KINGDOM OF CAMBODIA

Nation-Religion-King

PMTCT TRAINING CURRICULUM

PARTICIPANT MANUAL

WEEK 2

MARCH 2007

Sponsors By:

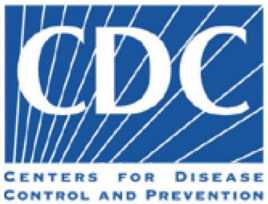


Table of Contents

Foreword

Cambodia has the highest burden of HIV infection in the Asia Pacific Region. While the prevalence of HIV infection in Cambodia has declined among high-risk groups, it has remained relatively stable among women who attend ANC (2.2% in 2003). A significant proportion of new HIV infections occur through transmission of HIV from infected pregnant mothers to their infants.

The Government of Cambodia, working through the MoH, is responding to the increasing problem of HIV transmission from infected mothers to their children. In order to provide broad knowledge on HIV/AIDS and PMTCT in particular to health care workers and managers, the Ministry of Health has supported the National Maternal and Child Health Centre to develop this PMTCT training curriculum.

This PMTCT training curriculum is an important guide and aide to health care workers in the provision of effective care and treatment to all pregnant women, especially to HIV positive pregnant women, their exposed children and their families.

Phnom Penh, 6 April 2007

Prof. Eng Huot

Secretary of State for Health

Acknowledgements

This revised PMTCT Training Curriculum has been completed with the contribution of many stakeholders, all of whom provided useful input.

I would like to express my sincere thanks to all the members of the PMTCT Programme Technical Working Group who spent invaluable time providing technical advice for the development of this curriculum.

I would like to thank WHO, UNICEF and GFATM for their financial support for the development of the curriculum which is the guide for health care managers and officers working in referral hospitals and health centres to provide comprehensive care in response to the call for universal access to prevention, treatment, care and support for PLHA.

Special thanks are given to the PMTCT secretariat who dedicated their time and effort for reviewing and editing the content and translating the curriculum.

This significant achievement comes from the full support of the Ministry of Health. Last but not least, I would like to acknowledge the Ministry of Health for its continued support of maternal and child health and the PMTCT programme in particular to run smoothly.

Phnom Penh, 6 April 2007

Prof. Koum Kanal

Director of NMCHC

INTRODUCTION TO THE TRAINING CURRICULUM

HOW TO USE THIS MANUAL

This Participant's Manual is your main guide to the course, and you should keep it with you at all times. In the following pages, you will find the training objectives, activities, slides and key points for each module. You do not need to take detailed notes during the sessions, though you may find it helpful to make notes of points of particular interest, for example from discussions. You will find a brief description of all the activities. Your facilitator will explain in greater detail how each activity will be conducted.

Your manual also contains forms, case studies and checklists for exercises and background information for some of the modules. An answer section has been appended to the back of each manual.

Keep your Manual after the course, and use it as a source of reference as you put what you have learnt into practice.

LIST OF ACRONYMS

3TC	Lamivudine
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral (drug)
AZT	Zidovudine
BCC	Behaviour Change Communication
CBO	Community-based Organisation
CoC	Continuum of Care
CoCCC	Continuum of Care Coordination Committee
CPA	Complementary Package of Activities
CPN+	Cambodian Network of PLHA
CSW	Commercial Sex Worker
FBO	Faith-based Organisation
Hb	Haemoglobin
HBC	Home-based Care
HC	Health Centre
HCBC	Home- and Community-based Care
HCW(s)	Health Care Worker(s)
HFBC	Health Facility-based Care
HIV	Human Immunodeficiency Virus
HIV+	HIV infected or HIV positive
HIV-	HIV negative
HSS	HIV Sentinel Survey (Cambodia)
NMCHC	National Maternal and Child Health Centre
NVP	Nevirapine
IDU	Injecting Drug User
IEC	Information Education Communication
IPD	Inpatient Department
M&E	Monitoring and evaluation

MMM	Mondul Mith Chouy Mith (Friends Help Friends Centre)
mmm	Little Mondul Mith Chouy Mith (for children)
MoH	Ministry of Health
MPA	Minimum Package of Activities
MSM	Men who have sex with men
MTCT	Mother-to-Child transmission of HIV infection
NCHADS	National Centre for HIV/AIDS, Dermatology and STD
OD	Operational District
OI	Opportunistic Infection
OPD	Outpatient Department
PCP	*Pneumocystis carinii* Pneumonia (renamed *Pneumocystis jirovecii*)
PHD	Provincial Health Department
PLHA	Person (or People) Living with HIV/AIDS
PLHA-SG	People Living with HIV/AIDS Support Group
PMTCT	Prevention of Mother-to-Child Transmission (of HIV infection)
RH	Referral Hospital
RTI	Reproductive Tract Infection
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TB/HIV	Dual or co-infection with both TB and HIV
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCCT	Voluntary Confidential Counselling and Testing
WHO	World Health Organisation

Module 7

Basic Counselling Skills

OBJECTIVES

At the end of this session, the participants will be able to:

1. Define counselling and identify goals of counselling
2. List important elements of counselling
3. List, describe and demonstrate counselling skills
4. Explain key steps in the counselling process
5. Summarize the skills and qualities required of an effective counsellor
6. Identify common counselling mistakes

Time allowed for this session: ***3 hours***

Activity 1: Brainstorm: What is Counselling?

