scenarios out of order if that suits their training purposes best. Similarly, with the guide, trainers may prefer to use all of the activities in each section or only one or two. Trainers should consider the learning needs of the participants, how much time is available for training, and their own preferences. We encourage trainers to explore different approaches to find what is most effective for them.

The video and guide were designed to supplement training of clinical AIDS counsellors. However, we believe that the video, the discussion summaries, and the training activities in the guide can offer learning opportunities for other groups and in other settings. Some of these groups and settings are:

- an initial training for lay or peer AIDS counsellors
- a refresher course for trained and experienced AIDS counsellors
- an introduction to AIDS counselling and the need for confidentiality for health care workers and hospital administrators
- a discussion starter for meetings with church leaders, parents, and community members.

How Do I Use This Training Guide?

Each section of the guide includes:

- a summary of the scenario in the video
- suggestions for answering the discussion questions at the end of each section of the video
- training activities.

Each training activity includes:

- **Title**
- **Purpose**: the training objectives for each activity
- **Introduction**: a suggested way to introduce the training activity to participants
- **Time**: approximate time to complete the activity
- **Materials**: materials needed to complete the activity
- **Procedure**: how to carry out the activity
- **Summary of Major Points:** a summary to facilitate group discussion of important points related to the training activity.

Materials

Most activities in the guide require only a few simple materials. Trainers should have on hand:

- large paper or chalkboard
- markers or chalk
- cello tape
- writing paper
- pencils.

Training Techniques

Many of the activities use two training techniques--brainstorming and role playing.

Brainstorming allows a group to generate many ideas on a specific topic or question quickly. (This technique is shown in the video when the trainer Katele develops a list of the counsellors' definitions of AIDS counselling.) If a brainstorming is done with a large group, the trainer should write the group's ideas on a large paper or chalkboard at the front of the room. After the list is completed, the group can discuss the ideas.

If small groups are brainstorming one person from each group should act as the recorder. The recorder should write the group's ideas on large sheets of paper that can be shared later with all the groups. This can be done formally with someone from each group reporting to all the groups. It can also be done informally with the trainer simply asking participants to comment on their discussions.

When you play the video, it is a good idea to pause after each scenario and brainstorm answers to the questions raised. Follow the recommendations for each section in this guide for working with a single large group or dividing participants into smaller groups.

Role Playing is a dynamic method for teaching and practicing counselling skills and common counselling situations. In a role play participants are asked to "act out" the roles of a counselor and client. Sometimes participants role play a personal situation. Sometimes they will be asked to role play the characters in the video. This technique helps participants enhance their counselling skills and also develop empathy for people in different situations. To make role playing most effective, the trainer should describe the role each person is to act out, giving the participants information about the characters and the situation. It is especially important for trainers to clarify the purpose of the role play and give clear instructions. All role playing activities should include time for participants to discuss what they have learned in small or large groups and for the trainer to summarize the most important points.

SECTION ONE: Defining AIDS Counselling

Summary Of Scenario

In this discussion counsellors begin to define AIDS counselling.

Discussion Questions

Ask each person to write his answer to the following questions:

- How would you define AIDS counselling?
- What is the purpose of AIDS counselling?
- How is AIDS counselling best accomplished?

Brainstorm responses to each of these. Compare them to definitions given by the AIDS counsellors in the video:

- listening
- advising
- dialogue with a client
- providing choices
- prevention
- building a relationship with the client
- providing support
- helping clients make decisions.

As a group, decide on a common definition of AIDS counselling, its purpose and how it is accomplished.

Summary Of Major Points

Katele's definition of AIDS counselling is: "In Africa we often think of counselling as advising, but we are learning that counselling for HIV/AIDS is much more than giving information and advice. Counselling for HIV/AIDS is helping people deal with their reactions to HIV infection and then helping them protect others from infection. In AIDS counselling, we must learn to understand how our clients are reacting. Only when we know how they are reacting to the HIV infection or how they are feeling about dying, can we begin to help them deal with those feelings and reactions they are having."

The purpose of AIDS counselling is to help people with HIV/AIDS and their families:

- prevent further transmission of HIV
- make decisions and develop ways to cope with their problems
- cope with their feelings and reactions to the infection.

Preventing further transmission of HIV is accomplished by:

- providing information about AIDS and ways to reduce risks of infection
- helping both infected and uninfected individuals adopt and maintain safe sexual behaviour.

Solving problems and making decisions involves:

- helping individuals and families cope with their problems
- helping the client examine his options and make the best choice
- helping clients decide whether or not to be tested for HIV infection
- advocating for a client when he needs help (for example, to obtain resources or services or to respond to problems caused by discrimination).

Helping people with HIV/AIDS and their families cope with their feelings and reactions is accomplished by:

- encouraging the client to discuss his feelings and reactions
- listening actively
- providing support and hope
- helping clients to remain integrated in their communities and live productive lives
- addressing the fears others may feel toward people with HIV infection.

Effective AIDS counselling must involve:

- building a trusting relationship with the client
- maintaining confidentiality
- treating the client with respect and acceptance
- respecting the client even if the counsellor does not agree with his attitudes, beliefs, and life choices.

ACTIVITY 1.1: Am I Giving Information Or Giving Advice?

Purpose

To identify the differences between giving information and giving advice.

Introduction

Many of us have learned that giving advice is the best way to help people with their problems. But with AIDS counselling we have learned that giving advice is not always helpful to clients. It is more effective to give clients information, and then help them make their own decisions and solve their own problems. In order to do this, we must be clear about the difference between giving information and giving advice.

Time

25 minutes

Materials

None

Procedure

1. Brainstorm answers to the following questions.
   - What is giving information?
   - What is giving advice?

   Write responses on large paper. Discuss the difference between giving information and giving advice.
2. Ask for 2 volunteers to role play a counselling session in front of the group. Ask the volunteer role playing the client to discuss a personal problem or concern.
3. Take the volunteer playing the counsellor aside and explain that he is to give both advice and information. Review the difference between giving advice and giving information and give the counsellor specific suggestions for giving advice such as: "You should...." "If I were you I would ....." "You must ....." Give the counsellor ideas about giving information as well.
4. Ask the rest of the group to take out a piece of paper. Ask participants to draw a line down the middle of the paper, making two columns: "giving advice" and "giving information." Instruct the group to take notes, writing down "giving advice" and "giving information" statements made by the counsellor.

Activity 1.1 continued

5. Start the role play and allow it to continue for 5 to 10 minutes. When it is finished, ask both the client and the counsellor to discuss how they felt in this counselling session when the counsellor gave advice or gave information.
6. In small groups or the large group, ask participants to discuss what they observed. Discuss how giving advice and giving information had an impact on the client and the counselling session.

Summary Of Major Points

Giving advice is:

- telling someone what you think he should do.

Giving information is:

- telling someone the facts so that he can make his own decision
- always a part of AIDS counselling.

Why is giving advice often not helpful?

- The client may feel that the counsellor is not listening to or respecting him.
- The client may feel judged by the counsellor.
- Advice will not make a person change his behaviour.

When is giving advice useful?

- after a counselling relationship has been fully established (usually after several counselling sessions at least) and if the client asks and you feel that your opinion will help the client make the best decisions for himself
- when relatives need assistance in understanding the type of care the client needs
- when the client is in a such acute distress (crisis) that he may do harm to himself or others; giving advice is a short-term strategy to help the client become stable enough to make decisions on his own.

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ACTIVITY 1.2: Paraphrasing: "What Did You Say?"

Purpose

To practice the counselling skill of paraphrasing.

Introduction

Paraphrasing is part of "active listening." It means that the counsellor repeats, in his own words, what the client has said. Using this skill, the counsellor communicates that he has listened to and understood the client. Paraphrasing also helps the counsellor clarify what the client has said. Paraphrasing and "active listening" are always more difficult when the client's beliefs and values are very different from the counsellor's. In this activity we will be practicing paraphrasing by discussing controversial issues.

Time

60 minutes

Materials

Worksheets: "Controversial Statements" (page 10)
Pencils

Procedure

1. Explain that you will be using the worksheet "Controversial Statements" (page 10) to practice paraphrasing. Remind the group that the purpose of this activity is to practice a counselling skill and not to debate the sensitive issues at this time. At the end of the activity there will be time to discuss some of the controversial issues.
2. First, demonstrate the skill of paraphrasing in front of the large group with a co-trainer or a volunteer participant. Choose one statement from the list of controversial statements. If possible, choose a statement that only one of you agrees with.
3. In the demonstration, follow these steps:
   STEP 1: Partner A: Choose one controversial statement and read it out loud.
   STEP 2: Partner A: State whether you agree or disagree with the statement and explain why.
   STEP 3: Partner B: Repeat in your own words what your partner said (paraphrasing).
   STEP 4: Partner A: Tell your partner if he understood what you said and paraphrased your remarks accurately. (If not, repeat Steps 2 through 4.)
   STEP 5: Switch roles with your partner and repeat Steps 1 through 4.

