

# HIV Prevention, Treatment, Care and Support - A Training Package for Community Volunteers

## Module 5



## COMMUNITY-BASED COUNSELLING



Southern Africa  
HIV/AIDS Information  
Dissemination Service



World Health  
Organization



International Federation  
of Red Cross and Red Crescent Societies

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# Introduction

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Module Five: Community-Based Counselling aims to provide CBVs with the knowledge and skills to effectively counsel clients, families, and children through exploration of the following topics:

- What is Counselling?
- Basic Counselling Issues
- The Counselling Process
- Counselling Children Affected by HIV and AIDS

Materials to be used in this module:

1. Module Five: Community-Based Counselling (this module)
2. Participants Handbook
3. Facilitator's Guide
4. Evaluation Tools Manual

Training time for this module is approximately 12 hours 30 minutes.

For a detailed discussion on the training methodology, evaluation techniques and glossary of important terms used for this module, facilitators should refer to the Facilitator's Guide.

The evaluation tools used in this module include:

## Evaluation of Module Content

1. Participants Evaluation
2. Facilitator Evaluation

## Participant Evaluation Tools:

1. Pre and Post Test Questionnaire
2. Demonstration of Core Skills

Upon completion of this module, participants should demonstrate the following core skills:

1. Refer clients and families to appropriate services to meet counselling needs. **Session One; Tool Four**
2. Demonstrate the ability to conduct a counselling session with clients during a home visit, using the 5 As. **Session 3; Tool 5.**
3. Demonstrate the ability to effectively communicate with children of different ages affected by HIV and AIDS. **Session 4; Tool 7.**

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# 1 Session One : What is Counselling?

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**Purpose:** The purpose of Session One is to develop an understanding of what counselling means and the role of CBVs in HIV and AIDS counselling

**Objectives:**

By the end of this session, CBVs should be able to:

1. Describe what counselling is and is not and why it is important for PLWHA in their community
2. Discuss issues of confidentiality CBVs may face in their community and how they can be dealt with
3. Discuss common counselling needs for PLWHA
4. Refer clients and families to appropriate services to meet counselling needs.
5. Demonstrate an understanding of the role of CBVs in HIV and AIDS counselling.

**Duration:** 2 hours

**Required Materials:** Flipchart, markers.

**Recommended Preparation:**

- During arrangement of training, the facilitator should ask each participant to bring an 'inventory of services' available to PLWHA in their community to the first day of training for Module 5, for use in Tool Four.

Objective	Content	Time	Methodology
Describe what counselling is and is not and why it is important for PLWHA in their community	1. What is counselling?	20 minutes	Mini Lecture  Tool One (A): Group Activity
Discuss issues of confidentiality CBVs may face in their community and how they can be dealt with	2. HIV and AIDS counselling	1 hour	Mini Lecture  Tool Two: PART A (PS): Group Discussion PART B (ST): Role Play
Discuss common counselling needs for PLWHA			Mini Lecture  Tool Three (A): Group Discussion
Refer clients and families to appropriate services to meet counselling needs			Tool Four: PART A (K): Group Discussion  Part B (ST): Role Play
Demonstrate an understanding of the role of CBVs in HIV and AIDS counselling.	3. The Role of CBVs in Counselling	30 minutes	Mini Lecture  Tool Five (K): Group Activity

# 1. What is Counselling? (20 minutes with Tool 1)

**Counselling** is a confidential dialogue that involves an interpersonal relationship between a person or a group of people seeking help on a problem(s), and someone to assist in solving the problem.

When CBVs counsel clients, families, or others in their community they should have a good understanding of what counselling is and is not.



## Tool 1: Counselling is....is not

On a flipchart create two columns entitled “Counselling Is...” and “Counselling Is NOT....” similar to the one below.

Ask CBVs to give examples of what they feel counselling is and is not.

Fill in any answers that have not been provided from the chart below.

Counselling Is...	Counselling Is NOT....
<ul style="list-style-type: none"><li>Establishing helping relationships</li></ul>	<ul style="list-style-type: none"><li>Telling clients what to do</li></ul>
<ul style="list-style-type: none"><li>Having conversations that have a purpose</li></ul>	<ul style="list-style-type: none"><li>Making decisions on behalf of a client</li></ul>
<ul style="list-style-type: none"><li>Listening attentively to what a client has to say</li></ul>	<ul style="list-style-type: none"><li>Judging or blaming</li></ul>
<ul style="list-style-type: none"><li>Giving correct and appropriate information</li></ul>	<ul style="list-style-type: none"><li>Interrogating or looking for faults</li></ul>
<ul style="list-style-type: none"><li>Helping clients tell their story</li></ul>	<ul style="list-style-type: none"><li>Preaching or lecturing</li></ul>
<ul style="list-style-type: none"><li>Helping recognise and build strengths</li></ul>	<ul style="list-style-type: none"><li>Making promises you can't keep</li></ul>
<ul style="list-style-type: none"><li>Helping develop a positive attitude</li></ul>	<ul style="list-style-type: none"><li>Imposing your own beliefs</li></ul>
<ul style="list-style-type: none"><li>Helping make informed decisions</li></ul>	<ul style="list-style-type: none"><li>Arguing with clients</li></ul>



## 2. HIV and AIDS Counselling (1 hour)

### a) Why is HIV and AIDS Counselling important? (30 minutes with Tool 2)

In addition to needing assistance with treatment and to manage symptoms of illness, PLWHA also have psychological and social needs. If a person does not feel good about themselves or is unable to make important decisions that affect their own health and the health of others, they are unlikely to seek out the treatment that is needed (such as ART) or live a positive lifestyle.

When people have problems, they usually talk to close friends and family. HIV and AIDS create a host of problems for PLWHA that may make this process ineffective (friends and family may not have the information available to help solve the problem, stigma and discrimination in some communities may discourage PLWHA to speak openly about their illness). This is why counselling is a very important part of caring for PLWHA.

**Confidentiality** between a client and the Counsellor is very important in HIV and AIDS counselling. Confidentiality means that any information shared is not revealed to anyone else. While stigma and misinformation about HIV and AIDS still exist, PLWHA will need trusted and knowledgeable people to talk to without fear or shame.

#### Tool 2: Problem Solving Barriers to Confidentiality



**PART A:** As a group, have participants identify any barriers to confidentiality they may face in providing counselling in their community. As a group develop strategies for overcoming these barriers.

Barriers to confidentiality in your community may or may not include:

- Lack of privacy (linked to close living quarters, high density areas)
- Stigma surrounding HIV and AIDS
- Issues of disclosure (providing counselling to a client living with HIV who has not disclosed his or her status)

**PART B:** Divide participants into pairs and have each role-play how they would overcome barriers to confidentiality with a client in need of counselling using the strategies developed as a group.





### c) Common Counselling Needs for PLWHA (30 minutes with Tool 3 and 4)



#### Tool 3: Why is Counselling Important for PLWHA in your community?

As a group, discuss specific reasons why PLWHA may need counselling in your community (for example, stigma or lack of accurate information on HIV and AIDS).

Each of the modules in the Training Package addresses various types of counselling that CBVs can provide to their clients. CBVs are not expected to be experts on counselling but they should be experts in referring their clients to appropriate services in the community.

Depending on the stage of their disease, experience with illness and social support, PLWHA may have different counselling needs at different points on the continuum of care. Write each of the points below on a flipchart entitled “Possible Counselling Needs for PLWHA”

#### Some common counselling needs for PLWHA:

- **Pre and Post Test Counselling:** counselling required to encourage people to know their HIV status and make use of HIV testing and counselling services
- **Relationships:** HIV and AIDS can cause problems for people in relationships with their loved ones, family and friends. PLWHA may need counselling on coping with the effects of illness, shame, guilt and anger in relationships
- **Living with uncertainty:** finding out you are HIV positive raises a lot of questions. PLWHA may need counselling to help them deal with uncertainty about what HIV will mean for their health and their future
- **Discrimination and rejection:** PLWHA may need support and counselling if they face discrimination or rejection in their community due to their HIV status
- **HIV care options:** PLWHA will need help to learn all they can about how to care for themselves with HIV. Care options include positive living, proper nutrition and ART.
- **ART adherence:** once they begin ART, PLWHA will need counselling on how to adhere to their ART regimen and how to overcome any barriers to adherence
- **Pregnancy:** PLWHA may need to discuss sensitive issues about pregnancy, including the likelihood of transmitting HIV to the child and the use of ARVs during pregnancy
- **Infant feeding:** HIV positive mothers will need counselling on how to breast feed their baby without transmitting HIV
- **Sex and sexuality:** Just because someone is HIV positive, it does not mean he/she should not have a healthy sex life. PLWHA may need to be counselled on 'safer sex' practices, the use of condoms or disclosing their HIV status to partners
- **Coping with illness:** being sick can raise a great deal of fear and anxiety in anyone, whether they are HIV positive or not. Because PLWHA often experience a number of different symptoms during the course of their illness, they may need counselling on how to cope with illness and live positively.