» In this exercise you will be asked to think about:

1. What is Counselling?
2. What is counselling used for?
3. What are goals of counselling?

What is Counseling?

A confidential dialogue in which a trained counsellor helps a client to:

- explore personal issues
- make decisions
- put plans into action

while respecting the client's:

- values
- personal resources
- capacity for self-determination

5

What is Counseling Used For?

Counseling may be appropriate when an individual needs skilled help to:

- work through feelings
- work through inner conflicts
  (e.g. my heart tells me I would like to have sex with this man, my head tells me it may not be a good idea because he is married)
- cope with crises
- improve relationships with others
- make decisions

6

Goals of Counseling

The client and counsellor work together to:

- Identify the client's problems or questions
- Exchange relevant, clarifying information
- Identify and explore possible options / solutions
- Enable the client to reach a decision
- Make a plan for how to move forward

7

The Role of the Counselor

the role of the counselor is to:

✓ provide information
× not to give advice

✓ give direction
× not to tell the client what to do

✓ support the client to make their own decisions
× not persuade the client to do what the counsellor tells them

8

Being a Good Counselor

Being a good counsellor requires:

- knowledge
- counselling skills
- acceptance and respect for others
- the belief that others can make good decisions for themselves
- sincerity in wanting to help others

9

Personal Values and Beliefs

- Our personal values and beliefs result from our individual background, culture, religion, education, experiences and way of thinking
- The beliefs and values we have cause us to have differing attitudes, opinions and thoughts about people and behaviors

10

Self Awareness

Counsellors must

- be aware of their own feelings and opinions while talking with a client
- not allow personal feelings and opinions to interfere with their work

Counsellors need to learn to

- broaden their views
- be willing to understand other people and their problems
- let clients think for themselves rather than think on their behalf

11

Activity 2: Self Awareness Exercise

- The purpose of this exercise is to increase self awareness, to examine personal values and beliefs and to understand how they may impact on counselling
- You will be given a copy of the behaviour questions. Do not write your name on the paper
- Quickly read the behaviours and, as honestly as possible, tick the box which is closest to your personal feeling or opinion about the behaviour described in the question
- Do not spend too much time thinking about each question but rather give your first reaction
- The papers will be collected and redistributed at random so you do not know whose paper you have been given
- You will be asked to fill in the answers on a big sheet of paper at the front of the room
- Once everyone has filled in the big sheet, there will be a discussion looking at the range of opinions expressed and examining what attitudes and beliefs they reflect and why

Points to reflect on:

- Do you think the particular behaviour occurs often?
- What is the possibility of counsellors meeting with people who behave in this way?
- If you meet with a client who practises this behaviour, what will you feel?
- If the person continued to behave in this way, how would you feel?

Behaviour Questions:

Q:	What do you think about the following behaviours?	OK	Not OK
1	Men having sex with sex workers		
2	Beer promoters having sex with customers to earn more money		
3	Men having sex with many girlfriends		
4	Men having more than one wife		
5	A man taking a second wife without the knowledge of his first wife		
6	A married woman having sex with a boyfriend		
7	A man having sex with another man		
8	A woman student having sex with a rich married man whom she does not love		
9	A married policeman having sex with a beer promoter after getting drunk		
10	A woman having sex with another woman		
11	A woman having more than one boyfriend		
12	A man having a sexual relationship with another man's wife		
13	A woman student working as a sex worker at night		
14	A young rich student who occasionally uses intravenous drugs		
15	A street youth who uses intravenous drugs		
16	A pregnant sex worker who decides to have an abortion		
17	A security guard with four children who tells his pregnant wife to have an abortion		
18	A pregnant rape victim who wants to have an abortion		
19	A young woman having a sexual relationship before she gets married		
20	A young man having sexual relationships before he gets married		

Activity 3: Elements of Counselling

Elements of Counseling

1. Being non-judgmental
2. Confidentiality
3. Client-centered
4. Empathy
5. Good communication skills
6. Ability to make appropriate referrals

14

1. Being Non-Judgmental

Counselors need to:

- be aware of their own feelings and attitudes towards different behaviors of other people
- be aware of the attitudes of society towards different behaviors of people in the society
- be open to hearing and understanding the actions and behaviors of other people
- be accepting of other people's decisions

15

Being Judgmental

Being judgmental means using personal beliefs to give value to a client's actions without looking at the causes or background of the situation

Being judgmental may:

