THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

MANUAL FOR TRAINERS OF HOSPITAL BASED COUNSELLORS

NATIONAL AIDS CONTROL PROGRAMME

June 1999

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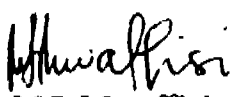
PREFACE

The present manual is an invaluable resource for those engaged in training of counsellors.

The manual is appropriate at this crucial time of development of the counselling profession in Tanzania. The Ministry of Health through the NACP has set up guidelines and standards for integrating counselling services in their Health Care Delivery System. Providing competent training in the field is a major step in the whole process of ensuring that the set standards are followed.

The content covered in this manual is all encompassing. A counsellor trainee will acquire basic skills & ethical values to be able to handle a broader range of clients which is the aim of the Ministry of Health.

Lastly the MOH would like to thank all those who participated in one way or another in preparing this document.



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INTRODUCTION

The HIV/AIDS epidemic created the urgent need for counselling services in Tanzania. In this second decade of HIV/AIDS epidemic, apart from HIV infection and psychosocial problems related to the illness (AIDS), there are economic and social/cultural consequences of HIV/AIDS. A recent Ministry of Health Demographic Health Survey, (1996) reports that 65% of Tanzanians wish to be tested for HIIV antibodies but only 10% had actually been tested. Therefore the Ministry of Health felt strongly that, there was a need for developing and providing counselling services including the training of counsellors.

The immediate national response to this was, to invest on training as many counsellors as possible, to provide hospital/community based counsellors to support people with HIV/AIDS. In the 1980's the Ministry of Health through NACP trained 600 counsellors. A performance evaluation in 1990 showed that, only 16 (2.1%) of those trained were practising (Nkya, et al 1990). This high attrition rate was attributed to, poor selection of the trainees, inadequate training, lack of proper plans of utilizing the counsellors and lack of supervision system. This prompted NACP to improve counselling and HIV testing in the country through its pilot project of Hospital Based Counsellors.

The in – depth counselling training introduced by NACP has not only proved the desirability of counselling services in HIV/AIDS, but also increased demand for the service in other fields of medicine. Patients with other medical conditions like cancer, and other terminal diseases can also benefit from hospital based counselling. Counselling service can address the fear and worries associated with hospitalization and life threatening medical conditions.

Currently the Ministry of Health (MOH) through the NACP and as a part of the Health Sector Reforms (HSR) envisions a nation – wide standardized hospital based counsellor training programme. The programme will be integrated within the existing health service structures. Through this new programme, trained hospital based counsellors will be available at all hospitals making counselling services accessible to majority of Tanzanians. These counsellors will now not only address HIV/AIDS but also attend to all other medical conditions which require counselling services. A curriculum for training hospital based counsellors has been developed and the trainer's manual has been developed alongside. The manual maintains a traditional counselling approach

and it is adopted to the requirements of the district health care delivery and its referral system.

Trainers and future counsellors are expected to be resourceful, creative and innovative. Handouts or relevant books should be available as reference materials for basic medical knowledge at district level. To an effective counsellor one needs to be well equipped with basic medical knowledge. It is expected that the trainers will instill this knowledge into their trainees.

CHAPTER 1

BASIC FACTS ABOUT HIV/AIDS

Introduction

The AIDS situation continues to be a cause for alarm globally. According to UNAIDS HIV/AIDS/STDs surveillance data June 1998, 30.6 million adults and children live with HIV/AIDS of which 5.8 million were newly infected in 1997.

In Tanzania, the first three cases were first observed in 1983. Generally the reported cases are few compared to existing ones due to inaccessibility of Health Care Systems, problems of diagnosis in most health care facilities and poor reporting. The current total number of estimated AIDS cases in Tanzania stands at about 520,000 of which only 103,185 cumulative AIDS cases had been reported by December 1997.

People dealing with the infected should be able to give basic facts about HIV/AIDS specifically to ensure that they understand that having the virus is not having AIDS.