- **Fear, loneliness, guilt, shame, and blame:** because of stigma and discrimination, PLWHA often feel many negative emotions when discovering that they are HIV positive or as they try to cope with illness
- **Coping with loss:** PLWHA can suffer many losses. They can lose their health, their jobs, their financial security, or friends or partners to HIV and AIDS related illness. Future planning issues, such as property inheritance and guardianship of children, are part of coping with loss. Counsellors can help PLWHA discuss loss and help make important decisions that minimise losses to HIV and AIDS
- **Denial:** PLWHA may not want to believe that they are sick or can pass on HIV to others. Denial puts both PLWHA (who may not access health care) and others (through transmission of HIV) at risk. Counsellors can help PLWHA to accept their status and live positively
- **Death, dying and bereavement:** If PLWHA become terminally ill, they may require counselling about understanding and accepting death and dying. Families of PLWHA may require counselling following the death of a loved one.

In addition to HIV and AIDS counselling issues, CBVs should also be aware of other counselling needs for special populations in the community.

Provide the following examples of special populations that will require counselling:

- Rape or assault victims
- Victims of domestic violence
- Sex workers
- Pregnant women who do not know their HIV status
- Individuals with substance abuse problems (alcoholics, Injecting drug users (IDUs))
- Individuals not coping with the death of a loved one
- People in need of medical attention for specific conditions (sexually transmitted infections (STIs), TB, etc.)
- Those at risk or vulnerable to HIV infection

**Ask** what other special groups in your community do participants feel may need counselling?

Write answers on a flipchart and ensure they are referred to in the following exercise: Counselling and Referral.

#### Tool 4: Counselling and Referral

##### PART A:

As a group, develop a list of organisations and institutions in your community that CBVs could refer clients and their families to if faced with a counselling issue they do not feel qualified to address.

##### PART B:

Based on the list of common counselling needs for PLWHA and special populations, divide participants into pairs and have each pair role play where they would refer clients showing a need for each form of counselling.

**Facilitator's Note:** Facilitators should record the list of appropriate referrals for each counselling need for use in measuring core skills at the end of the module.



### 3. The Role of CBVs in Counselling (30 minutes with Tool 5)

The many reasons why PLWHA may need counselling can feel overwhelming. To make the idea of counselling a more 'approachable' task, CBVs should agree upon the role of CBVs to provide counselling in the context of HIV, AIDS and ART:

#### a) The Purpose of HIV and AIDS Counselling

**The purpose of counselling in the context of HIV, AIDS and ART is to provide:**

- 1) **Psychological Support:** Help clients cope with the emotions and challenges they face when diagnosed with HIV and thereafter
- 2) **ART Preparation and Adherence Support:** Prepare and support clients who want to begin or are taking ART and to motivate them to be adherent.
- 3) **Prevention Support:** Help clients to make choices about Positive Prevention to avoid becoming re-infected or transmitting HIV to others.
- 4) **Support for Positive Living:** Help clients make choices and decisions that will prolong their life and improve their quality of life.

#### Tool 5: Role of CBVs in HIV and AIDS Counselling



Now that CBVs know the goals of HIV and AIDS counselling they will be better able to prepare themselves by thinking of ways they can achieve these goals through community-based counselling.

Divide participants into four groups. Provide each group with one goal of HIV and AIDS counselling:

Group One: Psychosocial support

Group Two: ART preparation and adherence support.

Group Three: Prevention Support

Group Four: Support for Positive Living

Ask each group to list ways in which CBVs can reach each goal.

Have each group present its goals

# 2 Session Two: Basic Counselling Issues

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**Purpose:** The purpose of Session Two is to explore attributes of an effective counsellor and issues surrounding counselling that CBVs should consider.

**Objectives:**

By the end of this session, CBVs should be able to:

1. Discuss counselling issues that may affect the relationship between CBV and his/her client
2. Describe the characteristics of an effective counsellor
3. Demonstrate counselling skills
4. Demonstrate the ability to apply counselling skills during a session with clients.

**Duration:** 3 hours 30 minutes

**Required Materials:** Flipchart, markers, handouts

**Recommended Preparation:**

- Make copies of the 'An Effective Counsellor Is...' Handout 5-1 for distribution in Tool Two.
- Make copies of the 'Judgement Cards' Handout 5-2 for use in Tool Four.
- Make copies of the 'Case Studies of Basic Counselling Issues' in Handout 5-3 for distribution in Tool Seven.

Objective	Content	Time	Methodology
Discuss basic counselling issues that may affect the relationship between CBV and his/her client.	1. Issues Influencing Counselling Work	1 hour	Mini Lecture  Tool One (PS): Group Activity
Describe the characteristics of an effective counsellor	2. An Effective Counsellor Is...	20 minutes	Mini Lecture  Tool Two (K): Group Activity
Demonstrate Effective Counselling Skills	3. Demonstrating Skills of Effective Counsellors	2 hours 40 minutes	Mini Lectures  Tool Three (ST): Role Play*Listening  Tool Four (K): Matc hing Game*Questioning  Tool Five (ST): Role Play*Empathy  Tool Six (A): Role Play*Judgements
Demonstrate the ability to apply effective counselling skills during a session with clients.			Tool Seven (ST): Case Study and Role Play

# 1. Issues Influencing Counselling Work (1 hour)

For counselling, CBVs should develop a good relationship with their clients. Part of developing good relationships is understanding different issues that can affect the way clients and their counsellor may feel towards one another.

## Tool 1: Community-Specific Counselling Issues



Make a flipchart entitled 'Counselling Issues' and write each heading below on the chart:

1. Counsellor/client relationship
2. Personal values, beliefs and attitudes
3. Culture
4. Religion
5. Gender
6. The Counselling Environment
7. The Life Cycle

After each explanation engage participants in a discussion of local conditions, traditional practices or religious considerations that could affect each of these issues in your community. After local conditions have been identified develop strategies for how CBVs should appropriately deal with each of these issues while providing counselling in the community.

### a) The Counsellor/Client Relationship (10 minutes)

The **counsellor/client relationship** involves issues of how the counsellor and client interact. There are many factors that can affect the counsellor/client relationship including:

- Showing **respect** for your client. Respect is a very important element of support, if you do not respect your client (or if your client feels that you do not respect him/her), open and honest discussions will be difficult.
- **Clarify your role** as a counsellor with your client. Ensure your client understands the 'boundaries' of community-based counselling to prevent any confusion over what you can or cannot offer
- **Do not take sides** in any conflict
- **Maintain confidentiality**. Your client must feel that he/she can trust you with his/her most private thoughts
- **Be aware of differences** in power or status. The relationship between a counsellor and client should be equal. Counsellors should not make their clients feel lesser or beneath them
- **Avoid advising close friends or relatives**. There may be issues regarding family conflict or confidentiality when counselling someone that is very close to you. Try to avoid that.
- **Empower your client** as opposed to making him/her dependant on you. The purpose of counselling is not to become 'the only person' a client can talk to or trust, but to help him/her improve his/her relationships.

**Remember to discuss local conditions for each issue.**

## **b) Personal values, beliefs and attitudes (10 minutes)**

We all have values and beliefs and as CBVs it is important not to impose our own values and beliefs onto our clients. Our values will have come from our experiences and will change at different points in our lives. This is the same for our clients.

The following exercise allows participants to see how differently people can feel about the same things.

Read from the list below, writing each heading on a flipchart.

- A comfortable life
- An exciting life
- Freedom
- Happiness
- Health
- Inner harmony
- Affection from immediate family and friends
- Self respect
- A sense of accomplishment
- Social recognition and leadership.



**Ask participants to think of their lives and what is important to them.**

**Ask them to list** the points in order of priority starting with 1 as the top priority and 10 as the lowest.

Allow 2-3 minutes and then ask them to share with a partner for 2 or 3 minutes.

**Ask what we can learn.**

These issues are important to all of us. We may rank them differently at different times in our lives. What I value is not necessarily the same as what you value. Our clients may have different priorities from us. It is important not to make assumptions or to impose our own values on to our clients.

## **c) Culture (10 minutes)**

**Culture** can be defined as the beliefs, practices or values of a group of people. It is important for CBVs to respect the culture of the client.

### **Important things to remember about culture in counselling:**

- Culture **changes with time** and practices or traditions that may seem out-dated or harmful now, had a function in the past
- It is not a counsellors role to tell clients that their cultural practices are “wrong”, but to help them think about how these practices may be helping or hurting their lives or the lives of others in the present.
- Counsellors should consider what cultural practices of their client they might need to address prior to counselling.



#### d) Religion (10 minutes)

Religious beliefs can be a very important part of the lives of both counsellors and their clients. While CBVs are encouraged to openly practise their own religious beliefs, they should not interfere with how they counsel their clients.

It is important for CBVs to acknowledge and accept that different religions have different views on topics such as:

- Contraception
- Arranged marriage
- Condom use
- Medical treatment
- HIV testing
- Abortion
- Male circumcision.