- make the client feel misunderstood
- affect the relationship formed with the client
- prevent the client from telling his/her whole story
- prevent true understanding of the client's feelings and problems

Being judgmental can be obstructive for counseling
What we know about others is only part of the whole story

16

2. Confidentiality

Confidentiality means keeping the client's secrets:

- It is needed for the client to trust the counselor
- Without trust, a successful counseling relationship cannot develop
- Assurance and perception of confidentiality is a key to successful counselling services

17

3. Client-Centered

The client is the most important person in the counseling process

The counselor gives information and encouragement to:

- help the client understand their problem
- see that there are different ways to approach the problem
- explore the benefits and disadvantages of each option
- help the client decide which is the best option by themselves
- prepare the client to face whatever may happen as a result of their decision

18

Making Decisions for the Client

If a counselor makes decisions for the client:

- the decision may not be appropriate for the client
- the counselor must take responsibility for the outcome of the decision

AVOID
telling the client what to do, giving directions, teaching, or making decisions for the client

19

4. Empathy

Empathy means

- showing that you understand how the other person feels
- identifying with another person's situation or motives
- seeing a situation through the other person's eyes
- the focus remains on the other person

Listen carefully and try to understand without judging
Empathy is not pity

Sympathy means

- you are sorry for a person and feel their situation
- you look at the situation from your point of view
- the focus stays on you

20

What is the Importance of Empathy?

- Clients come to counselors when they have questions, problems, or frustrations
- The counselor must make the client feel comfortable so the client can:
  - express their feelings
  - talk about their problems
  - release their frustration
- When a counselor shows they understand the client the counseling can move on to address the core problem or other important issues

21

5. Good Communication Skills

1. Active listening
2. Questioning and Probing
3. Focusing
4. Reflecting Back
5. Correcting misinformation
6. Summarising

These will be covered in greater detail in Activity 5 in this module

22

6. Making Appropriate Referrals

A counsellor must:

- Recognise when a client needs help from a service which they are not able to provide
- Know about a wide range of other services or support mechanisms which may benefit the client
- Know how the client can access those services

Being able to access and receive appropriate services will help address the client's health and social or economic needs

23

Activity 4: Case Study: Advice or Counselling

» You will be given the story of Srey Mom to read

Srey Mom's Story
My name is Srey Mom. I am a sex worker. I earn about $30 a month. I have a boyfriend. He works some of the time as a construction worker. He earns a little money. We have been together for two years. I really love him and want to have a family with him. We live near Phnom Penh. Recently, I took an HIV test. The result is positive. I have HIV. I don't know if my boyfriend has HIV or not. I want to have a baby. I think if I have a baby it will me make feel very happy. I will have a family like other people and it will help make the relationship with my boyfriend stronger. This will show him that I really love him and am devoted to him. I would like to ask you:
Srey Mom's Question: Should I have a baby?

» Write down your answer to Srey Mom's question and give reasons

» You will be divided into groups according to your answers

» There will be a discussion looking at the following questions:

1. How will you feel if the client does not do what you suggest?
2. Are you ready to be responsible for the consequences of the suggestion that you gave?
3. Who do you think benefits if your suggestion is followed?

Activity 5: Communication Skills

1. Active Listening

- Respect the client
  - let the client express their ideas or concerns freely
  - do not talk during times when the client is silent, allow them time to think
  - do not ask leading questions
- Demonstrate interest and empathy
  - try to understand the depth of the problem
  - try to find out how the client feels about his/her situation
- Pay close attention
  - listen to what the person says
  - observe the unspoken feelings and worries expressed through tone of voice, facial expression, posture and other "body language"

26

2. Questioning and Probing

- Open-ended questions:
  - encourage the client to talk and give information
  - often begin with "how…", "what…", "when…" or "why…"
  - require more than one-word answers

  e.g. "How do you feel about your husband's illness?"
- Probing
  - means using questions to understand a situation more clearly or in more detail: e.g. "Tell me more about…."
- Closed questions:
  - are used when seeking facts or confirming information
  - require only a yes or no or other short answer

  e.g. "Do you have any children?"

27

3. Focusing

The client may have many or complicated problems and may feel overwhelmed by their situation

Focusing can help to:

- identify the problems and goals of the counseling session and remain on target
- redirect the conversation back onto the main points or purpose

It may be necessary to come back to other points later in the same session or schedule another session to address them

28

4. Reflecting Back or Paraphrasing

If what was said by the client is not clear or the counselor needs more information

- the counselor can try to clarify the issue or story by
- repeating what the client said using different words

This is called **reflecting back** or **paraphrasing**

e.g. the client says:
"I feel so angry that my husband had an affair"
and the counsellor might say:
"so you are upset about your husband's behaviour"
or
Client: "this week my baby is so hungry, I think my milk is not enough."
Counselor: "your baby seems more hungry this week?"