Description of causes and modes of transmission should be clearly tackled more for preventing continued infection which could result not only in higher doses but in introducing more variety. Clear explanation of clinical features of AIDS will enable the infected to manage opportunistic infections early enough before they reach adverse effects. Appreciating the ways of prevention and knowing risky situations will help people not to spread infection to others which is an important aspect of prevention. It remains an unabated fact that imparting knowledge on STDs is a scientific consideration in the prevention arena. Hence accurate and clear information should be given on the different types of STDs, their symptoms, the essence of early and proper treatment, their sequelae and the fact that they facilitate transmission of HIV infection.

Objective

By the end of the unit the trainee will be able to:

1. Explain the magnitude trends patterns and impact of the HIV/AIDS epidemic.
2. Correct misconception about modes of HIV/AIDS transmissions, and prevention.

3. Describe stages of HIV infection and the main clinical features
4. Manage opportunistic infections
5. Treat opportunistic infections
6. Describe common STDs

Content

- Overview of HIV/AIDS situation
- Definition of HIV/AIDS, Causes and modes of transmission
- Prevention & Risk factors for HIV transmission
- Diagnosis of AIDS
- STDs-Types and symptoms and Relationship with HIV
- Management of opportunistic diseases and STDs

Teaching-Learning Activities

- Brief lectures
- World maps on HIV/AIDS spread
- Group discussions
- Demonstrations
- Plenary session
- Testimonies
- Videos (relevant)

Resources

Charts, Posters, World maps on HIV/AIDS spread
Updated NACP, Epidemiological reports
Handouts
Relevant WHO material

Evaluation

Questions and Answers

CHAPTER 2

BASIC CONCEPTS OF COUNSELLING

Introduction

Counselling is a professional activity of helping a person make informed decisions. It can easily be confused with advising, especially in our society where advising is embedded in our systems as a major means of support.

Whereas advising is done by a person who knows the other well, counselling is done where the interactors may not know each other well but are bound by professional relationship. A counsellor rarely uses his own personal experiences but relies on skilful exploration of the counsellee's strengths, experiences and opportunities.

A counsellor must have accepted qualities of the profession such as adequate knowledge on specific socio -cultural background of the society involved. She/he interacts with counsellee in a conducive set-up which amongst other things allows privacy and serenity.

The counseling process is guided by key skills needed for:

a. building relationship e.g. non-verbal attentive skills
b. exploration e.g. reflection of feelings and paraphrasing
c. understanding e.g. summarization
d. Action e.g. (focusing).

A counsellor must be able to recognize when the counseling process is stuck and manage the situation tactfully. The Blocking can be from both the client and the counsellor.

Objectives

By the end of the unit the trainee will be able to:

1. Define and differentiate counselling from guidance and advising
2. Identify the key qualities and characteristics of an effective counsellor.
3. Outline the basic requirements of a counselling set-up.

4. Describe types of counselling.
5. Practise key client counsellor interacting skills.
6. Identify Barriers to counselling
7. Explain record keeping for counsellors.
8. Explain ethical issues in counselling.
9. Explain why counselling should be a core health service

Content

1. **Definitions and functions.**
   - Define Counselling and Guidance
   - Differentiate counseling, advising and giving instruction
   - Function of counselling services

2. **Qualities and characteristics of an effective counsellor**
   - Knowledge
     - committed to specialized knowledge in the field of counselling
     - knowledgeable of values, activities and social system in their community
     - basic knowledge of common health problems in the working environment
   - Self knowledge
   - Attitudes and values
     - respecting other persons and their opinion
     - accepts difference in people (openmindness)
     - tolerance
     - goodwill
     - recognition of worth of each individual
   - Behavioural
     - flexible
     - genuine and non-dominant
     - concern for others

3. **Basic requirements of a counseling setup**
   - Working facilities
   - Space

- Privacy
- Set times for counselling/consultation

4. **Types of Counselling**
   - Individual counselling
     - client centred
     - counsellor centred
     - eclectic
   - Family Counselling
   - Group Counselling

5. **The key client counsellor interacting skills**

   A. Basic skills
   - Relationship building
   - Exploration
   - Understanding
   - Action plan

   B. Specific counselling skills
   - Warmth, trust, respect, genuineness, correctness, questioning, summarization, self disclosure, paraphrasing, confrontation, reflection of feeling, and minimal encourages.