Activity 1.2 continued

(Note: For the purposes of this demonstration, one of you may decide to paraphrase what your partner stated incorrectly.)

- Ask the group if they have any questions about paraphrasing. If the group would like another demonstration, choose a different statement and repeat the procedure.

4. Hand out the sheet of paper with controversial statements. Ask each person to write A for agree or D for disagree for each statement. When they finish, ask each person to choose a partner.
5. For the next 10 to 15 minutes, ask each pair to follow the same procedure that was just demonstrated. Each person should take turns selecting the statement to discuss. Each pair should go through as many statements as possible.
6. After 10 to 15 minutes, call everyone together in a group. Discuss the following questions:
   - What was difficult about paraphrasing?
   - What were you feeling when you paraphrased your partner's opinion and you disagreed?
   - As an AIDS counsellor, when would you use paraphrasing?
   - As an AIDS counsellor, when would you find it difficult to paraphrase?
7. If the group is interested in discussing some of the issues raised in this activity, choose the most controversial issues and discuss them as a group.

Summary Of Major Points

- Paraphrasing is repeating, in your own words, what the counsellor heard the client say. This can include thoughts, feelings and attitudes.
- Paraphrasing can help clarify what the client means as well as convey that the counsellor has listened to and understood the client.
- Active listening and paraphrasing what the client says are more difficult when the counsellor and client have very different beliefs and values. The counsellor may become angry with the client or start thinking about arguments to convince the client to change his ideas. This prevents the counsellor from listening carefully and from trying to understand what his client is really feeling.

Activity 1.2 continued

Paraphrasing: "What Did You Say?"

Controversial Statements

In the blanks, fill in an (A) for agree and (D) for disagree.

1. _____Women with HIV infection should not have children.

2. _____People with AIDS should not be allowed to continue working.

3. _____AIDS is mainly a problem of prostitutes (sex workers) and homosexuals.

4. _____I would feel uncomfortable inviting someone with HIV infection into my house.

5. _____Women are responsible for spreading AIDS.

6. _____I would feel uncomfortable eating a meal with someone who has AIDS.

7. _____If a person gets AIDS, it is his fault.

8. _____People who have AIDS should be isolated from others.

9. _____I would feel uncomfortable having someone with AIDS hold my young child in his arms.

10. _____It is a collective responsibility to care for people with HIV infection.

11. _____A husband should only use condoms outside of his marriage, and not with his wife.

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ACTIVITY 1.3: Non-verbal Communication: "What Are You Feeling?"

Purpose

To practice identifying feelings from non-verbal communication.

Introduction

Clients cannot always use words to describe what they are feeling. Sometimes their body language expresses their feelings. Often counsellors can guess what a client is feeling from the way he sits, the expressions on his face, or other kinds of non-verbal communication. It is important for the counsellor to learn to recognize non-verbal cues so he can help clients identify their feelings. Non-verbal cues mean different things in different cultures. Recognizing what they mean in your area is part of your job as an AIDS counsellor.

Time

20 minutes

Materials

Large paper, markers, tape

Procedure

1. With the entire group, brainstorm as long a list as possible of feelings. (It may also be helpful to translate some or all of the feelings into participants' native language(s).)
2. Divide people into groups of 7. Ask the first person to silently select one of the feelings that was just listed. Explain that he is to act out this feeling without using any words. The other participants in the group are to guess which feeling is being acted out. After the group guesses the feeling, the next person in the group is to choose a feeling and act it out non-verbally. Repeat this process until every person in the small group has had a chance to act out at least one feeling.
3. Ask participants to return to the large group. Discuss the following questions:
   - Why were some feelings easier to guess than others?
   - Which non-verbal cues were most helpful in guessing the emotion?
   - What do our wrong guesses tell us about non-verbal communication of feelings?
   - What do you assume about a client when you observe little or no non-verbal communication?

Activity 1.3 Continued

Summary Of Major Points

- A client's non-verbal communication can give the counsellor an idea of what the client is feeling.
- It is always important to check with the client to see if the counsellor's observations are accurate.
- Counsellors should not assume that a client does not have feelings about a particular situation or issue even when the client shows no expression or other non-verbal clues.
- Some common non-verbal cues to look for are facial expression, body posture, whether the client sits close to or far from the counsellor, eye contact, holding the body rigidly, wringing hands or other nervous gestures. Clients who hold their body stiffly may be very angry or very frightened. Wringing hands or tapping feet may be signs of anxiety.

NOTES

ACTIVITY 1.4: Reflecting Feelings

Purpose

To practice identifying and reflecting feelings.

Introduction

People have many emotional reactions to HIV infection. These reactions often affect their behaviour, their ability to make decisions, and their relationships with family and friends. Clients often do not understand their feelings, however. Counsellors can help clients identify these feelings so they can cope with them better. One way to do this is by naming the feelings to the client. This is called reflecting feelings. For example, a counselor might say to a client, "You say everything is fine, but you look very sad." This technique can help clients identify their emotions and talk more freely about what is bothering them.

Time

40 minutes

Materials

"Client Statements Worksheet," page 16
Pencils, paper, markers, tape

Procedure

1. Ask participants to complete the "Client Statements" handout (page 16). Instruct participants to read a client statement, and write down the feeling or feelings which might be behind what the client is saying. Next, they are to write down a possible reason the client might be feeling this way. Give participants approximately 10 minutes to complete the worksheet.
2. After the participants have finished, write on a large piece of paper the following formula:
   "You feel_____because _____."
   (feeling word) (reason)
   Explain that counsellors can use this type of statement to identify and then reflect a client's feelings. Explain that it is important for each counsellor to find a comfortable way of expressing this information.
3. On a separate sheet of paper, write the following alternative phrases:
   "You seem_____because _____."
   (feeling word) (reason)
   "I wonder if you're_____because _____."
   (feeling word) (reason)
   "Do you feel_____because _____?"
   (feeling word) (reason)
   "It seems you are feeling _____ because_____."
   (feeling word) (reason)

NOTE: This activity was adapted from a training exercise developed by Kim Cox, International Planned Parenthood Federation.

Activity 1.4 Continued

Ask participants to brainstorm other phrases they might use to identify and reflect feelings.

4. Next, ask each participant to choose a partner. One partner should role play the client and the other, the counsellor. Explain that participants will be practicing identifying and reflecting feelings using the "Client Statements Worksheet." The client is to read statement #1 from the worksheet. The counsellor should look at his own notes on the "Client Statements" worksheet and is to use them as well as the feelings the client is now presenting to respond with a phrase that reflects the client's feeling. When this is completed, the client and counsellor switch roles for statement #2. The pairs are to continue this process until they have completed all 7 statements on the worksheet. Encourage participants to try different phrases each time they play the role of counsellor.
5. Ask the pairs to briefly discuss this activity and give feedback to each other.
6. Ask participants to return to the large group. Discuss the following questions:
   - How easy and comfortable did you feel identifying and reflecting feelings?
   - What felt uncomfortable?
   - How will identifying and reflecting feelings be useful for the client?

Summary Of Major Points

- Clients give many verbal and non-verbal clues about their feelings without directly telling the counsellor what they are feeling.
- When the counsellor puts the client's feelings into words and connects the feeling to a real problem or situation, the client becomes more aware of his feelings. This will help him make effective decisions about his future.

NOTES

Client Statements Worksheet

Instructions: For each client statement write down the feeling or feelings you think the client may be experiencing and a possible reason why he is feeling this way.

1. "I was so sick in bed. My mother was the only person at home. Instead of taking me to the hospital, she went to do business at the marketplace."
   Feeling(s): _____

   Reason: _____

2. "Why is my antibody test taking so long? Why isn't it here yet? You said it would take 2 or 3 weeks. It has already been 3 weeks. Do you think that means it is positive?"
   Feeling(s): _____

   Reason: _____

3. "In the past when I used to visit at home, everyone used to greet me. Now, nobody does. Now I know who my true friends are."
   Feeling(s): _____

   Reason: _____

4. "I can't ask my husband to use condoms. He will refuse. He will think I am accusing him of something or that I am unfaithful."
   Feeling(s): _____

   Reason: _____

5. "Oh no! How can I have this virus, HIV? I just got promoted. Oh, my job, what am I going to do?"
   Feeling(s): _____

   Reason: _____

6. "I can't decide whether to have the HIV antibody test. I'm not sure. What do you think I should do? I really don't know....."
   Feeling(s): _____

   Reason: _____

7. "I was using condoms with other girls, but not with my wife. I didn't think I had to worry about HIV. I wish I had listened to what my wife was telling me."
   Feeling(s): _____

   Reason: _____

NOTES:

ACTIVITY 1.5: Active Listening: Without Words

Purpose

To practice active listening.