29

5. Correcting Misinformation

The counsellor has the responsibility to

- provide accurate information
- correct misconceptions

During a counseling session, the counsellor should

- identify false information or misconceptions
- correct them, quickly but sensitively
  e.g. “many people think that… but….”

30

6. Summarising

At the end of the counselling dialogue the counsellor should **summarise** or review :

- what has been discussed in the session
- what options have been considered
- what decisions the client has made
- the plan of action which has been worked out

31

Activity 6: The Counselling Process

The Counseling Process

The process of counseling involves 3 stages:

1. The **exploration** stage:
   What are my problems, issues, concerns?
2. The **understanding** stage:
   What do I need or want in place of what I have?
3. The **action** stage:
   What do I do to get what I need or want?

These stages may follow one after the other, or may overlap

33

1. The Exploration Stage

In the exploration stage, the counselor works to establish a relationship in which the client feels safe enough to:

- explore their difficulties, problems, issues, concerns
- tell their own story
- choose the right problems or opportunities to work with

The counselor

- uses the skills of active listening, reflecting, empathy and respect
- concentrates on the client’s agenda
- helps the client to be specific and to focus on the main concerns

34

2. The Understanding Stage

During the understanding stage, the counsellor helps and encourages the client to:

- understand their problem or situation better
- determine what they need and want
- draw up an agenda for change
- set appropriate goals and plan how to achieve them

The counsellor may need to:

- draw together themes
- offer new perspectives
- promote self-disclosure

35

3. The Action Stage:

In the action stage, the counsellor helps the client to:

- discover how to get what they want
- see different ways of achieving their goals
- choose the best option for the client's situation and circumstances
- make an action plan
- organise the actions they will take to implement the plan

The counsellor applies different decision-making strategies and problem-solving techniques

The client chooses the course of action

36

Components of the Counseling Process

The steps which need to be followed during the counseling process include:

1. Build a relationship with the client
2. Identify the problem(s)
3. Provide information, clarify if needed
4. Consider realistic options
5. Motivate and help the client to problem solve
6. Wrap-up

37

1. Build a Relationship with the Client:

At the start of a counseling session, the counselor should:

- welcome the client
- introduce themselves to the client
- emphasise confidentiality
- summarise the counseling process ("today we are going to….")

38

2. Identify the Problem:

Next, the counselor needs to:

- ask the client what he/she is concerned about
- find out more about the impact of the problem on their life
  (open window for air to enter)

39

3. Provide Information, Clarify

The counselor may need to provide information, which needs to be:

- accurate
- relevant
- presented clearly

Ask questions sensitively to

- better understand the client's situation or issues
- clarify points

40

4. Consider Options

The counselor should guide the client to:

- think of possible options
- examine the advantages and disadvantages of each option
- examine the possible consequences of each option
- weigh, assess and decide on an option

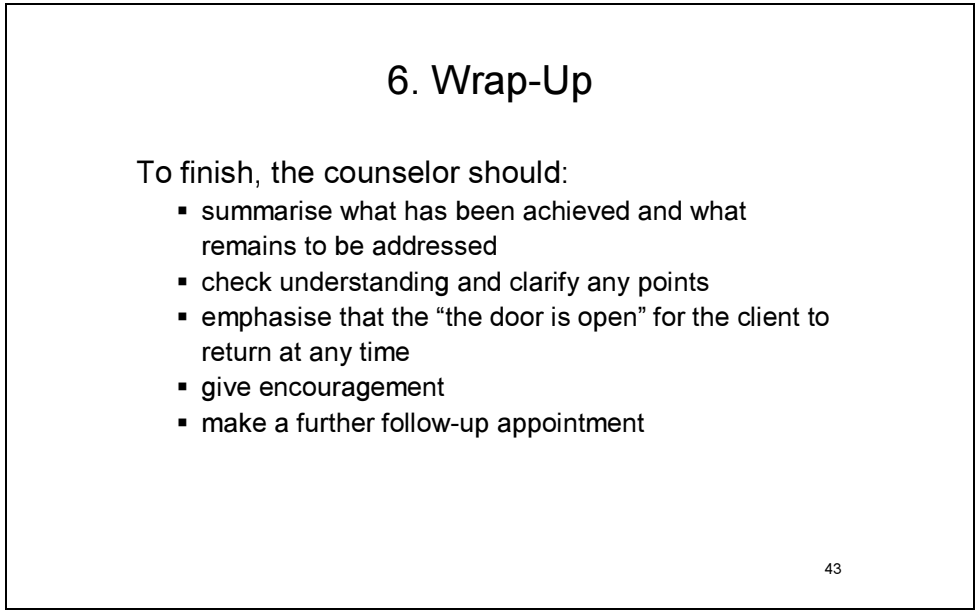
41

5. Motivate and Problem Solve

The counselor and the client work together to:

- explore the priorities for immediate management and the needs for another time
- make a plan for what to do next
- explore other options for support

42



Activity 7: Role Play

» You will now have an opportunity to practice some counselling skills, looking at the story of Srey Leak

» You will be divided into small groups and asked to identify one person as the “client” and one as the “counsellor”. The rest will act as observers.