6. **Barriers to counseling**
   - Emanating from client
     - Client resistance
     - Problem of client transferring characteristics/Qualities of a person close to them to the counsellor (transference)
   - Emanating from the counsellor
     - Counter transference.

7. **Record keeping in counseling**
   - Types of records to be kept
     - Identification card
     - Summary of sessions

- Categorization of problems presented to the counseling centre
- Short notes (interview logs)
- Information and evaluation feedback
- Counselling journal

• How to keep records - coding

8. Ethical Issues in Counselling

• Responsibility and Accountability
- Competence
- Confidentiality
- Privileged communication
- Absolute privileged communication
- Maintaining counseling relationships

Trainer/Trainee Activities

Brief lecture presentations
Group Discussion and Plenary sessions
Demonstrations

Resources

-Richard Nelson Jones Practical Counselling and Helping Skills 3rd eds. 1993 Helping Skills 3rd eds. 1993 Cassel
Educational Limited, London.
-Egan, G. The Skilled Helper.
A model for Systematic Approach to Effective Helping 4th edition, 1990
Brooks/Cole Publishers Co., California.
Relevant Handouts

Evaluation

Questions and Answers
Role play evaluation.

CHAPTER 3

HOSPITAL BASED COUNSELLING WITH EMPHASIS ON HIV/AIDS/STDs

Introduction

Hospital based counselling is an essential service as individuals with health problems often require counselling services. Counselling services in hospitals should include services in the following areas.

- Reproductive and child health
- Areas related to HIV/AIDS/STDs
- Non-communicable disease control
- Treatment of other opportunistic infections
- Community Health Promotional/Disease preventive

A person undergoing any type of health problems, especially when prolonged or fatal, needs counselling services in addition to the management of their condition.

Emphasis in this document has been put on HIV/AIDS/STDs as an example. Hospital based counsellors need basic information or knowledge on diagnostic tests used for HIV infection. This knowledge is essential, as it helps the counsellor explain to the client what to expect for easing their anxiety. Pre-test and posttest counselling assists the client to make informed decision on whether or not to be tested and after testing on the course of action depending on the results. The post-test counselling helps the client avoid infection if negative and avoid reinfection as well as infecting others if positive.

Supportive counselling is essential as it helps the individual live a quality life with HIV/AIDS. In cases where the individual has been diagnosed as having HIV/AIDS couple and family counselling should be given priority as it affects the lives of all the members of the family.

Referral and networking or support services for counsellors are inevitable. HIV/AIDS may lead to difficult psychological stress for both the client and the counsellors.

- Instilling self-reliance
- Process of Crisis counselling

Trainer/Trainee Activities

Brief lecture presentation, Group Discussion, role play, Drama.

Resources:

Kubler - Ross, E. (1989) On Death and Dying Routledge: London
Handouts

Evaluations

Questions and Answers
Role plays assessment
Drama assessment

CHAPTER 5

CARE, COPING AND SOCIAL SUPPORT COUNSELLING

Introduction

For many health problems the physical ailments are accompanied by psychological and social aspects which have to be managed before the health problem can be effectively managed. A holistic approach is therefore essential in health services. For example, an individual's physical illnesses will have effects on their employment/job success as well as their family and social life. Medical care in such a case can not be effective without provision of care, coping and social support counselling. These counselling services should be geared to assisting the client and the family as a whole to cope with the situation. The family will in addition be assisted on how to provide care and support to their infected relative.

Care, coping and social support is necessary for all people suffering from prolonged health problems and fatal conditions. However, this chapter presents coping, caring and support counselling for people infected and affected by HIV/AIDS as an example.

People infected and affected by HIV/AIDS go through difficult emotional reactions. Counselling services are essential in order to help them understand and cope with these reactions. The counsellors role here includes assisting them to cope with the reactions of discovery of their fatal condition, impending death and eventually facing death. These reactions include shock, denial anger, bargaining, depression and eventual acceptance. These reactions occur in both, the infected and the affected persons.