Introduction

As counsellors, one of the most important skills you will use is active listening. Active listening requires that you listen to what the client is saying directly as well as what the client is suggesting or communicating non-verbally. It can be very challenging to listen attentively and to hold ourselves back from giving advice. In this activity we will practice active listening and also gain some insight into how our clients feel about discussing very personal issues with us.

Time

25 minutes

Materials

Paper, markers, tape.

Procedure

1. Ask each person to find a partner.
2. Ask each person to think of a current problem or concern in his work or personal life that he is willing to discuss. Any kind of problem can be chosen as long as it concerns the participant. Explain that both people will play the roles of counsellor and client.
3. Ask each pair to decide who will play the role of the client first. Explain that the client will have 5 minutes to talk about his problem. The person in the role of counsellor is to listen attentively, communicating empathy and understanding non-verbally. The counsellor is not to speak at all.
4. After the client has talked about his problem for 5 minutes, stop the role play. Ask the counsellor and client to switch roles and have them repeat the exercise in their new roles. The person role playing the client will talk about his problem for 5 minutes.
5. After 5 minutes, ask the pair to discuss what it was like to speak and then to listen without interruption. Bring participants back to the large group.
6. In the large group, ask participants to discuss the following questions:
   - How did you feel talking about a personal problem or concern?
   - How did you feel listening, but not speaking? If it was difficult, why was this so?
   - How did you know that the counsellor was (or was not) actively listening?
   - As an AIDS counsellor, when do you find active listening difficult? What are you feeling at these times?

Activity 1.5 Continued

Summary Of Major Points

- Active listening is one of the most important skills counsellors will use. It helps build a trusting relationship with the client.
- Active listening requires that the counsellor listen to what the client is actually saying. Listen also for the feelings behind what the client is saying or for the feelings the client is communicating non-verbally.
- Counsellors communicate they are listening through non-verbal and verbal communication.
- Non-verbal communication which conveys active listening and respect varies from culture to culture. Areas to pay attention to include: body language (leaning forward, suitable distance between client and counsellor), eye contact, encouraging cues (nodding, facial expressions), tone of voice (expressing patience, warmth, empathy)
- Verbal communication which conveys active listening might include: asking questions, encouraging the client to continue ("Yes, I see." "Please go on."), using language that the client understands, paraphrasing, giving needed information, and answering clients' questions.

NOTES

SECTION TWO: Major Challenges

Summary Of Scenario

In this scenario, training participants describe the challenges they have faced as AIDS counsellors. The challenges they list are:

- breaking the news
- finding a suitable environment
- recognizing our limitations
- talking about sensitive subjects.

Discussion Question

As a large group, brainstorm responses to the following question.

- What major challenges do you face in AIDS counselling?

Review the list and tell the group which challenges will be discussed in the video. Explain that at the end of the video, there will be time to discuss some of these other challenges.

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SECTION THREE: Counselling Environment

Summary Of Scenario

In this scene, the counsellor Sililo is having problems finding a comfortable environment at the district hospital to meet her client. The room she is scheduled to use is dark, uncomfortable, and the electricity is not working. She and her client are interrupted by others coming into the room and by noise outside. Sililo does what she can to improve the environment such as opening the curtains and asking those who walked into the room to leave but still finds it too disruptive. She thinks of a creative solution to these difficulties and suggests that she and her client conduct the session outside under the shade of a tree.

In the discussion afterwards with the other counsellors, it becomes clear that her solution is not ideal, but sitting outside is one possible strategy for improving the counselling environment. Several of the counsellors point out problems with holding a counselling session outside. A particular concern is maintaining the confidentiality of the client, especially if others know that Sililo is an AIDS counsellor.

Discussion Questions

Brainstorm responses to the following question as a large group.

- List environmental conditions which help counselling.

Discuss why these conditions are important and how they help the counselling session.

Next, ask the group to break into small groups of 7 people. Ask the groups to brainstorm responses to the following questions in small groups and to record their responses.

- Is your counselling environment sufficient? If not, what is it lacking?
- How can you improve your counselling environment?
- What steps do we need to take to improve the environment (for example, working with the clinic or hospital administrators, holding inservice training for fellow health care workers)?

Encourage participants to be as creative as possible in thinking about how they can improve their counselling environment. Ask them to include strategies for discussing environmental problems with their clients.

After 20 minutes, ask people to return to the large group and report their ideas for improving their counselling environments.

Summary Of Major Points

Environmental conditions which help counselling:

- privacy
- quiet
- comfortable and pleasant room with comfortable chairs and adequate lighting
- no interruptions
- enough time
- appropriate distance between counsellor and client (this may vary in different cultures)
- furniture arranged so that it facilitates comfort and communication
- comfortable lighting so client and counsellor can see each other easily.

Why are these conditions important and how do they help the counselling session?

- They help the counsellor establish rapport with the client.
- It is easier for the client to relax and remain attentive.
- They maintain confidentiality.
- A comfortable private environment conveys respect for the client and gives the message that the counselling session and the client are important.
- Good environmental conditions are the first step in establishing trust between counsellor and client.

Why is confidentiality important in AIDS counselling? (Trainers should advise participants on the current thinking and practices with regard to AIDS and confidentiality in their area.)

- It helps the counsellor and client develop a trusting relationship.
- The client feels safer discussing his thoughts, feelings, and attitudes.
- The client is more likely to discuss sensitive and personal issues especially those related to sexual behavior.
- It helps the client talk honestly about his feelings and behavior.
- The client believes that his interests are important to the counsellor.
- The client feels more comfortable in seeking help, information, and medical care.

Possible strategies to improve the counselling environment:

- Recognize this as a problem of the health care organization. Try to change as much as possible. Be aware that some problems may be very difficult to change.
- Encourage open discussion and information about AIDS counselling for administrators. This should include: information about AIDS and concerns about contagion, the importance of AIDS counselling, the importance of confidentiality, and scheduling difficulties of counsellors. Use this video as an educational tool.
- Provide inservice AIDS education for all staff in the setting. Use this video as an educational tool.
- Use a sign on the outside of the door to indicate that the room is being used.
- Find other ways to help the client feel comfortable, such as putting flowers in the room, telling the client that you know the environment is not ideal, and apologizing for the problems. Ask the client "Is there a way we can make this more comfortable for you?"

SECTION FOUR: Recognizing Our Limitations

Summary Of Scenario

In this scene, the counsellor Mabvuto is not feeling well and has a lot on his mind. His mother is sick, and he is eager to go visit her. As he is leaving, a client whom he does not like arrives to receive his HIV antibody test results. Because he is concerned with his personal problems, Mabvuto does not want to counsel this client now. He gives the client his test results very abruptly. The client reacts with shock, panic, and fear. He refuses to believe the test results. Mabvuto does not intervene. The client becomes very upset and runs out of the counselling room.

In the discussion that follows, Cheembo and Mutinta are quick to criticize Mabvuto. Sililo helps them understand that it is not helpful to criticize harshly. Instead they should try and learn about themselves as AIDS counsellors and what they can do differently in difficult situations.

Discussion Questions

As a large group, brainstorm responses to the following question:

- What are your limitations as counsellors?
- How do your personal lives affect your counselling?

Review the lists and discuss which limitations are a result of personal issues, lack of information or skills, or reactions to the client.

Summary Of Major Points

- AIDS counselling can be exhausting work.
- The counsellor's first obligation is always to the client. As counsellors, we must learn to recognize our limitations and find ways to cope with these limitations so that they do not impact our clients in a negative way.
- We all have limitations as counsellors because we are only human.
- Because we want to help people with HIV/AIDS, it is sometimes difficult to accept that we do have limitations.

Limitations can fall into the following categories:

Day to day limitations usually limit us for only short periods of time. These might include: not feeling well, having personal problems on one's mind, having too much work or not enough time to see clients.

General life limitations which prevent counsellors from helping clients in the best way possible. These might include: too many clients and work demands, too few resources to change the client's situation, inability to change the client's diagnosis, inability to affect the client's behaviour.

Lack of information or skills to respond to the situation. These might include: not knowing how to give positive test results or how to respond to a client in crisis.

Reactions to a client or situation because of the counsellor's personal values, beliefs, attitudes, preferences and/or experiences. These might include: working with a client who is much older, working with relatives or close friends, not liking the client, disagreeing with the client's attitudes and behaviour, feeling angry because the client will not use condoms.