If a CBV feels that he/she cannot ignore the differences in religious beliefs he/she may have with the client, they should refer the client to another counsellor.

#### e) Gender (5 minutes)

CBVs should always consider how the gender of their client may affect counselling. Men and women play very different roles in many communities and this may help clients to discuss certain issues or may make certain issues difficult to discuss openly.

CBVs should also consider the impact of *their own* gender upon counselling. For example the ability of men to discuss certain issues with men, the ability of women to openly discuss issues of sexuality or abuse with men or women. If a CBV feels that the gender of the counsellor/client may affect the success of counselling, he or she should refer their client to a counsellor of the opposite sex.

#### f) The Counselling Environment (10 minutes)

The counselling environment plays a big role in the ability of the client to relax and speak openly with the counsellor. If possible, counselling sessions should not be conducted in crowded homes or in busy hospitals or clinics.

#### g) Life Cycle (5 minutes)

The **life cycle** refers to different times in a person's life when that person will have different needs, concerns and ways of coping with problems.

CBVs should consider the stage in life that their client is in before beginning counselling. If different from their own stage in life, CBVs should try to imagine or remember what specific needs they have that may require support.

## 2. An Effective Counsellor is... (20 minutes with Tool 2)

Not everyone can be an effective counsellor. It is important that participants explore their own feelings about counselling and whether or not they feel capable of being an effective counsellor. CBVs should feel free to express their discomfort in taking on the role of counselling. It should be highlighted that counselling training, (including counselling skills and exploring counselling issues) can help to provide CBVs with the skills and confidence necessary to be an effective counsellor.



### Tool 2: An Effective Counsellor Is:

Ask participants to list traits of a good counsellor. Write answers provided down on a flipchart.

Distribute copies of the 'An Effective counsellor Is...' Handout 5-1 and ask participants to identify which characteristic of effective counsellors each of the items on their list fall into. Ask participants to keep this handout ready for use throughout this session.





## An Effective Counsellor is...

<b>A good listener</b>	Doesn't interrupt, allows silences, does not speak before listening, let them see you are listening by nodding, maintaining eye contact and asking questions
<b>A friendly person</b>	Warm, welcoming, listens to feelings.
<b>Interested</b>	Asks appropriate questions, does not interrogate, listens, remembers, makes relevant comments, gives relevant information, understanding is as important as advice.
<b>Well informed</b>	Has good information, gives correct information, checks if is unsure, refers when does not know.
<b>Non judgmental</b>	Doesn't make assumptions, does not categorise people, doesn't evaluate, does not put their own values, treats all people equally.
<b>Empathetic</b>	This means that you put yourself where the client is, that you are ready to understand how it is for them. Phrases such as, "Tell me how it made you feel" are useful. The clients will feel that you understand how things are for them.

## 3. Demonstrating Skills of Effective Counsellors

### (2 Hours 40 minutes)

The first step in becoming an effective counsellor is to understand the characteristics of effective counsellors. The second step is for participants to demonstrate each of these characteristics.

#### a) Empathy (30 minutes with Tool 3)

**Empathy** is trying to understand a situation from another person's point of view and showing that you care. Empathy is like trying to walk in the shoes of your client and imagine what his/her life and problems are like.

Empathy is different from sympathy. Sympathy is 'feeling sorry' for your client and expressing pity for their situation.

Empathy increases your client's strength whilst sympathy makes him/her feel helpless.



Showing empathy for a client during counselling is a skill that is very important to learn. Empathy makes people feel understood and that they are not alone.

### Ways CBVs should NOT try to express empathy:

- By talking about your own experiences or problems with your client
- By saying things like “Poor you” or “I feel sorry for you” - that is sympathy.
- Becoming so involved in your client's problems that you lose the ability to counsel effectively and begin 'taking sides' in his/her life.

### Ways CBVs should express empathy:

- By saying things like “That must have been a very difficult experience” or “I can imagine you felt very sad”
- By assisting clients to take control over their problems by developing action plans and referring to services in the community that might help them



### Tool 3: Demonstrating the Difference Between Empathy and Sympathy

PART A: Divide participants into pairs. Have each pair role play an empathetic and sympathetic response in the following counselling situation:

Client says, *I have been told that I am HIV positive and I don't know what to do.*

PART B: Choose one pair and ask them to demonstrate their role play of empathetic and sympathetic responses.

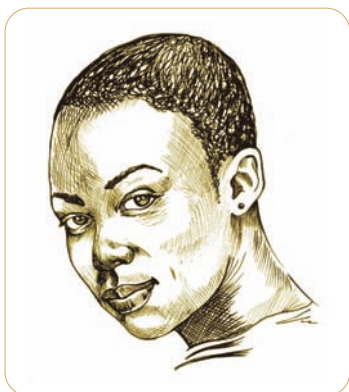
**Facilitator's Note:** If participants are having difficulty distinguishing between empathy and sympathy provide the following clues:

*Empathetic response:* It sounds as if you are having a hard time. It is good that we are talking about this because we can discuss ways that you feel you can take control over this issue (such as referral to a support group, disclosing their status to their partner, information on community resources available for PLWHA).

*Sympathetic response:* Poor you, it is terrible to be HIV positive. I don't know what you should do but at least I am here for you.

## b) Being Non-Judgmental (20 minutes with Tool 4)

If a person is non-judgmental, they do not judge or criticise others. They do not make assumptions, categorise people, evaluate other people's lives, or put their own values onto others. People who are non-judgmental treat all people equally.



PLWHA have been judged harshly in many societies. It is therefore important that CBVs treat all clients equally and accept each client regardless of what their background or experience may be.

However, we have all learnt to judge other people as good or bad. CBVs need to be aware of their own judgements if they are going to put them aside.

CBVs need to remember that anyone can be affected by HIV and AIDS. No person “deserves” illness and all PLWHA need care, support and acceptance. Regardless of who they are or how they became infected, everyone living with HIV deserves respect.

## Tool 4: How We Make Judgments About Others

**PART A:** Distribute the cut out 'roles' of the judgment cards from handout 5-2. If there are more participants than cards, provide multiple individuals with the same card or develop additional roles that are relevant to your community and culture.

Ask participants to pin their card to their shirt and to walk around the room greeting others.

**PART B:** As a group, ask participants to describe their attitudes to the following questions:

1. How did it feel to play that role?
2. Do you feel your role affected how others greeted you?
3. Did you greet others differently because of the role they were playing?

**Facilitator's Note:** During group discussions ensure the following points are addressed:

- We all judge others
- We often judge people by labelling them as good or bad
- We are also judged by other people because of who we are
- We are all hurt by other people's judgements.

Finally, hold a brief discussion of how participants feel they can be non-judgmental while counselling their clients and interacting with others in the community.

## c) Good Listening Skills (20 minutes with Tool 5)



**Active listening** is paying close attention to what a client is telling you, and showing the client that you are paying attention. It is 'active' because it involves letting the client know you are listening. Active listening is very important because a client will not be willing to talk openly with a counsellor if he/she feels not being listened to.

Active listening can involve many different 'cues' that a counsellor gives their client to show they are listening. Depending on the culture of a community, there may be some proper (nodding head, or giving verbal encouragement) and improper methods of active listening (eye contact).

CBVs should consider the most appropriate methods of active listening for their culture and client:

What shows you are listening	What shows you are not listening
Facing the client	Looking away or around the room
Looking at the client when he or she speaks	Being distracted
Nodding	Not acknowledging what is being said
Smiling or frowning appropriately	Fidgeting
Being calm	Writing notes, finding papers
Being patient	Interrupting the client

## Tool 5: Demonstrating Listening Skills

Divide participants into pairs ask each pair to conduct a role-play demonstrating good and bad listening skills on the following topic:

- A client who is describing a positive experience of disclosing their HIV status to their partner.

Ensure that each participant plays the role of demonstrating both good and bad listening skills.

At the end of the role play, ask the group the following questions

1. What did it feel like to be listened to?
2. What did it feel like to not be listened to?
3. What did you do to show you were listening?
4. What did you do to show you were not listening?
5. Were you able to talk when you were not listened to?



### d) Questioning (1 Hour 30 minutes with Tools 6 and 7)

**Questioning** is a counselling skill that helps counsellors to understand their client's situation, and can determine the quality of information a counsellor receives from his/her client.

Questioning involves asking clients questions about:

- Who?
- What?
- When?
- Where?
- Why?