» Read the story and then prepare for the Role Play

» If you are the “counsellor” try to follow the counselling process and concentrate particularly on the components of counselling you have learned

» If you are an observer, use the Evaluation Sheet and in addition to observing and preparing your comments, also try to come up with other possible ways of asking questions, clarifying or summarizing

Srey Leak’s Story

Srey Leak is 24 years old. Her husband is a policeman, he used to work at the border with Vietnam. Now they live together in Takeo Province. She is five months pregnant with her first child. Recently one of her husband’s colleagues became ill and died. People in the village say he died of AIDS. Srey Leak is worried. She wants to know what she can do.

» When you have finished, you will have an opportunity to discuss the Role Play

Module 7: Key Points

Characteristics of a Good Counsellor

- **Greets** clients with respect, introduces themselves, explains their role as counsellor
- **Understands** what the issue is, remains on track
- Is **sensitive** to cultural, religious and psychological factors which may influence the patient
- **Shows respect** and kindness and is non-judgemental
- **Presents information** sensitively, using language the patient can understand
- **Encourages** client to ask questions
- **Listens actively** and is sensitive to nonverbal communication
- **Recognises** when to refer a client for additional help or support

Common Mistakes in Counselling

- **Judging -** the client's life or behaviour
- **Moralizing** or preaching **-** telling people how they should behave
- **Labelling -** rather than getting to know the person's motivations, fears and anxieties, e.g: the counsellor thinks that all sex workers are the same
- **Being overly reassuring -** trying to create optimism by making light of the client's own version of a problem
- **Not accepting** the client's feelings - saying that they should be different or telling the client not to worry about a particular concern
- **Not treating** the client's concerns seriously
- **Advising -** before the client has had time to arrive at a personal solution
- **Interrogating -** using questions in an accusatory way: "why?" questions may sound accusatory
- **Encouraging dependence -** increasing the client's need for the counsellor's continuing presence and guidance

Appendix 7

Evaluation Sheet for Counselling Role Play

Did the counsellor follow the counselling process?		
Build a relationship with the client		
Identify the problem		
Provide information		
Consider realistic options		
Motivate the client to problem solve		
Wrap-up		
Did the counsellor demonstrate good communication skills?		
Active Listening		
Questioning and Probing		
Focusing		
Clarifying and Paraphrasing		
Correcting Misinformation		
Summarising		

Module 8

Counselling in the Context of HIV/AIDS

OBJECTIVES

At the end of this session, the participants will be able to:

1. Identify areas of counselling which may be different in the context of HIV/AIDS
2. Explain the importance of confidentiality in HIV/AIDS-related counselling
3. Identify possible reasons for having stigmatising thoughts or practising discriminatory behaviour
4. Discuss possible misconceptions about HIV/AIDS and how to address them
5. Discuss important aspects of counselling adolescents, unmarried women and marginalized groups
6. Describe different approaches to providing counselling and identify their advantages and disadvantages

Time allowed for this session: ***3 hours***

Activity 1: Counselling in the Context of HIV and PMTCT

What is special about HIV/AIDS?

HIV disease is:

- lifelong, life-threatening and has no cure
- infectious and mostly transmitted through sexual intercourse
- largely a disease of young people
- an unpredictable and complex illness with physical, psychological and social consequences
- associated with significant stigma and discrimination

The issues involved in HIV/AIDS infection may be painful, frightening, and threatening to patients and health care staff
Counseling can help

5

Effects of HIV diagnosis

Receiving an HIV+ diagnosis will have many effects, including:

- **Psycho emotional effects** such as shock, fear, shame
- **Economic effects** such as not being able to continue working, losing a job or losing customers, having to pay for health care
- **Health effects** such as fear of getting sick and becoming a burden to others, being ill and unable to care for family
- **Social effects** such as stigma and discrimination, fear of other people finding out, losing respect or popularity or friends
- **Family effects** such as worries about family and children, what will happen to other family members

6

What can Counseling Achieve?

HIV-related counseling can help those infected:

- Initiate and sustain changes in risk behaviour
- find new approaches to safer sex and responsible social relationships
- learn to live with their infection
- deal actively with their problems to lead more fulfilling lives
- keep control over their lives by learning to solve their problems and make their own decisions

7

How is HIV/AIDS Counseling Different?