ACTIVITY 4.1: Planning For Our Own Limitations

Purpose

To discuss limitations counsellors experience on the job and ways to cope with them.

Introduction

It is important to acknowledge that AIDS counselling is very demanding and that as counsellors, we all have personal limitations. Since our first obligation is to our clients we must identify our limitations and find ways to help ourselves and each other cope with these limitations so that they do not interfere with counselling. In this activity we will be sharing our experiences and ideas about coping with personal limitations.

Time

60 minutes

Materials

Large paper, markers, tape, paper, pencils

Procedure

1. Ask participants to think of a real or imagined counselling situation when they were aware of their limitations as counsellors or when they felt their personal lives affected their counselling. Ask each person to write answers to the following questions:
   - Describe the situation.
   - In what ways did I feel limited?
   - What did I do or say?
   - How did I feel about myself and my counselling skills?
   - Could I have handled the situation any better? What might I have done differently?
2. Divide the group into small groups of 4 to 5 people. Ask each person to share what he has written with his small group. Ask each group to discuss common ideas and situations in the stories of the group members.
3. Ask each group to complete the following task. Based on their discussion, each group is to write on a large sheet of paper 10 ways to cope with personal limitations. When each group is finished, their sheet of paper should be taped on the wall.
4. Invite participants to walk around the room and read each group's list. Return to the large group and discuss the ideas. Make one large list of ideas for coping with personal limitations, eliminating duplicate answers. Discuss how this list can be useful. Consider ways to make it available to other counsellors.

Activity 4.1 Continued

Summary Of Major Points

Recommendations might include:

- Acknowledge that AIDS counselling is exhausting work.
- Acknowledge that we all have limitations as counsellors because we are only human.
- Become aware of our prejudices, biases and assumptions so that they do not interfere with the counselling process.
- Find support from colleagues who are working as AIDS counsellors.
- Plan ahead and make alternate arrangements whenever possible.
- Ask a colleague to conduct a counselling session for you if necessary.
- Postpone the counselling session when appropriate.
- Develop skills in organizing your schedule better.
- Learn to accept that you cannot change the client's life or behaviour for him.
- Feel good about your work as counsellors even when limitations prevent you from doing all that you would like to do for your clients.
- Learn additional information or skills necessary to improve your abilities as a counsellor.
- Be aware of your personal limits.
- Learn how to treat a client with acceptance and respect even if you do not like him or agree with his life choices.
- Consult with other counsellors to get feedback about your reactions and to get support. Ask them to help you understand your reactions better.
- Refer the client to another counsellor if one is available.
- Find creative ways to support each other. For example, form counsellor support groups in your area.

NOTES

ACTIVITY 4.2: Coping With The Stress Of AIDS Counselling

Purpose

To identify effective ways to cope with the personal and work-related stress of AIDS counselling.

Introduction

We all have, or will, experience stress as AIDS counsellors. We can support each other by sharing the ways we have found to cope with this stress. This is what we will do in this activity.

Time

15 minutes

Materials

Large paper, markers, tape

Procedure

1. Ask participants to share one way they deal with the stress of working as an AIDS counsellor. As each person states his idea, record it on a large sheet of paper at the front of the room.

Summary Of Major Points

Ways to cope with stress might include:

- recreation
- discussing certain problems with senior counsellors or fellow counsellors
- finding a quiet place to think
- meditation
- spending time alone
- relaxing
- joking
- prayer
- group meetings with other counsellors.

NOTES:

SECTION FIVE: Talking About Sensitive Subjects

Summary Of Scenario

In this scenario, Cheembo has scheduled a follow-up counselling session with a respected elder of his village who has AIDS. In the counselling session Cheembo wants to find out if his client, who has three wives, knows about preventing sexual transmission of HIV with condoms. Cheembo feels awkward discussing this sensitive subject, especially with this elder who has known Cheembo since he was a child. The client speaks little English, and Cheembo must talk about this sensitive subject in their local language. Cheembo is concerned about offending his client. When Cheembo mentions condoms, the client becomes very upset, feels disgraced and refuses to talk any longer.

Mutinta gives some suggestions for discussing sensitive subjects. She acknowledges that talking about sex and condoms is very difficult for her, especially with older men. But it does become easier with practice. She suggests that the counsellor ask the client's permission to discuss sensitive issues. This gives the client a choice and a feeling of control in the counselling session. Mutinta emphasizes the importance of getting to know the client and developing some trust before discussing sensitive issues.

Discussion Questions

As a large group, brainstorm responses to the following questions:

- List sensitive topics and situations which challenge you in AIDS counselling.
- What other techniques can make these challenges easier?

ACTIVITY 5.1: Where Do You Stand?

Purpose

To identify personal values about sex and to discuss these values with others.

Introduction

AIDS counselling involves discussing sensitive issues such as sexual practices and attitudes. All of us have strong personal feelings and beliefs about these issues. As AIDS counsellors we must always be aware of our own feelings, values, and prejudices because they can influence the way we counsel clients. Our clients may have values, attitudes, and practices different from our own. It is important that we learn to respect and tolerate differences so we can help our clients. It is also important that we learn not to make quick judgements about clients whose values are different from our own. In this activity we will be discussing our values about sex and sharing our opinions with our peers.

Time

30 to 60 minutes

Materials

Two signs which say: "AGREE" and "DISAGREE"

Procedure

1. Prepare two signs which say "AGREE," and "DISAGREE." Tape them on the walls on opposite sides of the room. (You may have to rearrange tables and chairs for this exercise.)
2. Since you will probably not have time to work with all of the statements listed below, choose the statements that you think are most relevant and/or controversial for the group.
3. Explain that you will read a series of statements about sex. After each statement is read, ask the participants to decide whether they agree or disagree with the statement. Participants who agree with the statement should stand under the "AGREE" sign; those who disagree should stand under the "DISAGREE" sign.
4. Participants can go to the middle of the room if they are undecided, but encourage them to choose an opinion.
5. Remind participants about the purpose of this activity. This activity is designed for participants to become more aware of their personal values related to sex. The activity also gives participants a chance to listen to different opinions and values from their colleagues. There are no right or wrong answers. The purpose is not to convince others of your values, but for everyone to listen to new or different ideas.

Activity 5.1 Continued

6. After you have read the statement and the participants have moved to opposite sides of the room, ask each participant to find a partner in their side of the room. Each person explains to his partner why he agrees or disagrees with the statement. This should take about 2 minutes. There should be no discussion. only listening to what the other person has to say.
7. Next, ask every person to find another partner, this time from the opposite side of the room. Repeat the same procedure.
8. Read the next statement and repeat this procedure. (You can vary the ways in which participants discuss their values with each other. For some statements you may ask them to only discuss their values with someone, or several people, from the opposite side of the room. For other statements you might ask people from both sides of the room to share their views with the group as a whole.)
9. Continue this activity until at least half of the statements have been read, or more if time allows.

Statements About Sex:

A) Parents should not allow their daughters as much sexual freedom as they allow their sons.
B) Children should be taught about sexually transmitted diseases (STDs) and AIDS at school.
C) It is okay to have sex just for pleasure.
D) It is okay for a man to have extramarital sex.
E) It is okay for a woman to have extramarital sex.
F) People who have HIV infection should not have sex.
G) It is more important for a man to be sexually satisfied than a woman.
H) Parents should teach their teenage children how to use condoms.
I) If a wife wants to use a condom for HIV prevention, but her husband does not, then the wife has a right to refuse sex with her husband.
J) It is O.K. for men to have sex with other men.
K) Talking to teenagers about sex encourages them to practice sex.
L) It is O.K. for parents to allow their sons to practice sex before they are married.
M) Traditional circumcision should be stopped to prevent HIV transmission.

(You may wish to use other controversial statements that are particularly appropriate in your area.)

Activity 5.1 Continued

10. Ask everyone to return to their seats. Discuss the following questions:
    - What surprised you?
    - How did you feel exposing your values to others?
    - What was it like to see that others disagreed with you? How did you feel?
    - How did it feel to listen to different views without trying to change others' opinions?
    - Did you change any of your views after listening to different ideas?
    - How might your values and attitudes bias AIDS counselling? What can you do to keep your values from influencing AIDS counselling in a negative way?

Summary Of Major Points

- AIDS counselling involves discussing sensitive issues which reflect personal values and attitudes.
- Our clients often have values, attitudes and practices that are different from our own.
- Our values and attitudes influence our work with clients.
- It is important to be aware of our own values, attitudes and prejudices so that we can keep them from interfering with AIDS counselling. Making snap judgements about our clients or showing disapproval may interfere with counselling.

NOTES

ACTIVITY 5.2: What Have I Been Taught About Sex?

Purpose

To identify learned beliefs, values and norms about sex and to discuss their impact on AIDS counselling.