Mobilization of patients coping resources should be an important goal of the counsellor. This involves helping the individual realize the coping skills they possess, evaluating their effectiveness and assisting them acquire more and more effective skills if necessary. Mobilization of family resources is also essential if the person infected with HIV/AIDS is to receive the support they need from their family.

Exploration of available resources in a community is essential if a counsellor is to use these services as people discover fatal health conditions or disabling conditions. Crisis counselling of family members of clients is also inevitable in health services.

Objectives

By the end of the unit, the trainees will be able to:

1. Identify emotional reactions of HIV/AIDS patients.
2. Explain symptoms Behaviour associated with these emotions
3. Analyse needs for care, coping and social support for the infected and affected persons

Content

- Emotional reactions of HIV/AIDS patients
  - Shock
  - Denial
  - Anger
  - Bargaining
  - Depression
  - Acceptance
- Symptoms, Behaviours associated with these emotions
  - Ways of overcoming them

Teaching-Learning Activities

- Brief lecture presentation
- Role plays
- Drama
- Group discussions and plenary sessions

Resources

Kubler - Ross, E (1989). On Death and Dying.
Routledge, London.
NACP counselling manual (1995)

Evaluation

Questions and Answers
Role plays assessment
Drama assessment

CHAPTER 6

LOSS AND BEREAVEMENT

Introduction

Since the counsellor will be dealing with clients with fatal illnesses, it is essential that he/she knows how to deal with mourners. Loosing a close one or a loved one and bereavement is a state of acute distress which is accompanied by a sequence of a emotional reaction. It is very crucial that a counsellor understands this sequence and supports mourners to move from one stage to another. It should also be remembered that mourners are prone to physical diseases as well. So they are also at risk if they are not well supported

Though, in later stages, the mourner can work out what to do next and find a new integrity or identify alone, he/she needs to voice her/his ideas to check them with another person. A counsellor can play this role of another person very effectively.

Objectives

- To support family members
- To help the client ventilate their feelings, fears, towards the loss.
- To help the clients identify strategies of dealing with loss such as planning life in the absence of the person.
- To help the client deal with their spiritual issues

Content

- Feelings about loss and bereavement
- Immobilization
- Minimization
- Depression
- Letting –go
- Testing
- Search for meaning
- Internalization
- Management of these feelings- Explain the cycle of different feelings
- Will writting.

- Explain importance of writting a will
- List things to include in the will (such as date, full name and address, children, wife, who will inherit properties)
- Who is accepted legally to write a will
- Storage of the will

Teaching-Learning Activities

- Group Discussions
- Testimonials
- Brief Lectures
- case studies
- Plenary Discussion

Resources

- Handout
- Strategies for Hope Series
- Relevant WHO material

Evaluation

Question Answers

Case presentations

CHAPTER 7

COUNSELLING SUPPORT

Counselling like all caring professions can leave the counsellor overpowered and hence unable to effectively perform his/her role. It is therefore strongly advised that measures for supporting the counsellor be built in his/her plan of activities. Regular supervision and peer support meetings reduce the chances of burn-out in the counsellor.

Measures for support can be of different settings:

One to One
Support/Supervision whereby a more experienced supervisor with training in supervision skills is working with a counsellor.

Team Support/Supervision
The same supervision/support can also be offered to a team of counsellors in which an experienced supervisor provides support/supervision to a group of counsellors.

Peer Group Support
This is when counsellors of the same level support each other by exploiting their different strengths and experiences. Counsellors working in the same agency are strongly advised to practice this type of supervision on regular basis even if they are under Team Supervision/Support.

Peer group supervision and Team Supervision/Support have several advantages including cost-effectiveness, providing a supportive atmosphere for identity, sharing anxieties, life experiences, action techniques/skills etc.

Supervision/Support does not only help in restoring balance to the counsellor but also helps in professional growth. During Supervision/Support there is a hindsight on what has been missed in an earlier session, a foresight of what may be encountered and allows for renewed reflection about proper usage of skills. In addition, the counsellor is challenged to reflect critically on his/her work.