## Dos and Don'ts of Questioning

DO	Example
<b>Ask one question at a time</b> <b>Asking one question at a time allows the client to tell you his/her own story without confusion</b>	How are you feeling today?  NOT  How are you feeling today, are you sad?
<b>Look at the person when speaking if this is culturally appropriate</b>	Looking into a person's eyes when you ask, "How do you think you could discuss safer sex with your husband?"  NOT  Looking at the floor or ceiling and asking the same question- it may make the client feel he/she should be embarrassed or ashamed
<b>Ask simple and clear questions</b> <b>Ask questions with as few words as possible.</b>	Why do you think you are afraid?  NOT  You say you are fearful, do you think you are afraid, what from?
<b>Ask questions that help clients expand on a thought or feeling</b>	Client says, 'I have felt sad today.'  CBV helps expand on feeling by asking, 'What has made you feel sad?'
<b>Repeat a question if necessary</b>	If a client does not respond to a question, try re-wording the question or repeating it
<b>Allow the client to respond before speaking again</b>	DO NOT interrupt clients or change the topic before he/she has answered your first question



## Types of Questions:

### 1. Open Questions

**Open Questions** are questions that require more than a one-word answer. Open questions open up a conversation and allow clients to talk about their situation in detail.

For example, Why might using a condom be difficult for you and your partner?  
Or, How do you think you will tell your partner you are HIV positive?

Open questions are good because they encourage the client to explain his/her situation and feelings more clearly. An easy way to remember open questions is that they usually start with 'What', 'Why' or 'How'.

### 2. Closed Questions

**Closed Questions** are questions which require a one-word, often 'yes' or 'no', answer only.

For example, Do you use a condom every time you have sex?  
or,  
Have you disclosed your HIV status to your partner?

CBVs should try not to use closed questions when opening up a counselling session as they do not require the client to think about how he/she feels or to describe his/her own experience. Closed questions can be used to gather specific information needed for certain times in counselling.

For example, Do you have children?  
Where do you live?  
How old are you?

### 3. Checking Questions

**Checking Questions** allow counsellors to find out how much a client has understood and what topics need further information or explanation.

For example, What are important things to remember about when to take your medications?  
What actions have we agreed upon today?

### 4. Leading Questions

**Leading Questions** are questions in which a counsellor guides (or leads) the client to give him/her an answer that he/she wants to hear. These questions usually involve judgement of some kind regarding an inappropriate, or 'wrong,' answer.

For example, You use a condom every time you have sex, don't you?  
or,  
You will tell you partner about your HIV status soon, won't you?

CBVs should not use leading questions to explore issues with the client. Leading questions can damage the counsellor/client relationship by making the client feel afraid or ashamed of speaking truthfully with a CBV about problems or challenges he/she faces.



## Tool 6 : Question Types Matching Game

PART A: Divide participants into four groups. Have each group develop one question for each question type (open, closed, checking, leading). Questions should reflect those that would be appropriate while they counsel a client on the following topic:

- Safer sex

Have each group write down their questions on a separate card without providing the answer.

PART B: Once each group has written out their four questions, have groups swap their cards (i.e., group one gives to group two; group two to group three and so on). Create headings for each question type and have each group match their question cards under the appropriate heading.

Review answers together and give one point to each group for every correctly matched question. The group with the most points at the end of the game wins.

**Facilitator's Note:** The facilitator should close the activity by asking the group to identify any additional questions that would be appropriate while counselling clients on safer sex.



## Tool 7: Practicing Basic counselling

Now that CBVs have had an opportunity to learn about counselling issues, such as what makes an effective counsellor, counselling skills and issues in their community that may affect the counsellor/client relationship, it is now time to practice the use of these skills.

Divide participants into three groups. Distribute copies of the case studies of basic counselling issues from Handout 2-3.

Ask members of each group to briefly conduct role-plays on how they would communicate with this client, taking basic counselling issues into account. After practicing, have one pair from each group present a presentation of their case study.

**Facilitator's Note:** Where appropriate, each role play should address the following aspects:

### Counselling Skills:

- Listening
- Questioning
- Empathy
- Non-Judgmental

### Counselling Issues:

- Counsellor/client relationship
- Personal values, beliefs and attitudes
- Culture
- Religion
- Gender
- Counselling Environment
- Life Cycle

Participants are encouraged to replace “X”, “Y” and “Z” with commonly used local names during their role plays.

**Group One:**

X is a young girl of 25. She has been involved in the commercial sex trade for seven years. X has recently discovered that she is HIV positive, though she has been suffering from HIV-related illnesses for quite some time. She has approached her local clinic about receiving ARVs, but tells you that she will continue to engage in transactional sex as this is her only way of earning income. X has no parents and a young brother to support.

**Group Two:**

Y is a 35 year old man. He is in a polygamous marriage (has more than one wife) and has been living with HIV for 3 years. He does not believe in using condoms and continues to have sex with his wives, who have not been tested for HIV. He feels that women should be at home with the children and should never challenge a man for any reason.

**Group Three:**

Z is a grandmother of 60 years. Her daughter has died of AIDS related illness and she is now caring for her 5 young children in a very small home.

Z's younger sons also live in the house. Z's husband also died recently of AIDS related-illness and Z herself is HIV positive.

# 3 Session Three: The Counselling Process

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**Purpose:** The purpose of Session Three is to conduct practical role-plays on how a counselling session should be conducted.

**Objectives:**

1. Demonstrate the 5 steps of conducting a successful counselling session (Prepare Yourself, Prepare the Counselling Environment, Beginning the Session, Conducting the Session and Ending the Session).
2. Demonstrate the ability to counsel clients and families effectively.

**Duration:** 3 hours

**Required Materials:** Flipchart, markers.

**Recommended Preparation:**

- Make copies of the '5 Steps in the Counselling Process' in Handout 5-4 for distribution at the beginning of the session.
- Make copies of the Case Study in Handout 5-5 for distribution during Tool 3

<b>Objective</b>	<b>Content</b>	<b>Time</b>	<b>Methodology</b>
Demonstrate the 5 steps of conducting a successful counselling session	STEP ONE: Prepare Yourself	10 minutes	Mini Lecture
	STEP TWO: Prepare the Counselling Environment	25 minutes	Mini Lecture Tool One (K): Demonstration
	STEP THREE: Beginning the Session	30 minutes	Mini Lecture Tool Two (K): Demonstration
	STEP FOUR: Conducting the Session	40 minutes	Mini Lecture Tool Three (K): Case Study and Role Play
	STEP FIVE: Ending the Session	20 minutes	Mini Lecture Tool Four (K): Demonstration
Demonstrate the ability to counsel clients and families effectively.	PRACTICAL SESSION: Demonstrating Good and Bad Counselling	1 hour	Tool Five (ST): Group Role Play and Discussion

In the previous session, we explored the characteristics of an effective counsellor. It is now important that CBVs learn to put their skills to practice within the counselling process, and demonstrate the ability to conduct a counselling session.

A **counselling process** involves steps that CBVs can take to prepare, begin, conduct and end a successful counselling session. CBVs are encouraged to use good judgement to change any parts of the counselling session to suit their community and client.

**The 5 Steps towards a successful counselling process:**

1. Prepare Yourself
2. Prepare the counselling environment
3. Beginning the Session
4. Conducting the Session
5. Ending the Session.

**Facilitator's Note:** Distribute Handout 5-4, 'Five Steps of a Counselling Process' to participants and review as a group.



## **STEP ONE: Prepare Yourself (10 minutes)**

The more prepared a CBV is for a counselling session, the greater the chances that it will go well. Because clients will be looking to you for assistance in dealing with the most important issues in their lives, CBVs should treat counselling sessions with the seriousness and respect they deserve.

### Ways that CBVs can prepare for a counselling session:

- **Know how much time you have for the session** before you arrive at a client's home
- **Know when you are available for your next appointment** before you begin. Have a list of dates ready that you can discuss with your client.
- **Do not bring personal problems into the counselling session.** Clients and their families will need you to be strong during the counselling session. If you need help with a problem, seek out support from other CBVs or support groups, but not from your client
- **Look and feel presentable.** Do not go to a counselling session if you are feeling ill or unable to present yourself to your client in a positive way
- **Read over your notes from previous sessions** to remember where you left off and important issues to follow-up
- **Bring any information or relevant materials** your client has requested with you, to bring the session.
- **Bring a pen and paper for taking notes.**

## STEP TWO: Prepare the Counselling Environment

### (25 minutes with Tool 1)

The counselling environment 'sets the stage' for the counselling session. Before you begin, you should try and create an environment in your location that will make the client feel relaxed.

### Ways CBVs can prepare the counselling environment:

- **Remove any distractions** from the room (disconnect or turn off radios, telephones, cell-phones or computers)
- **Arrange chairs, stools or mats at an angle a comfortable distance** apart so that seating is relaxed and informal. Do not sit too close or too far apart. Do not sit directly facing one another.
- Do not sit with any 'barriers' between you such as desks or tables
- Place a sign on the door ("Do not disturb") or request that family members **do not disturb** you
- **Have objects you will need during the counselling session within reaching distance** (information booklets, drinking water, tissues, condoms)
- Do everything possible to **ensure privacy** during the counselling session.

#### Tool 1: Preparing the Counselling Session

Ask for one volunteer from the group. Have him/her use resources available in the room to prepare the best counselling environment possible.

After he/she is finished, have the class discuss any additional ways how the environment could be improved for counselling.





## STEP THREE: Beginning the Session (30 minutes with Tool 2)

Beginning the counselling session is when CBVs 'set the tone' for how the session will be conducted. Beginning the session presents an opportunity for CBVs and their clients to create a set of ground rules for counselling.