Counseling in the context of HIV/AIDS requires explicit discussion of

- sexual practices
- sickness, death, and dying

and is complicated by the fear and risk of

- stigma and discrimination

8

HIV/AIDS Counselors

HIV/AIDS counselors:

- may work with clients who hold opinions and values very different from their own
- will be challenged to become aware of their own biases and stereotypes
- need to consider partners and other family members as well as the client

Counsellors need to be very sensitive to issues of confidentiality and disclosure

9

Counseling in the context of PMTCT

Area of Counseling	Components of Counselling
VCCT	▪HIV/AIDS related information ▪Risk assessment ▪Deciding to take the test ▪Post-test counselling
HIV/AIDS prevention	▪in pre-test counseling, whether or not test is taken ▪in post-test counselling, positive & negative results ▪PMTCT
Disclosure	▪whether to disclose ▪to whom ▪how and when
Infant feeding counseling	▪Nutritional information ▪Feeding options ▪disclosure implications
Counseling for coping, care and support	▪Involvement of family ▪Referrals to other care and support services ▪Links with community

10

Activity 2: Understanding Confidentiality

Confidentiality

Maintaining privacy of information shared between the client and the counsellor

12

Confidentiality in the context of HIV/AIDS

Confidentiality is particularly important in HIV/AIDS counselling because of the:

- stigma and discrimination associated with HIV/AIDS
- relationship between HIV transmission and
  - sexual behaviour and
  - other risky/illegal behaviours such as intravenous drug use, commercial sex work

13

Components of Confidentiality

1. Trust
2. Seeking permission to reveal information
3. Privacy
4. Confidential records
5. Making appropriate referrals

14

1. Trust

Confidentiality is:

- Essential for establishing and maintaining trust
- Trust is central to the success of the counselling process which depends on a relationship based on trust between the client and the counsellor

In order for counselling to succeed, the client must trust the counsellor not to reveal information to anyone else

15

2. Seeking Permission to Reveal Information

To be able to provide proper care and support to HIV+ individuals, other healthcare and support workers need to know the person's HIV status

- Confidential information should be revealed only:
  - with permission from the client
  - when the information is needed by another health care worker to provide appropriate care and support
- Making the decision to disclose may take time
- Decisions about revealing information must be made by the HIV+ person, not by someone else

Allow the HIV+ person to retain control of their own situation

16

3. Privacy

- Individual and couple counselling should be conducted in a private room so that others cannot overhear what is being said

17

4. Confidential Records

Counsellors must maintain adequate records of their work with clients and take all reasonable steps to preserve the confidentiality of information obtained

- client records or files should:
  - not be labelled in a way which reveals HIV status
  - be stored securely so that no unauthorised person can access them
  - be disposed of in a way which does not compromise confidentiality
- data compiled for reports which are sent outside the health facility should not contain patients' names

18

5. Making Appropriate Referrals

- Many health services related to HIV/AIDS are available both in Phnom Penh and in the provinces
- A person may be afraid that other people will make judgments if they go to an OI/ART clinic or an MMM meeting
- This may be made easier if the person can see the benefits of care and support from MMM etc.
- Sometimes the person may choose not to be referred locally but will access services outside their community

Counselors need to provide good information about other services available both locally and further away, and make appropriate referrals sensitively, or support the person to access them independently

19

Activity 3: Exercise (choice of 2 options): Confidentiality

Option 1: Role Play

» You will be asked to go through the following Role Play to examine confidentiality in more detail

» At the end of the exercise, you will be asked the questions opposite to help you think about issues relating to confidentiality which were addressed in the Role Play

Questions:

» Was the space appropriate for this interaction?

» How do you think Mari felt about this space and the privacy of this space?

» How would you improve this?

» Who else at the clinic is permitted access to Mari's records?

» How do you explain this to Mari?

Debriefing:

» Summarise how you felt when playing your roles.

» What are the greatest challenges to preserving confidentiality in the clinical settings where you work.

Confidentiality Role Play Script

Introduction: Mari is returning to the ANC clinic for her HIV test results. She has been married for six months and is excited about her pregnancy. The clinic is busy, and the counsellor has made a space in the back of the room to sit and talk with Mari.	
Counsellor	Hello, Mari. Glad to see you here on time for your appointment. Have a seat.
Mari	Hello, Counsellor. I have been so nervous, waiting for my test result. Do you have good news for me?
Counsellor	Well, Mari, do you remember what we discussed on your last visit?
Mari	Yes. You said that you will open the envelope and tell me my result. *Mari looks around. She can see the waiting area from her seat, and notices the clinic is crowded. The counsellor observes Mari looking towards the waiting area.*
Counsellor	I wish we had a private office to sit in Mari, but space is so limited here. I am certain that no one will hear us talking back here. Would you like me to open the envelope now?
Mari	I just want you to know, Counsellor, that if my test is positive, and my husband finds out, I will be in big trouble. Please tell me my test is not positive.
Counsellor	I'm sorry, Mari. Your test is positive. *She pauses, giving Mari a chance to hear what she has just said.*
Counsellor	I know this is very difficult for you, but I am here to help you through this.
Mari	Oh, Counsellor, what will I do? My husband and I are so excited. Before we were married, I had another boyfriend, and I didn't always use protection. *Mari starts to cry.*
Counsellor	You must be feeling very overwhelmed right now, Mari. Please know that everything you tell me will be held in strict confidence, including your test results. Let's discuss, now, how you will get through the rest of today.