In order to formalize and sustain this important activity ground rules about support/

supervision need to be established from the onset of the counselling service. Such rules include the types of supervision, the frequency, duration, meeting place and how cases are to be brought up. The choice of supervisor/supporter is a crucial decision to the success of the service for not only does he/she need to be experienced but have traits of being an evaluator as well as a mentor to the counsellors.

Objectives

By the end of the unit the trainee will be able to:

1. Describe factors that explain burn out in HIV/AIDS and other conditions of counselling.
2. Identify supportive factors for effective counselling work

Contents

- Counselling motivation
- Managing stress from work
- Support for the counsellor including peer support.
- Models of supervision
- Peer, individual and Team supervision

Teaching-Learning Activities

- Brief lecture presentation
- Group discussion and plenary session

Resources

NACP Counselling Manual (1995)

Evaluation

Questions and Answers

CHAPTER 8

PROFESSIONAL ETHICS IN COUNSELLING

All helping professions must have a moral base. A counsellor must be guided by certain principles to avoid doing anything that will harm the client or the society. It should be remembered that a client is vulnerable and open to destructions which might emanate from the Counselling process either intentionally or unintentionally.

Professional ethics in Counselling comprise such values as Integrity, Competence, Confidentiality, Responsibility and Accountability.

Objectives:

By the end of the unit the trainee will be able to:

- Familiarise with the roles and responsibility of an effective counsellor
- Analyse the ethics in counselling

Content

The following must be addressed in relation to how they can aff counselling practise.

- Accountability
- Responsibility
- Reliability
- Confidentiality
- Competence

Teaching-Learning activities

- Brief Lecture presentations
- Group Discussions
- Role-plays
- Videotapes analysis
- Plenary Discussions.

Resources
WHO Counselling Guidelines
Guidelines and Standards for Counselling and Supervision

Evaluation
Question Answers
Cases presentations

CHAPTER 9

SUPERVISION, MONITORING AND QUALITY ASSURANCE

Counselling supervision has to be part of the national district health planning guidelines. Counselling supervision guidelines will assist health managers in ensuring that counselling is done as desired and in a cost-effective manner. Counsellors are expected to implement their activities following a common format. There will be a number of records to be completed for the basic HMIS. In addition supervisors will be expected to support counsellors in the field. On the job monitoring and training will be part of supervision visits.

Quality assurance will depend on availability of clearly defined counselling evaluation measures. It will also depend on how effectively counselling will be integrated in the various health care packages. Supervisors will have to adjust to supervision needs at different levels of health care delivery system. They also have to be knowledgeable of the common PHC health strategies, if they are to provide comprehensive supervision.

Objectives

By the end of the unit the trainees will be able to:

1. List information needed for counsellors records.
2. Report a summary of counselling sessions.

Contents

- Monitoring and Evaluation instruments.
- Quality control Teaching Learning Activities

Teaching Learning Activities

- Group discussions and plenary sessions
- Peer interviews using the monitoring instruments
- Individual supervision

Resources

1. NACP Monitoring and Evaluation Instruments.
2. Dryden, W & Throne, B (eds,) (1992). Training and Supervision for Counselling in Action. Sage publication. London.
3. Video taped training manuals

Evaluation

Questions and Answers.

GLOSSARY

AIDS	The initials of A.I.D.S., which stands for Acquired Immune Deficiency Syndrome. A group of symptoms and signs caused by the Human Immunodeficiency Virus (HIV)
AIDS TEST	Mostly refers to the HIV antibody test. A laboratory test done on a small sample of blood to detect the presence or absence of antibodies to HIV. the presence of antibodies indicates that a person has been exposed to the virus.
AIDS virus	The virus which causes AIDS is called HIV = Human Immunodeficiency Virus.
Antibodies	Substances produced by white blood cells in response to substances that are dangerous to the body, or cause illness.
AZT	Also known as zidovudine or retrovir. A drug used to treat people who have developed AIDS. It may prolong life in some patients. The side effects are so bad that its use requires skilled medical supervision. The drug is extremely expensive.
B cell	A lymphocyte which is manufactured in the bone marrow, and produces antibodies.
Bacteria	Often called germ. Single-cell organisms, visible only under a microscope. Many live harmlessly in the body. When the immune system is weakened (as when attacked by HIV), some of these harmless bacteria are no longer kept in check, and can cause disease.
Carrier	A person who appears well but is capable of transmitting an infection to another person. Carriers have no outward signs and symptoms of disease.
Condom	A thin rubber sheath.
Counselling	helping a person to make informed decisions.
ELIZA	A type of test used to find antibodies to many organisms, including HIV.