### Ways that CBVs can effectively begin a counselling session:

- **Greet your client**, ask him/her how he/she is feeling and if there are any particular issues he/she would like to discuss in today's session.
- **Agree on how long** the session will last
- **Agree on the language** to be used in the session
- Explain that everything said within the session will **remain confidential** unless the client has specific friends or family members with whom they would like to share confidentiality. **Shared confidentiality** is sharing certain information with people chosen by the client. The client must agree and consent to sharing confidential information with others. If the client chooses, you can engage in couples, group or family counselling to help resolve issues.
- **Explain your role** as a counsellor
- Ask for your **client's permission to take notes** (but never take notes while your client is speaking.)
- **Agree with your client what you can expect** from one another during counselling.

### Tool 2: Beginning a Counselling Session

Ask for two volunteers from the group to demonstrate how to begin a counselling session. Provide guidance by reminding volunteers of the points listed under section 4.



## STEP FOUR: Conducting the Session – a visit with clients (40 minutes with Tool 3)

The 5 A's are a series of steps that can be used in visits with all clients.

- ASSESS:** questions asked about their health, family, situation, history
- ADVISE:** information given about the illness, healthy living, prevention,
- AGREE:** agreements made between the CBV and the client.
- ASSIST:** discussions about how to manage difficulties.
- ARRANGE:** actions the CBV takes, such as arranging another appointment, identifying support groups, referring onwards, and giving condoms.

The 5 A's will structure the work that CBVs do with their clients.

- ASSESS:** ***“What would you like to talk about today?”***  
Ask about their health or concerns.  
Check the client's knowledge, beliefs or behaviours.
- ADVISE** ***“I have some information about... would you like to hear it?”***  
Using non-judgmental language to give correct information about their illness, the risks they might be taking, the benefits of treatments, positive living, etc.  
Provide options.
- AGREE** ***“Among the options we've discussed, what would you like to do?”***  
Help the client decide what they want to do by discussing the possible advantages and disadvantages of each option. Help them select from the options discussed. Ensure that the decisions are clear, measurable and limited in number. The goals must be within the client's direct control.
- ASSIST** ***“What problems might arise when you follow this plan?”***  
Help by providing written information or adherence equipment such as pillboxes or calendars. Help clients predict possible barriers to implementing their plans. Link to available support such as peer support or group education sessions.
- ARRANGE** ***“I would like to see you again (specific date if possible) to find out how you are doing.”***  
Arrange follow up appointments and links to group support. Give a written record of dates for meetings. Record what happened during the visit.

### Tool 3: Conducting a visit with a client

Distribute copies of the case study located on Handout 5-5. Divide participants in five groups, and assign each group one of the 5 A's (Assess, Advise, Agree, Assist, Arrange). Based on the case study, each group should role-play how they would conduct the assigned step.

#### Case Study:

X has been your client for one month. You have had 3 visits with her, during which she described her struggles in dealing with HIV and AIDS. In your last session, X prioritised her main problems as 1) Adhering to her ART regimen; 2) Coping with feelings of shame for being HIV positive, and 3) finding school fees for her children.

Facilitator's Note: Ensure participants conducting the role-play encompass only those aspects of conducting a counselling session that are related to their step.

**ASSESS:** questions asked about their health, family, situation, history

**ADVISE:** information given about the illness, healthy living, prevention,

**AGREE:** agreements made between the CBV and the client.

**ASSIST:** discussions about how to manage difficulties.

**ARRANGE:** actions the CBV takes, such as arranging another appointment, identifying support groups, referring onwards, and giving condoms.

## STEP FIVE: Ending the Session (20 minutes)

Ending the counselling session is an important opportunity for CBVs to help their clients feel positive and empowered to work on problems discussed.

### Important steps for ending a Counselling session:

- **Summarise** what has been discussed and review your client's "action plan"
- **Ask the client how he/she felt about the session** and ways he/she feels it could be made better next time
- **Ask the client if he/she has any questions**
- **Acknowledge the client's contribution to the session.** Congratulate him/her for progress made in developing solutions to his/her problems or discussing a sensitive issue openly and honestly
- **Set a date** for the next home visit
- **Make referrals or discuss information resources** that may have been discussed in the session
- **Accompany your client to the door** while engaging in positive, social talk

### Tool 4: Ending A Counselling Session

Ask two volunteers from the group. Using the same case study from Tool 3, ask volunteers to demonstrate how to end their counselling session with X (one CBV as the counsellor, and one as X).

Ask CBVs if there are any other issues about conducting a counselling session they would like to discuss.



## PRACTICAL SESSION: Demonstrating Good and Bad Counselling (1 hour with Tool 5)

Throughout this module, participants have explored what makes an effective counsellor. It is now time for participants to show their skills by giving a demonstration of 'good' and 'bad' counselling using the knowledge and skills they have gained.



## Tool 5: Identifying Good and Bad Counselling Skills

Divide participants into two groups. Using their 'An Effective counsellor is...' and '5 steps in effective counselling process' handouts, ask one group to develop a demonstration of a good counselling session and the other to develop a demonstration of a bad counselling session using the following case study:

Your client is a 40 year old man who tested positive for HIV four years ago. Recently he has begun feeling unwell with fever and a cough that has not gone away. He has made an appointment to see a health worker about this. He also wants to talk more about safer sex. He has always used a condom but now has a girlfriend who is also HIV positive and he wants to know if he can stop using condoms. She says she doesn't like them, and they are also very expensive.

Have each group present their example of a good or bad counselling session. After each presentation, have remaining participants identify "Why" this represented a good or bad counselling session. In providing their answers, participants should address the following questions:

- **What counselling skills were done well? Which were done poorly?**
  - Listening skills
  - Questioning skills
  - Non-judgemental
  - Empathy
  - Counsellor/client relationship
  - Personal values, beliefs and attitudes
  - Culture
  - Religion
  - Gender
  - Counselling Environment
  - Life Cycle
- **Did the group follow the five steps in the counselling process, did they:**
  - Prepare themselves
  - Prepare the counselling environment
  - Begin the session properly
  - Conduct the session using the 5 A's
  - End the session properly
- **Was the information provided in the counselling session accurate?**
  - Explaining the concept of re-infection of HIV and importance of safer sex.
  - Exploring barriers to condom use and developing an action plan for overcoming barriers.
  - Referral to services in the community that might assist the client.

**Facilitator's Note:** When using this activity for assessment of core skills at the end of this module, facilitators should play the role of the client and ask participants to demonstrate a GOOD counselling process. Facilitators can use the checklist above to assess the participants' success (identifying specific elements critical to demonstrating skill for this role play).

# 4

## Session Four: Counselling Children Affected by HIV and AIDS

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**Purpose:** The purpose of Session Four is provide participants with knowledge and skills to counsel with children affected by HIV and AIDS.

**Objectives:**

By the end of this session, CBVs should be able to:

1. Demonstrate an awareness of how HIV and AIDS affect children in your community.
2. Problem-solve barriers faced by children in your community to communicating their experiences and emotions.
3. Demonstrate knowledge on the possible emotions experienced by children affected by HIV and AIDS.
4. Identify age appropriate activities for 'joining' children in a counselling session.
5. Demonstrate the ability to effectively counsel children affected by HIV and AIDS.

**Duration: 4 hours**

**Required Materials:** Flipchart, markers.

**Recommended Preparation:**

- Make copies of Handout 5-6 'Tools for Communicating with Children' for distribution in Section 2.
- Make copies of Handout 5-7 'Ways that CBVs Can Help Children Deal with Emotions' For distribution in Section Three.

<b>Objective</b>	<b>Content</b>	<b>Time</b>	<b>Methodology</b>
Demonstrate an awareness of how HIV and AIDS affect children in your community.	1. How Children Are Affected by HIV and AIDS	20 minutes	Mini Lecture  Tool One (K): Group Discussion
Problem solve barriers faced by children in your community to communicating their experiences and emotions.	2. Counselling for Children Affected by HIV and AIDS	1 hour 30 minutes	Mini Lecture  Tool Two (A): Self reflection and group discussion  Tool Three (PS): Group Activity  Tool Four (ST): Role Play
Demonstrate knowledge on the possible emotions experienced by children affected by HIV and AIDS	3. Emotional Responses of Children Affected by HIV and AIDS	1 hour	Mini Lecture  Tool Five (K): Group Discussion
Identify age appropriate activities for 'joining' children in a counselling session	4. The counselling Process for Children of Different Ages	1 hour	Mini Lecture  Tool Six (K): Group Discussion
Demonstrate the ability to effectively counsel children affected by HIV and AIDS			Tool Seven (ST): Role Play



In previous sessions, we have explored how CBVs can assist adult clients with counselling. While many of the same principles apply to counselling for children and adults, the needs and age level of children require special consideration for counselling.