Introduction

As children we all learned about sex from various people and from institutions. What we have been taught and how we have been taught influence our current behaviour and attitudes. Much of what people are taught about sex is negative or restrictive. This makes talking about sex and counselling clients about preventing sexual transmission of HIV very challenging and sensitive. In this activity we will discuss what and how we learned about sex as children and how these ideas influence our AIDS counselling now.

Time

45 minutes

Materials

Worksheets for each participant: "Learning About Sex" (page 36)
pencils

Procedure

1. Ask everyone to fill out the worksheet "Learning About Sex." For each question, list the two most important ideas about sex that you were taught when you were a child or adolescent.
2. Divide the group into small groups of 4 to 7 people. Ask participants to discuss what they wrote on their worksheet and explain whether they now agree or disagree with the ideas they were taught.
3. After 20 minutes, return to the large group. Discuss the following questions:
   - How are ideas about sex different for men and women?
   - Which are the most common negative ideas about sex?
   - Which ideas do you agree with now? Which ideas do you disagree with now?
   - How can these ideas affect our AIDS counselling? How may they affect the ways clients react in counselling? How may they affect the counsellor?

Activity 5.2 Continued

Summary Of Major Points

- We all learn about sex from various people and institutions. The ideas and values we were taught influence our behaviour and attitudes toward sex.
- Our clients' behaviour and attitudes also are influenced by what they have learned about sex. Often sexual taboos or restrictions taught in childhood inhibit clients from acknowledging high-risk behaviour or from discussing concerns openly. For example, if a young single woman has been taught that premarital sex is acceptable only for men, it may be hard for her to talk about sex in a counselling session, to admit she has been sexually active, or to be willing to learn about condoms. Counselling clients about sex and preventing sexual transmission of HIV becomes more challenging when negative or restrictive ideas about sex are influencing the client's behaviour and attitudes.
- Understanding our clients' values and beliefs about sex will help the counselling process.

NOTES

Learning About Sex

1. What did you learn about sex from your family?

_____

_____

2. What did you learn about sex from your peers?

_____

_____

3. What did you learn about sex from your religion?

_____

_____

4. What did you learn about sex from schools and teachers?

_____

_____

5. What did you learn about sex from music?

_____

_____

6. What else did you learn about sex and where did you learn it?

_____

_____

NOTES:

ACTIVITY 5.3: Talking About Safer Sex

Purpose

To identify the range of sexual behaviour practiced in the country and to practice discussing safer sex.

Introduction

Talking about safer sex and HIV prevention with clients requires that counsellors feel comfortable discussing a wide range of sexual behaviour. Most of us do not feel comfortable discussing such private issues with others, but with practice we can become more comfortable. It is also important for counsellors to develop skills in explaining HIV transmission and safer sex to clients. In this activity, we will discuss the range of sexual behaviour practiced in this country. We will also practice how to explain whether specific sexual practices are safe, fairly safe, or unsafe.

Time

60 minutes

Materials

Large paper, markers, tape, 3 x 5 cards or smaller pieces of paper.

Procedure

1. Ask participants to break into small groups of 4 to 7 people. Ask each group to brainstorm a list of all types of sexual behaviour practiced in their country. After 10 minutes ask someone from each group to read the list out loud. (You may want to do this portion of the exercise before a break period so that you will have time to prepare for the next step.)
2. Write each sexual behaviour mentioned on a separate 3 x 5 card or small piece of paper. (Write the following types of sexual behaviour on cards even if the group does not mention them: vaginal intercourse with a condom, anal intercourse with a condom, oral sex with a condom.)
3. At the front of the room, draw the following three categories on a chalk board or large piece of paper: SAFE, FAIRLY SAFE, NOT SAFE.
4. Give each person one of the cards with a sexual behaviour written on it.
5. Ask each person to take a turn coming to the front of the room. Each person should describe the sexual behaviour written on his card and decide which category it belongs in: Safe, Fairly Safe, or Not Safe. Then he should tape the card or write the behaviour on the chalkboard or large paper under the appropriate category. He should explain to the group why he placed the behaviour in that category.
6. Ask the rest of the group whether they agree. If they disagree, discuss, and come to a group decision.

Activity 5.3 Continued

Summary Of Major Points

- There is a wide range of sexual behaviour practiced in every culture, even though some behaviour is not socially acceptable.
- Feeling comfortable discussing sexual behaviour during AIDS counselling takes practice. When counsellors are comfortable discussing sex, clients will be more comfortable as well.
- Counsellors need to know about different sexual practices and their potential for transmitting HIV.

NOTES

ACTIVITY 5.4: Overcoming Objections To Condom Use

Purpose

To develop skills for counselling clients who object to using condoms.

Introduction

Many clients will object to using condoms for a variety of reasons. It is important that we learn to respond to their concerns, fears, and objections. In this activity we will develop counselling goals and action steps to help clients overcome objections to using condoms.

Time

60 minutes

Materials

Paper, pencils.

Procedure

1. Ask the group to brainstorm a list of the reasons clients might not want to use condoms.
2. Ask people to divide into small groups of 4. Explain that each group is to work with the objections on this list. (If the list is short, ask each group to work on the whole list. If the list is long, divide the list and give each group some of the objections.) Their task is to write one counselling goal and one possible action step for each objection listed.

   Examples:
   Obstacle: "I can't feel as much with a condom."
   Counselling goal: To help the client learn how much feeling is possible with a condom.
   Action: Demonstrate how much a person can feel with a condom on by asking the client to put a condom on his finger and rub his arm with his finger to feel the sensation.

   Obstacle: "HIV leaks through the condom."
   Counselling goal: To teach the client that HIV does not leak through unbroken condoms.
   Action: Acknowledge that this is a commonly held belief but that it is not true. Explain that condoms feel wet because many condoms are made with a lubricant to make them feel more natural and to help prevent breakage. Fill a condom with water and show the client that it does not leak.

NOTE: This exercise is adapted from *AIDS Prevention Through Correct Condom Use: A Training Workshop for Caribbean Health Care Providers*, developed by AIDSCOM and The Caribbean Epidemiology Center.

Activity 5.4 Continued

3. When the groups have finished developing their counselling goals and action steps, return to the large group. Read each item on the list. Ask each group to report its counselling goal and action step for that item. Repeat this until you have discussed the whole list.
4. Discuss the following questions:
   - What did you learn from this exercise?
   - What else might you need to do or say in the counselling session to help the client overcome his reasons for not wanting to use condoms?
   - How do you feel when clients do not want to use condoms?

Summary Of Major Points

- It is important for counsellors to respond to a client's specific concerns, fears and objections to using condoms.
- Condoms are new to many clients. They may need time, reassurance, and practice before they use condoms comfortably.
- Providing some practical steps helps clients start using condoms.

NOTES

ACTIVITY 5.5: Demonstrating Correct Condom Use

Purpose

To develop skills in teaching correct condom use to clients.

Introduction

Although many clients know about the benefits of condoms for HIV prevention, it is very important that clients also know how to use condoms properly. As counsellors, we are in a position to give clients this information. In this activity we will learn the steps to teaching our clients about using condoms correctly. We will also practice teaching this information.

Time

45 minutes

Materials

Condoms, demonstration models (rubber or wooden model of a penis, bottle, or banana), written condom instructions if available.

Procedure

1. Explain the purpose of this activity and its importance in providing accurate AIDS prevention information to clients.
2. Explain that you will be using a demonstration model to practice putting on and taking off a condom. Let people know that they may feel awkward using this model, but it is helpful in learning how to teach someone correct condom use. Remind people of the importance of having this information and skill, even if some counsellors' personal values or religious beliefs would prevent them from using condoms themselves.
3. Ask a volunteer to demonstrate the steps in putting on and taking off a condom. At the end of the demonstration, thank the volunteer and praise his demonstration.
4. Give feedback by doing an accurate demonstration, noting any mistakes made previously by the volunteer. Say and demonstrate each step listed below. Answer questions from the group.
5. Ask people to choose a partner. Pass out to each pair a condom, a cloth or paper for wiping their hands, and a model of penis. If there are no models available, use empty bottles. Ask each pair to take turns role playing a counsellor teaching a client to use condoms. The counsellor is to demonstrate correct condom use to the client and answer any questions.
6. When the role play is complete, discuss any difficulties the counsellor experienced talking about this sensitive issue. Be sure the participants know all the rules for using condoms. Remind the participants that talking about condoms and actually using condoms is easy once you know how.

Activity 5.5 Continued

Steps in putting on the condom:

- Open the condom package carefully; avoid sticking the condom with your nails or fingers.
- Take the condom out of the package.
- Place the condom on the erect penis before starting intercourse.
- Hold the top while rolling the condom down the penis.
- Leave space at the top and squeeze out any air at the tip.
- Unroll the condom to the base of the penis.