Option 2: Secret Envelope Exercise

Your facilitator will explain this confidentiality exercise to you.

Activity 4: Stigma and Discrimination, Self Examination Exercise

» In this exercise you will be asked to reflect honestly on yourself, but you will not be asked to reveal anything personal to the others

» Consider whether you have ever:
  - Had any irrational fears
  - Practised inappropriate care
  - Used stigmatising language
  - Behaved in a discriminatory manner

» If you have answered yes to any of these, think about why you were afraid, or why you might have used stigmatising language or behaviour

» Brainstorm these reasons with the whole group

Note: you do not have to reveal your behaviour, only to share ideas about why these behaviours may occur

Reasons for stigmatising thoughts or discriminatory behaviour

A counselor may have stigmatising thoughts or discriminatory behaviour because they:

- Lack proper knowledge or understanding about HIV/AIDS
- Have heard rumours in the community or from friends about HIV/AIDS and thought they might be true
- Acted automatically without considering implications of the behaviour
- Are afraid of what colleagues or friends might think
- Want to distance themselves from association with HIV/AIDS
- Have personally experienced “stigma by association”
- Didn’t realise their behaviour or language was stigmatising
- Were afraid they might get HIV

22

Activity 5: Brainstorm: HIV-related Misconceptions

» You will be asked to identify any misconceptions about HIV you have come across in your personal or working lives. Use the list opposite to help if necessary

» After collecting your answers, the facilitator will lead a discussion about the misconceptions

» Make sure you understand whether something is a misconception or whether it is correct, ask if you are not sure

» Use the following headings to help think about HIV-related misconceptions:

1. What is the nature of HIV or what causes HIV
2. Modes of transmission of HIV
3. Meaning of HIV, AIDS
4. Implications of a diagnosis of HIV/AIDS
5. Possibilities for treatment: ART, other treatments
6. PMTCT

Activity 6: Group Work on Counselling Marginalised People

» You will be divided into groups of 4-5

» Although the HIV epidemic is spreading to the general population, many HIV+ women still belong to marginalised groups: sex workers, unmarried mothers, adolescents, intravenous drug users etc.

» Consider what preconceived ideas about women who belong to these groups you have come across?

» Participate in the discussion about how such ideas might affect the ability to deliver high-quality counselling to women?

Activity 7: Group Work: Approaches to Counselling

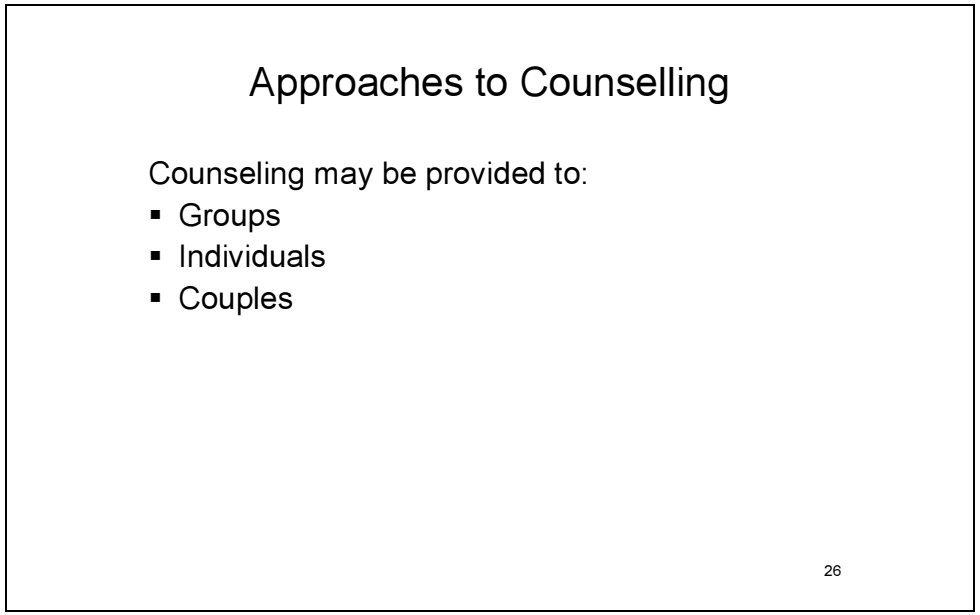
» You will be divided into 3 groups:

Group 1: Group counselling
Group 2: Individual counselling
Group 3: Couple counselling

» Consider the following questions:

1. For which situation(s) is the form of counselling:
    a. particularly appropriate?
    b. not suitable?
2. What advantages might your approach have?
3. What problems might you encounter while providing this type of counselling?