False-negatives	When a test fails to detect antibodies to HIV while a person really have antibodies. This is very rare indeed. However, a person who have been infected may test negative because he or she has not yet developed antibodies.
False-positives	When a test indicates the presence of antibodies to HIV but the person does not infact have antibodies. This is very rare, indeed.
Foetus	An unborn child in mother's womb.
Heterosexual	Persons who are sexually attracted to members of the opposite sex.
HIV	Stands for Human Immuno-deficiency Virus. The virus that can lead to AIDS.
HIV-positive	Strictly, this should mean that a person has been infected with HIV. However, common usage applies this to people who have been found to have antibodies to HIV, and are therefore presumed to be infected with HIV.
Measures	People who are sexually attracted towards members of their own sex.
Immune	When a person's immune system cannot satisfactorily protect the body, resulting in an increased susceptibility to various infections,
Immune	The body's defence system against attack by bacteria, system viruses, fungi and other foreign substances. It consists of cells which, among other things, produce antibodies. Antibodies can recognise materials as foreign to the body, and then attempt to neutralise them without injury to the person's cells.
Infectious	A person is infectious when he or she has been infected with a pathogen lime HIV, and are capable of transmitting that pathogen to another person. In all stages of HIV infection a person is considered infectious for life.
Parasite	An organism that lives in/on and solely from another. Lice, mites and funci are all parasites which may live in and from humans, and in doing so can sometimes cause disease. HIV is a parasite that cannot live outside of animal cells.

Placenta	Afterbirth. Helps to nourish the foetus, which is attached to it by an umbilical cord.
Pregnancy	The woman's woumb carrying a foetus. The baby of a woman who is infected with HIV can itself be infected with HIV from the mother whilst in the womb. Different studies point to different chances for this infection to occur, from 25% to 50%.
Preventive	Measures aimed at stopping the spread of HIV from person to person. As a vaccine against HIV is not yet available the only preventive meausere is social/educational action. Such action is aimed both by helping people understand and adopt ways of behaving, which reduce the risk of transmission of the virus.
Retrovir	See AZT
Safe sex	It includes protected sex or non-penetrative sex
Saline solution	Water + salt.
Sexually transmissible disease	Any disease or illness which can be transmitted during sexual activity.
STD	An abbreviation for Sexually Transmissible Disease
Syndrome	A set of symptoms and signs resulting from a single cause, or so commonly occuring together that a definite pattern is apparent.
T-helper cells	Also called T4 cells. One type of white blood cell or lymphocyte that help in defending against disease by initiating antibody production. Also called CD-Y cells. or virus capable of producing a disease) from one person to another. The most common methods of HIV transmission are the entry of infected semen or vaginal fluid into the body during sex, and of infected blood into the body.

Thrush	A fungal infection - a whitish layer, not easily loosened from where it grows. It is commonly seen in small children, but is seldom seen in adults. In AIDS patients thrush in the mouth can be so severe that it prevents food intake. Thrush can be treated with an skin ointment, if it is on the skin, and a drug called mycostatin if it is in the mouth.
Virus	An extremely small organism visible only with an electron microscope. Viruses cause a wide variety of disease in humans. They do not respond to treatment with antibiotics.
White Blood Cells	Cells in the blood that are responsible for fighting infections. There are several types of white blood cells, including Lymphocytes. The other main whole cells in normal blood are red blood cells, responsible for carrying oxygen.
WHO	A branch of the United National Organisation (UNO). WHO controls the International attempts to eliminate disease. All member Nations of UNO send delegates to the world Health Assembly, which meets once a year to discuss its policy in dealing with health problems. WHO has headquaters office at Geneva in Switzerland - and regional offices in various countries.