Steps in removing the condom:

- After ejaculation, the man should withdraw the penis while it is still erect so the condom will not slip off.
- Hold the condom at the base of the penis while withdrawing.
- Grip the tip of the condom to keep the semen pooled in the tip. Gently pull the condom off the penis.
- Avoid spilling any semen.
- Wrap the condom in paper or its own plastic packaging and throw it in the garbage or burn it.

Summary Of Major Points

- It is very important that clients who choose to use condoms for HIV prevention know how to use them properly.
- AIDS counsellors must be able to teach clients the steps for using condoms correctly and must learn to be comfortable in discussing this information in counselling sessions.

Counsellors may wish to try condoms with their own partners. Personal experience may make describing condom use easier.

NOTES

ACTIVITY 5.6: Role Plays: Talking About Sex

Purpose

To practice discussing sex with clients.

Introduction

Discussing the sensitive issue of sex with clients is uncomfortable and embarrassing for most of us. It can be even more challenging when counsellors raise these issues for the first time with clients who are not the same sex, who are older, or from a different social class or ethnic group. In order to feel more comfortable raising these issues, we need practice and time to share our skills and experiences with one another. In this activity, we will use the scenario, *Talking About Sensitive Subjects*, in the video to practice our skills in discussing sex with clients.

Time

40 minutes

Materials

None

Procedure

1. Ask participants to divide into pairs, with a man and a woman in each group (as much as possible.) Explain that each person will play both a counsellor and a client role.
2. Play the scenario, *Talking About Sensitive Subjects*, in the video. This dramatizes the counsellor Cheembo talking about condoms with an elder from his village. Stop the video after the older man leaves the counselling session.
3. Ask the men in each pair to play the role of this village elder. (If two women are paired together, ask one of the women to imagine and play the client role of the village elder's first wife.) The counsellor is to play him or herself, not Cheembo. The goal of the counselling session is to discuss HIV/AIDS prevention, safer sex and condom use with the client. For this role play, the client should not get up and walk out of the counselling session.
4. Begin the first role play. After 10 minutes, stop the role play and have each pair discuss what helped the counselling session and what made it difficult.
5. In the second role play, ask the pair to switch roles. Ask the women to imagine and play the role of the village elder's first wife. (If two women are paired together, ask them to repeat this role play.) The goal of the counselling session is the same as the first.

Activity 5.6 Continued

6. Begin the second role play. After 10 minutes, stop the role play and have each small group discuss what helped the counselling session and what made it difficult.
7. Return to the large group. Discuss the following questions:
   - How did you feel as the counsellor discussing the sensitive issue of sex?
   - In what ways did the gender and age of the counsellor affect the counselling sessions?
   - What strategies can counsellors use to address these issues of gender and age?
   - Which counselling techniques did you find most helpful?
   - What other techniques can you use to make this challenge easier?

Summary Of Major Points

Some techniques may help counsellors discuss sensitive issues with clients.

- Be patient. Discussing these issues gets easier with time and experience.
- Establish rapport with the client.
- Ask permission to discuss sensitive issues.
- Acknowledge that it is not usual for two people of different age, sex, and social class to talk about sex and condoms.
- Explain that you are discussing such personal matters for health reasons and for the benefit of the client and his family.
- Prepare the client before you start talking about very personal subjects. "We are going to talk about something very personal now."
- With the client's permission, enlist the help of others to discuss HIV transmission and sexual behaviour such as: other counsellors, family members, community members, co-workers, other people with HIV/AIDS.
- Become comfortable yourself talking about sex explicitly.
- Practice different ways to explain information.

NOTES

ACTIVITY 5.7: Role Plays: Talking About Death

Purpose

To practice raising and discussing the sensitive issue of death with clients.

Introduction

Discussing death with clients is difficult and often painful for most of us. In order to feel more comfortable raising this issue, we need practice and time to share our skills and experiences with one another. In this activity, we will use situations presented in the video to practice our skills in discussing death with clients.

Time

50 minutes

Materials

None

Procedure

1. Ask participants to divide into groups of three. Ask one person to play the role of the client, another the counsellor, and another the observer. Explain that each person will play each of the roles.
2. Instructions for the role play:

   CLIENT: Choose to play a role of one of the clients in the video. As an alternative, you may choose to play the role of one of the client's spouses (although you did not see them in the video.) Assume that time has passed for this client, he has become quite sick and may be close to dying. Tell your small group which role you are playing.

   COUNSELLOR: The client you will be counselling has become quite sick and may be close to dying. The counselling session should focus on the client's concerns about being very sick and close to death.

   OBSERVER: Observe the role play. Make note of the points when you thought either the counsellor or client felt uncomfortable, as well as what you thought worked well and what did not work as well.

3. Begin the first role play. After 5 to 10 minutes, stop the role play and ask each person to discuss what felt comfortable and uncomfortable about the counselling session Discuss also what each might do differently next time.
4. For the second and third role plays, repeat steps 2 and 3 with each member of the group changing roles.

Activity 5.7 Continued

5. After the 3 role plays, return to the large group. Discuss the following questions:
   - What helped you feel more comfortable in the role of the client discussing death?
   - What helped you feel more comfortable in the role of the counsellor discussing death?
   - Was it more difficult to discuss death with the sick client or with the client's spouse? Why do you think this was true?
   - What other counselling skills or approaches can you use when discussing death?

Summary Of Major Points

Some techniques which can help counsellors discuss sensitive issues with clients.

- Be patient. Comfort discussing these issues grows with experience and time.
- Establish rapport with the client.
- Ask permission to discuss sensitive issues.
- Acknowledge that it is not usual to discuss death and dying openly.
- Explain that the purpose of discussing such personal matters is to provide support and assistance to the client.
- With the client's permission, enlist the help of others such as other counsellors, family members, clergy, other people with AIDS to discuss the emotional and practical issues related to death and dying.
- Become comfortable yourself with talking about death explicitly.

NOTES

SECTION SIX: Breaking The News

Summary Of Scenario

In this scenario, the counsellor Mutinta has been asked to fill in for her colleague and give a positive test result to a client and her baby. The client reminds Mutinta of her younger sister. Then Mutinta finds out that the client's husband has left her. Mutinta's husband has also left her recently. Because of these similarities in their personal lives, Mutinta begins to feel sorry for the client. The client seems so depressed and desperate that Mutinta is afraid that she will try to kill herself after getting her HIV antibody test results. Consequently, Mutinta is unable to break the news to this client, even though the client is anxiously waiting for the test results.

Discussion Questions

As a large group, brainstorm responses to the following question:

- Define empathy.

Discuss responses and agree on a definition.

As a large group, continue brainstorming responses to the following questions:

- What is the difference between empathy and sympathy?
- What would a counsellor do and say to convey empathy? sympathy?
- Why is empathy an important aspect of AIDS counselling?

Summary Of Major Points

Definition of empathy

- to understand a person's feelings and experiences from his or her perspective
- an ability to communicate an understanding of the client's feelings and experiences.

Definition of sympathy

- feeling sorry for the client
- feeling so close to the client and his situation that the counselor is emotionally involved and cannot listen objectively and carefully to the client
- assuming the client will respond the same way you would.

What would a counsellor do and say to convey empathy? sympathy?

A counsellor conveys Empathy by:

- listening actively to what the client says
- listening actively to what the client does not say directly, but is suggesting or expressing non-verbally
- checking with the client to see if the counsellor's understanding of the client's feelings, thoughts, and attitudes are accurate
- keeping his personal problems out of the counselling session
- asking open-ended questions (questions which require more than a yes or no answer) to get more information from the client ("Can you tell me more about how you are feeling?").

A counsellor conveys Sympathy by:

- assuming you know what the client is feeling because you would react that way ("I know how you feel. I was in the same situation once.")
- avoiding difficult discussions with the client, such as breaking the news.
- telling the client about your similar experiences ("When I found out bad news, I felt really upset.")
- expressing pity toward the client.

Why is empathy an important part of AIDS counselling?

- The client feels that the counsellor has heard and understood him.
- The client feels respected and accepted.
- An empathetic response facilitates trust and rapport in the counselling relationship.
- Empathy helps the client make his own decisions.
- The client feels empowered and more in control of the counselling session.

ACTIVITY 6.1: Is It Sympathy Or Empathy?

Purpose

To identify the differences between sympathy and empathy.

Introduction

Developing and conveying empathy is one of the most important counselling skills we will use as AIDS counsellors. It is important that we clearly understand the difference between sympathy and empathy and how we convey each feeling. In this activity we will learn to distinguish the differences between sympathy and empathy more clearly.