## 1. How Children Are Affected by HIV and AIDS

(20 minutes with Tool One)

### Tool 1: How Children Are Affected by HIV and AIDS in Your Community



As a group, explore the ways that children are affected by HIV and AIDS in your community, and how these affects may increase the need for counselling and other support. Write answers down on a flipchart.

**Facilitator's Note:** Review responses given with those below, and add any not provided to your list.

Children do not need to be ill, or to have HIV or AIDS to be affected by it.

The following are just some of the ways that children can be affected by HIV and AIDS that may require counselling:

- **The sickness of a parent.** Most children are unhappy when one of their parents is ill, no matter what is wrong with them. Younger children in particular may be very upset by changes in routine caused by a parent's illness. The pressure of coping with HIV or AIDS may also affect the way parents treat their children.
- **Caring for a sick parent.** In many families, older children help to care for their sick parents and raise younger siblings. The increased responsibility from caring for a sick parent may leave little time for schoolwork or play. Many children, particularly girls, drop out of school completely.
- **Economic impact of a sick parent.** Poor housing, poor health, lack of access to health services and lack of education are common in families affected by HIV and AIDS. Many children may turn to illegal work such as sex work or child labour to assist in providing financial support to the family.
- **The stigma of HIV and AIDS.** Children are severely affected by stigma associated to HIV and AIDS. Secrecy and stigma attached to HIV and AIDS make it more difficult for children to deal with the illness of parents.
- **Dealing with the death of a parent.** The death of a parent is always shocking and traumatising for children, regardless of their age. The impact of the death of a parent will often affect the emotional, social and financial well-being of children.
- **Being infected themselves.** Children who are infected with HIV will likely notice that they are sick more often than other children and feel "different" whether or not they are aware of their HIV status. The aches and pains caused by opportunistic infections can be very difficult for children to cope with. The schooling of children who are HIV positive is often negatively affected from absence due to illness.

## 2. Counselling Children Affected by HIV and AIDS (1 hour 30 minutes)

Children affected by HIV and AIDS require support through counselling in the same way, and perhaps more so, than their parents and caregivers.

The do's and don'ts of counselling are the same for children as for adults and should be briefly reviewed.

Counselling for Children Includes	Counselling for Children does NOT Include
Establishing helping relationships with children	Making decisions on behalf of children
Helping children tell their story	Judging children
Listening attentively to children	Interrogating children
Giving children correct and appropriate information	Blaming children
Helping children make informed decisions	Preaching, lecturing or arguing with children
Helping children recognise and build on their strengths	Making promises you can't keep
Helping children develop a positive attitude towards life	Imposing your own beliefs on children

### Tool 2: The Idea of 'the child' in Your Community



What a child is and the way in which children are treated are very different from place to place. It is important for participants to explore their own ideas about what a child is before discussing counselling for children.

Ask participants to sit quietly and consider the following questions to themselves:

- How “old” is a child in your community? (i.e., birth-18, birth-10)
- What roles and responsibilities do children have in your community?
- Are there any special situations in your community that should be taken into account when discussing children?

Allow participants a few minutes to think about each question and discuss as a group, writing important points down on a flipchart.

## a) Counselling with Children (30 minutes with Tool 3)

The do's and don'ts of counselling are pretty much the same for people of any age, though some areas are different when counselling young clients. For example, children often find it difficult to recognise the specific fears and emotions they are experiencing, let alone describe them with words. For this reason, CBVs should be equipped with practical ways to communicate with children that are effective for young clients.

During counselling, children should never be forced to tell their 'story'. If children are unwilling or unable to communicate about their situation, there will be good reasons why that is the case.

Reasons why children have difficulty communicating may include:

- Traditions or customs that pose barriers to their counselling. For example, some cultures forbid children to disagree with adults.
- Children may feel embarrassed or ashamed to discuss topics related to HIV and AIDS with adults, because it relates to taboo subjects for children, such as sex.
- Children may be too young to put their feelings or experiences into words. The age of a child client must always be considered.
- Children often fear hurting those they love or disrespecting their parents. For example, they might hide their feelings to protect their parents, particularly if parents are sick or unhappy.

### Tool 3: Communicating with Children in Your Community



PART A: As a group, identify any specific aspects of your culture or community setting that might make it difficult for children to communicate their experiences or emotions, specific to HIV and AIDS.

PART B: Review each of the specific aspects identified in Part A, and problem solve how CBVs can assist children to communicate more comfortably during counselling.

## b) Tools for Communicating with Children (1 hour)

CBVs should help children overcome barriers to counselling and to communicate freely. As a starting point, CBVs need to meet children at **their level** using creative and non-threatening methods to explore sensitive issues.

Distribute the 'Tools for Communicating with Children' Handout 5-6.

Examples of tools for communicating with children include:

### 1) Drawing (10 minutes)

Drawing allows children to communicate their emotional state without having to put it into words. When using drawing as a counselling tool with children, CBVs should:

- Give the child different materials to use such as pencils, pens and paints.
- Ask the children to draw something related to what you would like them to explore. For example, ask them to “Draw a picture of your family having fun” or “Draw a picture of something that makes you angry”.
- Gently follow up by asking children to describe what is happening in their drawing.
- Use 'open' questions to encourage children to talk more about they have drawn and why. For example, “How do the people in the drawing feel about what is happening?”



### 2) Storytelling (30 minutes with Tool 4)

Children tend not to like lots of direct questions or long lectures. Often, listening to a story about someone in a similar position can be very comforting. Stories can give children a sense of being understood and not being alone. A story can act use as a useful tool for **problem solving** issues related to their own situation.

When using storytelling as a counselling tool, CBVs should:

- Use a familiar, culturally appropriate story, fable or folktale to convey a message to the child, perhaps using animals to represent humans.
- Avoid using real names or events.
- At the end of the story, encourage the child to talk about what happened. For example, ask about the message of the story to confirm the child has understood its relevance.
- If helpful, ask the child to make up their own story based on a topic that you give them. For example, “Tell me a story about a little girl who was very sad”.

## Tool 4 Demonstrating Storytelling as a Counselling Tool

Divide participants into pairs and have them practice using storytelling as a counselling tool for children. Have each pair role play telling a short story to a child client to address the following topic:

- How illness of a parent can be difficult for children.

**Facilitator's Note:** Encourage participants to be as creative as possible in creating their stories. Ensure stories do not use real names or places, and that the person playing the role of CBV encourages the child to discuss their feelings about the story.



### 3) Drama (10 minutes)

Just as with adults, drama or role playing is an excellent way for children, their friends, siblings and family members to raise issues they want to communicate with others, but find difficult to discuss directly.

When using drama as a counselling tool, CBVs should:

- Give children a topic to perform that is related to issues you want to explore with them. For example, “A day in my life”.
- After the performance, encourage the child to discuss what happened in the drama and what issues came up.
- Ask questions to explore specific areas such as “What was the happiest/saddest part of the day?”

### 4) Play (10 minutes)

Adults often think play serves no purpose, but play is an important way that children explore their feelings about events and make sense of the world. When children play, much of their activity involves imitation and acting out, which helps us to understand the types of emotions they are experiencing.



When using play as a counselling tool, CBVs should:

- Give the child a variety of play materials, including simple everyday objects (boxes, strings, sticks) and toys (cars, dolls, human and animal figures).
- Ask the children to show you parts of their life using the play materials. For example, “Show me what you like to do with your family”. While the child is using the objects to *show you*, you can ask him or her to also *tell you* what is happening.
- Follow and observe what the child is doing and **do not** take over the play. To check that you have understood what the child is communicating, make comments. For example, “I see the mommy doll is so sick she cannot get out of bed” and see if the child agrees.
- If the child gets stuck and cannot proceed further, ask him or her questions such as “What is going to happen next” or “Tell me about this person”. Such questions can help the child to continue.

## 3. Emotional Responses of Children Affected by HIV and AIDS

### (1 hour with Tool 5)

As discussed at the beginning of this session, HIV and AIDS can affect children in many ways. It is useful for CBVs to understand the different ways that children might react to the arrival or return of HIV and AIDS in their family and how CBVs can assist through counselling.

Common emotions experienced by children affected by HIV and AIDS are:

- Denial
- Blame
- Guilt
- Anger
- Fear and Shock
- Social Effects



## Tool 5: Exploring Emotions in Your Community

Ask participants to discuss specific situations surrounding HIV and AIDS that could contribute to the following emotions in children:

- Denial
- Blame
- Guilt
- Anger
- Fear and Shock
- Social Effects

Address each of the issues raised in your discussion of how CBVs can help children with these emotions through counselling.

After the discussion, distribute copies of the 'How CBVs can help Children with Emotions' Handout 5-7.

### a) Denial (10 minutes)

**Denial** is when someone chooses to ignore or disbelieve the facts. Denial is often a temporary coping mechanism in reaction to an HIV positive test result as the person does not want to accept the reality of the situation. For example, if a parent has tested positive, the child may pretend nothing has happened as they do not want to face that their parent might become sick or die.