Time

25 minutes

Materials

None

Procedure

1. Play the scenario *Breaking the News* for the group.
2. Ask for 2 volunteers to role play a counselling session in front of the group.
3. Take the volunteers aside and give them the following instructions separately.

   Instructions for the client: You are to play the role of the client in the scenario. The counsellor has already told you that your test result is positive. You have returned for a second counselling session and still feel very upset about the news.

   Instructions for the counsellor: You are to play the role of the counsellor in the scenario. You have already told your client that her test results are positive. She is now returning for a second visit with you. You are to counsel the client saying and doing things that are both empathetic and sympathetic. Use the brainstorming list for ideas about what to do or say. (Give the counsellor ideas about different things to do or say to convey empathy and sympathy. Examples of showing sympathy: giving advice to the client; using your own experience to guide the client; expressing anger or pity over the client's situation or in other ways responding emotionally; giving client your opinion about her situation, "I think it is terrible that your husband left you." Examples of showing empathy: encouraging the client to talk about her feelings; keeping the focus in the counselling session on the client, not on your emotions; listening actively and paraphrasing the client's feelings, "You feel angry with your husband because he is not giving you any money. Is that right?"; responding to your client's non-verbal communication, "Tell me how you're feeling. You look very sad.")

Activity 6.1 Continued

4. Ask the rest of the group to take out a piece of paper and to draw a line down the middle of the paper, making two columns: "empathy" and "sympathy." Instruct the group to take notes during the role play, writing down in the appropriate column, what the counsellor does or says that conveys either sympathy or empathy.
5. Start the role play and allow it to continue for 5 to 10 minutes. When it is finished, ask both the client and the counsellor to discuss how they felt in this counselling session when the counsellor communicated empathy or sympathy.
6. Ask the group to discuss what they observed. Discuss how empathy and sympathy affect the client and the counselling session.

Summary Of Major Points

Conveying empathy is an important counselling skill because it:

- helps the client feel that the counsellor has heard and understood him
- helps the client feel respected and accepted
- facilitates trust and rapport in the counselling relationship
- helps the client make his own decisions
- helps the client feel empowered and more in control of the counselling session.

NOTES

ACTIVITY 6.2: Empathy For A Different Point Of View

Purpose

To practice understanding a client's experience from his or her perspective.

Introduction

Many times our clients' situations remind us of our own feelings, situations or experience. Sometimes this makes us react positively to the client; other times we can have negative emotions such as anger. This is a natural and common human experience. As AIDS counsellors, we need to become aware of our tendencies to feel both positive and negative emotions for our clients and at the same time, develop the ability to feel empathy toward some aspect of all of our clients. In this activity we will examine our understanding of and our ability to develop empathy toward others.

Time

25 minutes

Materials

None

Procedure

1. Read the following story to the group:

   Isaac and Ann have been married for 7 years. They have three children, ages 5, 3 and a newborn. They met in secondary school and married soon after that. They love each other very much and have a good marriage. Isaac and Ann were very excited about the birth of their third child. They both would like to have an even larger family but had recently been discussing whether they would be able to afford to raise more children and send them all to school.

   Isaac works in a textile factory. He has been quite successful at work and has just been promoted to a senior manager position. Ann works as a secretary at a construction company and has stable employment.

   Ann suspects that Isaac has had some extra-marital affairs during the time they have been married, although they have never discussed it. Isaac is a devoted husband, father and provider and it is clear to Ann that he loves her, so his outside activities don't bother her much. Isaac has been involved with several other women since his marriage. Although Isaac knew about using condoms to prevent AIDS, he didn't think he needed to worry since the women he had seen were nice, clean women. Besides he did not see them more than a few times each.

Activity 6.2 Continued

Since the birth of their newborn, Isaac and Ann have been having problems. Ann has not been able to work for the past month. She has not been well after giving birth to their third child. The newborn child has also been ill. Both Ann and her baby have been to the doctor several times to try and find out why they are both sick. Yesterday, the test results came back. The doctor told Isaac and Ann that she and the baby have both tested HIV positive.

2. Ask the group to think about the position of both husband and wife and the events they are facing. Ask participants to decide whether they have more empathy for Isaac or Ann in this situation. Then ask them to write down some possible thoughts and feelings of the person they have chosen.
3. Next, ask all those who have more empathy for Isaac to go to one side of the room and those who have more empathy for Ann to go to the other side of the room.
4. Next, ask participants to find a partner from across the room and find a comfortable place to sit down. If there are not an equal number of people on each side of the room, some groups can have three people (2 from one side of the room and 1 from the other.)
5. Instruct the pairs (or groups of 3) that they are now to change roles. If they had more empathy for Ann, they are to take on the role of Isaac. If they had more empathy for Isaac, they are take on the role of Ann.
6. Now ask participants, in their new roles, to explain to the other what they are thinking and feeling. Give participants 5 to 10 minutes for this discussion.
7. Next, ask participants to step out of these roles and return to the person for whom they originally had more empathy. Using the thoughts and feelings they had written at the beginning of this exercise, ask each group to discuss why they had more empathy for one person than the other. Give groups 5 minutes for this discussion.
8. Return to the large group and discuss this exercise. Ask the group:
   - What did you learn by changing roles?
   - How did having more empathy for Isaac or Ann influence your empathy for the other?
   - Were you able to empathize with both sides?
   - What can help you develop empathy for clients, even when they trigger negative feelings in you because of your personal experiences?

Activity 6.2 Continued

Summary Of Major Points

- It is natural to feel empathy for some people more than others.
- It is also possible to develop empathy for clients even if you do not feel empathy for them naturally.
- As an AIDS counsellor, it is very important to develop the skill of empathizing with individuals whose behaviour and values are different from you own.
- Developing this skill involves several steps:
  —acknowledge your negative feelings toward the client
  —don't make automatic or quick judgements about him
  —listen actively to him and try to understand his feelings and see things from his perspective
  —focus on the client's feelings, not your own
  —discuss your feelings about the client with other counsellors.

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ACTIVITY 6.3: Breaking The News: Counsellors' Fears

Purpose

To discuss counsellors' fears about breaking the news.

Introduction

"Breaking the news," that is, telling a client he is infected with HIV, is a difficult and uncomfortable task for most counsellors. There are many reasons for this. Some are:

- The counsellor is inexperienced and not sure what to do or say.
- The counsellor does not understand the natural history of HIV and cannot explain clearly what a positive test result means.
- The counsellor always feels uncomfortable when people express anger openly.
- The counsellor or his spouse is infected with HIV. Breaking the news to a client reminds the counselor of his own problems.
- The counsellor does not know where to send the client for medical care or legal help.
- The counsellor is angry that so many people in his community are infected with HIV.

In this activity counsellors will discuss their fears and concerns about breaking the news.

Time

30 minutes

Materials

Large paper, 3 x 5 cards or small sheets of paper, pencils

Procedure

1. Ask participants to write on a card or small piece of paper the two things that worry them the most when they have to break the news to a client.
2. Collect the cards. Mix up the cards and give one to each participant. (Don't worry if a participant ends up with his own card.) Have each person read what is on his card. The trainer should list all the concerns on a chalkboard or large sheet of paper, eliminating duplications.
3. Explain that these fears and concerns can result from lack of knowledge, lack of skills, or the counsellor's emotions, attitudes or personal situation. It is important for participants to understand the basis of their fears or concerns. Some can be lessened if counsellors acquire more knowledge, or learn and practice new skills. When the counsellor's concerns result from his own situation or from personal feelings and attitudes, it is often best to discuss this with other AIDS counsellors and with senior counsellors.

Activity 6.3 Continued

4. On a large paper or a chalkboard, write the following as 3 separate headings:
   - Knowledge
   - Skills
   - Personal Issues
5. Ask each person to read aloud what is written on his card and decide whether this concern can be lessened by increasing knowledge, improving skills, or acknowledging the personal issues that may arise for the counsellor. The trainer should write the fear or concern being discussed under the appropriate heading. Some fears will be best addressed in two or three categories and should be listed in each.
6. Discuss how these fears or concerns affect the counselling session and how counsellors can best respond to their fears.

Summary Of Major Points

- Fears might include:
  —The client will commit suicide.
  —The client will walk out of the counselling session.
  —Clients will not come back for follow-up counselling or medical care.
  —The client will be angry at the person he thinks infected him and will try to hurt this person.
  —The client will knowingly try to infect others.
  —The client will get angry with the counsellor.
  —The counsellor will not know how to respond to extreme client reactions such as anger, depression, uncontrollable crying, or hopelessness.
- Breaking the news is a difficult and uncomfortable task for all of us. Sometimes it is difficult because it is so unfamiliar and the counsellor does not have enough knowledge or skill to carry out the task. Other times, breaking the news is difficult because the counsellor gets personally involved with the client or because the counsellor feels that he cannot help the client.
- Frequently, counsellors' fears lessen after they have had a chance to practice breaking the news. They gain confidence with experience and begin to develop a wide range of responses to clients.