CBVs can help children with denial through counselling by:

- Accepting the child's denial and allow the child time to accept any news they may find unpleasant or frightening
- Explore any underlying fears that may be causing the child's denial.
- Acknowledge the child's fears and explain that these are normal.
- Reinforce the child's knowledge about HIV and AIDS by giving information in a simple manner.
- Whoever is HIV positive in the family, educate the child and family on how to live positively by eating well, exercising and ensuring early treatment of infections.
- When children are ready, refer them to peer support groups or other relevant resources in the community.

### b) Blame (10 minutes)

People often look for others to blame about HIV and AIDS by asking such questions such as "Who is responsible?" or "Whose fault is it?" For example, children might blame their father for infecting their mother (or vice versa).

While blame is a natural response, it can have negative effects within families and communities. CBVs counselling a child who is blaming others should:

- Explore the reasons why the child is blaming others.
- Give accurate and age-appropriate information about how HIV is and is not transmitted.
- Encourage the child to focus on the future and positive living, rather than things that happened in the past that cannot be changed.
- Help the child and the family to communicate openly with each other, rather than keeping feelings of blame bottled up inside.
- Explore what other sources of support are available to the child, such as the extended family, school or community group.

### c) Guilt (10 minutes)

Children often feel they are responsible in some way when bad things happen. For example, young children might feel they did something to cause their parents to be HIV positive. Or HIV positive children might feel guilt if they became infected through forced sexual activity. Guilt can lead children and adults to delay disclosing their HIV status, and avoid taking steps to live positively.

CBVs counselling a child showing guilt should:

- Allow the child to freely express any feelings of guilt and explore the reasons behind those feelings.
- Give accurate and age appropriate information about how HIV is and is not transmitted.
- Help children to share their problems with their family so they do not feel isolated.
- Allow children to work through their feelings of guilt at their own pace, while feeling supported and safe.

### d) Anger (10 minutes)

Anger is a natural reaction when we are unhappy with a situation and want to change it. Anger can be expressed outwardly or inwardly. For example, children may show their anger through aggression or blame, and others may turn their anger on themselves and engage in self-destructive behaviours.

CBVs counselling a child showing anger should:

- Recognise that anger is a normal and understandable reaction
- Allow children to express feelings of anger freely and explore the thoughts and feelings behind their anger
- Suggest practical ways for children and their family to express anger safely. For example, crying, hitting a pillow, drawing a picture, role-playing their emotions.

### e) Fear and Shock (10 minutes)

**Fear** is a survival instinct that we use to cope with a threatening situation. Children are often very scared by ideas of illness and death, particularly if they are related to their parents.

**Shock** is another coping mechanism that we use to protect ourselves and is often associated with feelings of numbness, confusion and weakness. For example, a child who has been told that they are HIV positive might show shock by behaving as if nothing has happened.

When counselling children showing signs of shock or anger, CBVs should:

- Encourage children to talk about their fears and reassure them that it is normal to feel frightened.
- Correct any misconceptions that are fuelling the child's fears and give age-appropriate information. For example, how ART and positive living can help PLWHA to prolong their lives.
- Help the child to come out of shock, by discussing the facts about the situation and the possibilities of positive living.
- Explore options for referring the child for more specialised help.
- Encourage family therapy so that the child does not worry alone.



### f) Social Effects (10 minutes)

Children who are affected by HIV and AIDS experience many social effects. For example, a child whose parents or older siblings are HIV positive might face increased responsibility in the home and a subsequent drop in school performance. Or, a child affected by HIV may act out in rebellious ways (such as skipping school, or using alcohol).

Many children affected by HIV also experience rejection by friends and neighbours. For example, a child might be teased about their ill health or the inability of parents to provide due to illness. Children may also be isolated by their friends, or labelled as an “AIDS orphan” if one or both of their parents has died.

When counselling children facing social effects of HIV and AIDS, CBVs should:

- Explore the social effects that the child is experiencing and discuss why other people might behave in a certain way
- Provide the child with age-appropriate information about HIV and AIDS
- Provide a safe environment for the child to express emotions. CBVs can achieve this by working with the people that matter most in the child's world that can provide support. For example, family, school, support groups, NGOs, CBOs or faith based organisations.
- If possible and appropriate, encourage the child and the family to be positive role models by showing their community that it is possible to live positively with HIV and AIDS.

## 4. The Counselling Process for Children of Different Ages (30 minutes)

The methods discussed in this session mostly relate to counselling young children. It is important for CBVs to take into account the age and maturity level of the child they are counselling and tailor the counselling session to meet their needs.

In order to counsel children successfully, CBVs must form a good relationship with the child from the very beginning. This is sometimes called “joining”. **Joining** includes greeting children and talking about something that is easy for them to discuss with you. As you talk together, children can get to know you and decide whether or not they are comfortable with you.

'Joining' with children of different ages:

- **For children under 5 years** go to the level of the child. Get down on the floor with the child and find a game they like to play.
- **For children 6-12 years** Find a fun, relaxing activity to do together with them, such as discussing a magazine, or an interesting object.
- **For teenagers of 13-18 years** Find out about their interests, such as sports or music and ask them about their likes and dislikes.

### Tool 6 : Age Appropriate 'Joining' Activities in Your Community

As discussed at the beginning of this session, the way children express themselves and feel comfortable can be very different from place to place.

As a group, identify appropriate 'joining' activities for children in each age range in your community. Write these down on a flipchart.





## Tool 7: Demonstrating Counselling with Children

Divide participants into six groups. Assign each group to one of the emotions experienced by children affected by HIV and AIDS addressed in this session:

1. **Denial** - a child who is 10 years old.
2. **Blame** - a child who is 14 years old.
3. **Guilt** - a child who is 5 years old.
4. **Anger** - a child who is 8 years old.
5. **Fear and Shock** - a child who is 4 years old.
6. **Social Effects** - a child who is 16 years old.

Have each group develop a role-play of counselling to a child experiencing this emotion using one of the tools for counselling described in this session that they feel would be appropriate and effective for children in your community:

1. Drawing
2. Storytelling
3. Drama
4. Play

**Facilitator's Note:** Ensure each presentation takes into account the age of the child and the appropriate activities/information for that age in your community.

\*In assessing this core skill at the end of the module, choose one emotion and ask each participant to role play how they would conduct this counselling session using the following aspects for rating success:

- Age appropriate joining activity
- Effective use of counselling tool (handout 5-6)
- Addressing important aspect of emotion (handout 5-7)