ACTIVITY 6.4: Breaking The News: Practicing Skills

Purpose

To practice breaking the news and develop a range of counselling skills to respond to clients.

Introduction

For most AIDS counsellors, learning to feel comfortable breaking the news takes a lot of experience and practice. In this activity we will discuss and practice a range of counselling skills to respond to various client reactions.

Time

2 hours

Materials

Large paper, markers, tape

Procedure

1. Divide the group into small groups of 4 to 5 people. Give them instructions for the entire activity before they begin.
2. Ask each small group to make the following lists and record them on large paper:
   - all the things a counsellor might do or say to prepare a client for a positive test result
   - all the things the counsellor might say and do to break the news
   - all the things the client might say or do when he hears the news
   - all the things the counsellor can say or do to respond to the client's reactions.

   Give small groups approximately 20 minutes for this section.
3. After approximately 20 minutes, ask the groups to move on to the role plays where they will be practicing breaking the news. Each person will have a turn to play the role of counsellor and client. The role plays will be done in front of their small group.
   CLIENT ROLE: Select one or two of the possible client reactions from your group's list. Each person in the client role should try to select different reactions so that you have practice with as many reactions as possible.
   COUNSELLOR ROLE: Using suggestions from your group's list about preparing the client for the news and responding to the client's reaction, break the news of a positive test result to this client.

Activity 6.4 Continued

During each role play, the rest of the group should write down the counsellor responses that seem most effective and those that do not seem to be very effective. The observers can also make note of other things the counsellor might say or do for a specific client reaction.

4. Trainers should stop the first role play after 10 minutes. Small groups should spend the next 5 minutes discussing the counsellor responses which seemed most effective. After 5 minutes, start the groups on the second role play. Continue this process until the groups have completed 4 to 5 role plays.
5. Ask the groups to return to the lists they started with and add anything they discovered during the role plays. Next, ask them to circle or star all the things that a counsellor might do or say that are most effective in preparing the client, breaking the news, and responding to the client's reactions.
6. Before returning to the large group, ask everyone to hang their lists around the room for all to see. Give the participants time to read all the lists. Ask participants to discuss what they learned during the role plays, especially the counsellor responses that seemed most effective.

Summary Of Major Points

Pre-test counselling helps prepare the client for the next session when the counsellor must break the news. It should include:

- Information about the HIV antibody test, the meaning of the test result, how HIV is transmitted, and how to prevent transmission.
- Discussion about how a positive test result will affect the client's emotions, work, family, and behaviour. Counsellors may ask:
  —"What are your expectations about the test results?"
  —"What would a positive test mean for you?"
  —"What changes will you make in your life if your test results are positive?"
  —"What would a negative test mean for you?"
  —"What changes will you make in your life if your test results are negative?"
- Discussion of coping strategies that the client has used in other stressful situations and how to use these strategies while waiting for the test results or for coping with a positive test result. Counsellors may ask:
  —"What are you going to do while you are waiting for test results?"
  —"What plans have you made to tell anyone that you had the test done?"
  —"Who will you tell about your results?"
- Discussion about confidentiality and testing procedures.
- Consent to being tested.

Activity 6.4 Continued

What a counsellor might do or say to prepare a client for a positive test result:

- If no pre-test counselling session has taken place, the counsellor should find out what the client knows about the antibody test and provide some information.
- Remind the client what was discussed during the pre-test counselling session.
- Get to know the client better.
- Establish trust and rapport.
- Ask if the client has any questions.
- Do not overload the client with factual information about AIDS. Tell him only what he needs to know to protect himself and others.

What a counsellor might say and do to break the news:

- Look the client in the eye.
- Tell the client directly and simply. ("Your blood test results for HIV antibodies came back. Your results are positive. This means you are infected with the virus that causes AIDS.")
- Let there be silence after the client hears the news if it seems he needs time to absorb the information.
- Don't make excuses or try to soften the blow ("Your test result is positive but you shouldn't worry now.")

What the client might say or do when he hears the news:

- be very angry
- assume he will die immediately
- be very depressed and hopeless
- cry uncontrollably
- become very anxious
- refuse to believe that the test result is positive
- walk out of the counselling session
- say he wants to kill himself
- say he wants to hurt the person he thinks infected him
- threaten to try to infect others
- show no reaction at all.

What can the counsellor say or do to respond to the client?

- Remain calm.
- Provide structure through guided questions.
- Allow the client to express emotions—anger, hopelessness, grief, fear—without saying or doing anything except listening actively.
- Explore the client's feelings. ("Can you tell me more about what you're feeling?")

Activity 6.4 Continued

- Acknowledge and validate the feelings. ("I understand why you would feel so angry that you want to hurt your partner. Can you tell me more about how you are feeling?" Discuss the actual intent of hurting the partner, "Please, tell me what you are thinking of doing.")
- Let the client know that his reactions are normal. ("Your feelings are very natural. Many people feel this way at first.")
- Let the client know that his or her reactions are likely to change after the initial shock of learning this news. ("I know this news is very shocking and upsetting. Many people are terribly upset when they first learn that they are HIV positive. But over time, people begin to have very different feelings. They are able to continuing working and being with their families.")
- Ask the client not to leave the counselling session. ("I know you are feeling very upset, and I understand why you might want to leave the room. But I think there are some things we can discuss that might help you feel a little better. I'd like you to stay for a little longer. Can you do that?")
- If the client insists on leaving the session, make a follow-up appointment. ("If you really must leave right away, I would like you to come back and visit me tomorrow morning at 10. Would you be willing to do that?")
- Find out what the client's life was like before the crisis (work, family, personality) and how he coped with other crises.
- Find out how much support the client might expect from family, friends, and co-workers.
- Summarize your assessment of the situation and acknowledge your appreciation of the seriousness of the crisis feelings. ("I understand how you feel so anxious and upset as a result of this news. Let's review what we have talked about during this session, and discuss what you might do next.")
- Select one aspect on which to begin work, preferably involving a task that the client can accomplish with your support. ("One of the first concerns you mentioned was how to discuss this news with your wife. Let's talk about different ways you can raise this issue with her.")
- Agree on what is to be done to resolve or ease the crisis. ("So, what you have decided to do is to bring your wife in to see me, and we will discuss this news together. Is that right? Let's set an appointment for this meeting.")

Activity 6.4 Continued

How can the counsellor tell if the client is likely to try to hurt himself or others?

- The client tells the counsellor directly.
- The client tells the counsellor he cannot take care of himself or accomplish even the simplest tasks, like getting dressed in the morning.
- The client is feeling very depressed and hopeless.
- The client is thinking about suicide.
- The client has a specific plan for killing himself.
- The client has a history of suicide attempts or violence toward others.
- The client is isolated and has very little support from others.
- The client has recently experienced losses or other traumatic events.
- The client is having difficulty sleeping and eating.
- The client has lost interest in daily activities.
- The client abuses alcohol or drugs.

NOTES

SECTION SEVEN: Other Challenges

Purpose

To discuss and problem-solve other challenges counsellors face in AIDS counselling.

Introduction

During this workshop, we have explored many challenges you face as AIDS counsellors. Now it is time to return to the list of challenges we made as a group earlier during the video, and see if there are other challenges we still need to discuss.

Time

60 minutes

Materials

None

Procedure

1. Return to the list you made in Section 2 of challenges you have experienced in AIDS counselling. Ask the group if they have other challenges to add to the list. Review the list and check off those challenges which were already addressed in the video and related activities. If there are more than 3 challenges remaining on the list, take a vote to select the 3 challenges the group would like to focus on.
2. Once the 3 challenges are selected, ask the person who raised the challenge to explain the situation in a little more detail. Ask the person to describe the situation and respond to the following questions:
   - How did you feel?
   - How did you react?
   - How did the client react?
3. Divide the group into 3 groups. Either assign one challenge to each group OR ask those individuals who would like to work on challenge 1 to go to the front of the room, challenge 2 to the middle of the room and challenge 3 to the back of the room.
4. Explain that each group is to discuss possible ways to respond in this situation and decide on the best way as a group. They will then be asked to act out the situation for the rest of the large group. Depending upon the size of the 3 groups, not everyone will participate in the acting out of the situation. Give the groups approximately 20 minutes to plan their presentation.
5. Ask each group to take a turn and act out their scenario. After each presentation, spend time discussing the way they handled the situation. As a group, explore other options for handling the situation. Repeat this procedure for each group's presentation.

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