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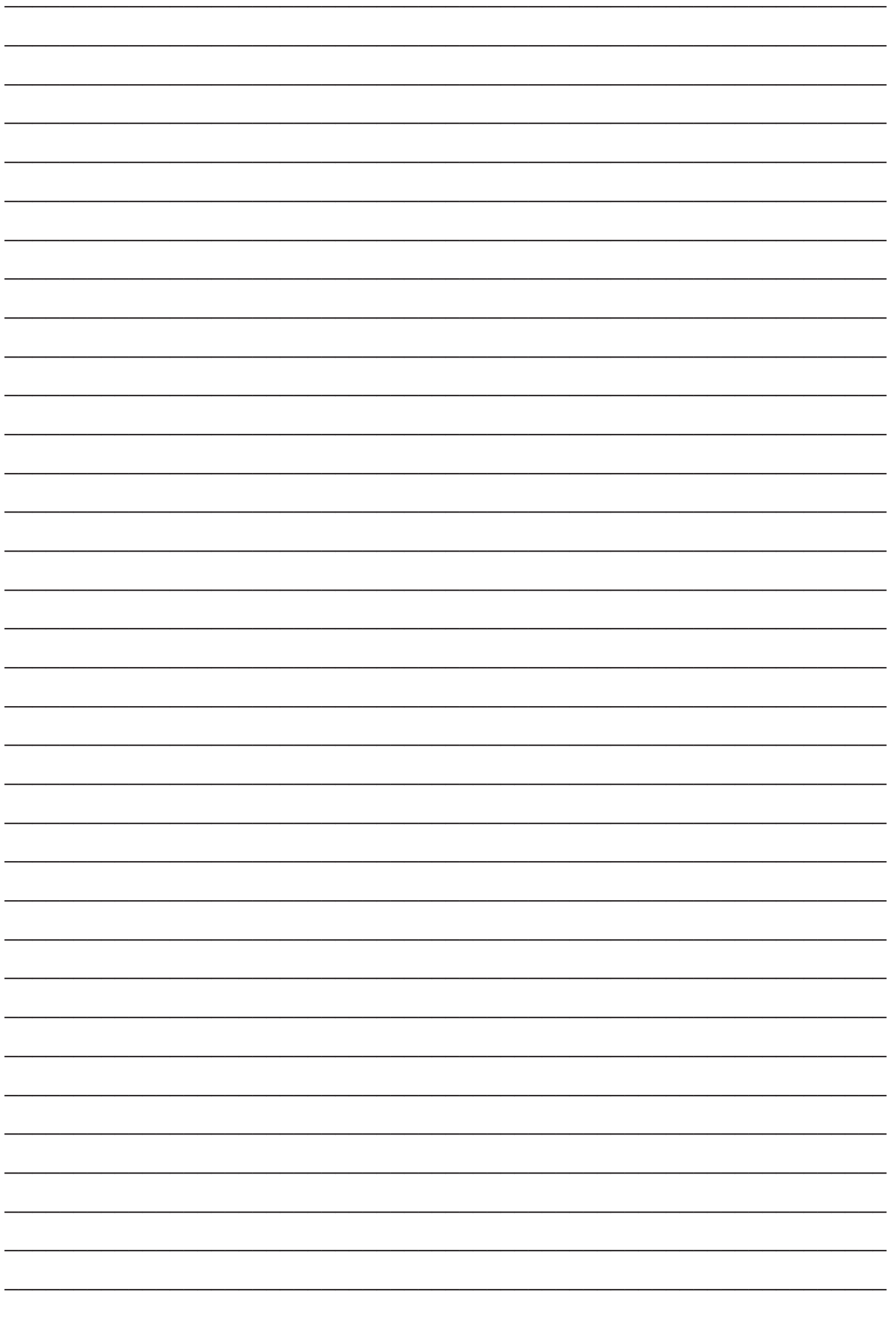
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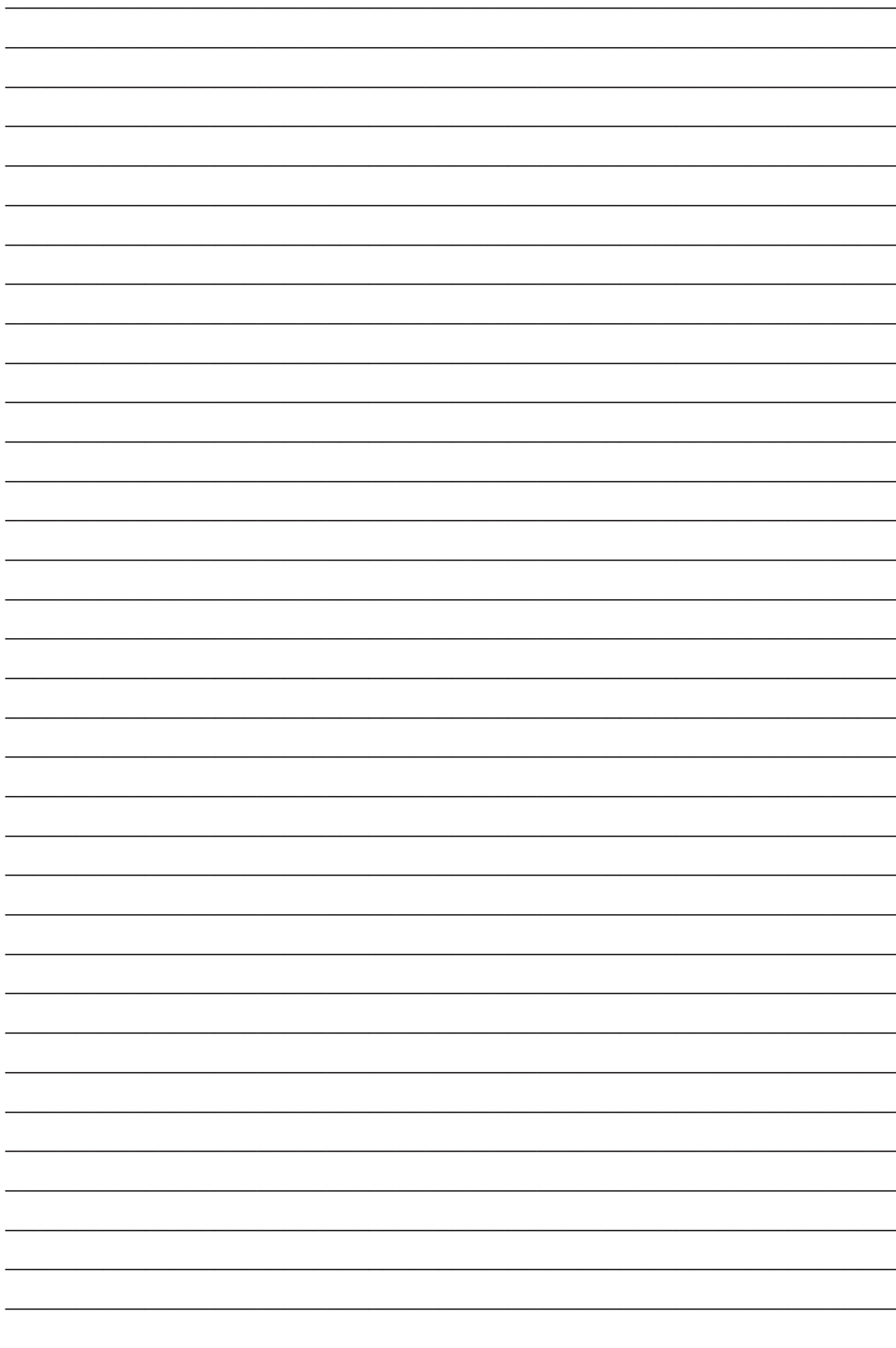
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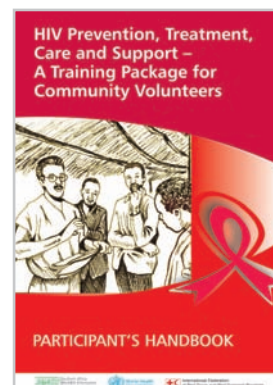
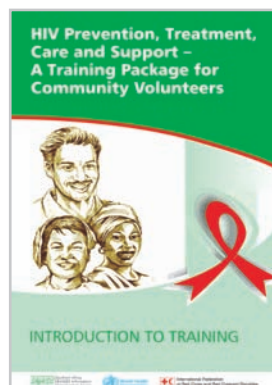
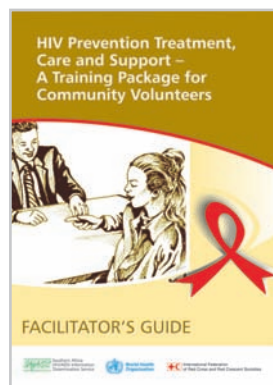
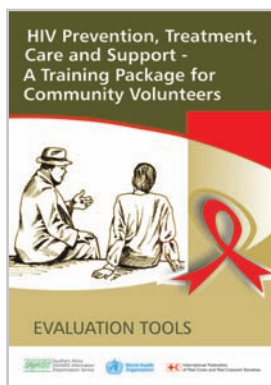
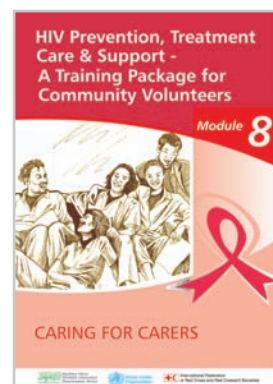
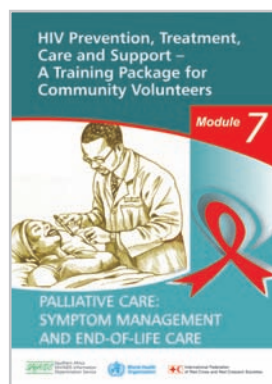
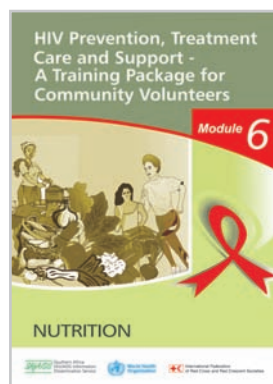
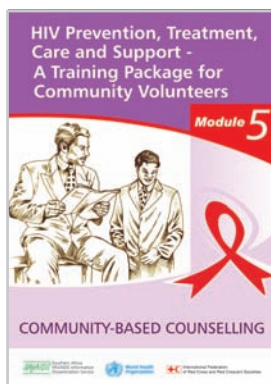
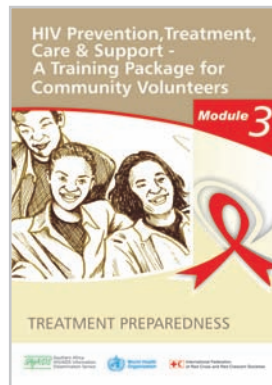
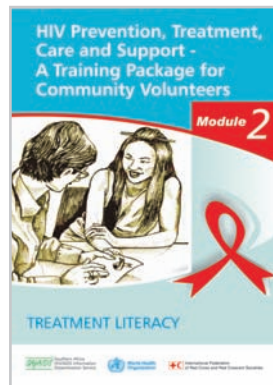
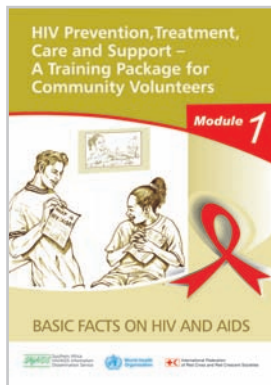
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