» Each group will present their findings in turn



Group Counselling

Group counseling:

- may be used to provide basic information and education about HIV/AIDS, infant feeding or pre-test information to groups of women and their partners
- allows HIV/AIDS information to be disseminated to a wider audience including family members or friends who might not be included in individual counseling
- must be adapted to the needs of the people in the group
- may be supplemented with individual counseling if needed
- needs the counsellor to have enough knowledge and skills to answer questions comfortably
- is not suitable for exploring personal HIV risk behaviours

27

Individual Counseling

Individual counseling:

- Can be used if the woman has no partner or if the partner is not present
- Is appropriate for discussing personal behaviours during risk assessment or risk reduction counseling
- Is simpler as the interaction is with only one person

Constraints of individual counselling:

- The woman has to disclose her status by herself unless she returns with her partner or a family member
- The woman may be blamed for her HIV infection
- Shared responsibility with the partner or family is not supported

28

Couple Counseling (1)

Couple counseling should be encouraged whenever possible as it can contribute to:

- reducing blame directed at HIV+ women
- drawing attention to the role of partners in HIV transmission
- emphasising the couple's shared responsibility in PMTCT
- reducing stigmatisation of women

Is more complicated as the counsellor needs to concentrate on two individuals and on their shared relationship

29

Couple Counseling (2)

Provides an opportunity to:

- encourage male partners to practise safer sex by using condoms and limiting the number of partners
- Emphasise the man's responsibility in protecting the health of his wife or partner and their family
- Test both partners together and reduce the likelihood that the woman is blamed for HIV infection
- Identify discordant couples (one partner HIV-positive, one partner HIV-negative) and counsel specifically on helping the negative partner remain HIV-negative

30

Couple Counseling (3)

When counseling couples, the counselor should:

- Establish a relationship with each partner
- Assure each person of confidentiality and support
- Assess each person's understanding of the issues
- Let them know that both of their opinions are important
- Allow the dominant partner to start but ensure the quiet one has space to express feelings and opinions
- Pay attention to their verbal and non-verbal communication
- Be careful not to judge or take sides
- Keep their own values, prejudices and beliefs aside and focus on providing counselling to the couple

31

Different Approaches to Counselling

Counseling Approach	Advantages	Disadvantages
Group	▪Gives information and education to more people ▪More efficient on time and resources	▪Counselor must be comfortable talking to a group ▪Individual needs may not be addressed
Individual	▪Appropriate for discussing personal behaviours ▪Simpler as only one client is involved	▪Risks HIV being blamed on the woman ▪Does not support disclosure, shared responsibility or decision-making
Couple	▪Supports shared responsibility ▪Supports disclosure ▪Reduces blame and stigmatisation	▪More complex than individual counseling

32

Module 8: Key Points

- Counselling for HIV/AIDS involves discussion of highly personal matters and subjects which are often difficult or frightening
- Confidentiality is central to HIV/AIDS-related counselling and HIV test results
- Stigma and discrimination relating to HIV/AIDS is still widespread. Counsellors have an important role to play in clarifying misconceptions and combating stigma and discrimination
- HIV/AIDS-related information and information about HIV testing can be given to groups of people in Mothers Class or to individual mothers with or without their partners
- Couple counselling should be encouraged where appropriate

Module 9

Ethics

OBJECTIVES

At the end of this session, the participants will be able to:

1. List guiding principles of ethical conduct
2. Explain each of the guiding principles
3. Apply the guiding principles to counselling situations
4. Identify ethical dilemmas and discuss strategies for addressing them

Time allowed for this session: ***3 hours***

Activity 1: Introduction to the Ethics of Counselling

Code of Ethics

- Codes of ethics play an important role in guiding standards and professional practice in counseling and help to ensure appropriate service delivery to clients
- A code of ethics is a set of professional ground rules which outlines the fundamental values of counselling
- Counsellors should have knowledge of these values to help maintain a professional relationship with their clients and integrity, impartiality and respect for each other
- A code of ethics comprises a number of guiding principles

5

Activity 2: Guiding Principles for Counselling

Guiding Principles for Counselling

1. Competence
2. Informed Consent
3. Confidentiality
4. Responsibility
5. Personal Conduct and Integrity
6. Respect for Human Rights

7

1. Competence

Counselors:

- must ensure they have received appropriate training in counseling skills and techniques
- provide only those services and use only those skills and techniques for which they are qualified through training and practice
- make appropriate referrals to others with expertise they themselves do not have
- must regularly monitor their counselling skills and maintain a desired level of competence
- should be monitored regularly through supervision

8

2. Consent

- **Consent** is the agreement by a client to participate in a process such as research, studies, testing or treatments
- **Informed Consent** requires providing honest and objective information to allow the client to make an informed decision about whether to participate, including:
  - the objectives or aims
  - the process which will be followed
  - the possibility or risk of harm or injury
  - how to contact the counselor in case of need

9

Informed Consent for Counselling

Counselors:

- must obtain their clients' consent to engage in counseling and testing or treatment
- must explain to clients the nature and process of the counseling, including: timing, duration, confidentiality and any fees for services
- should ensure that clients understand all the advantages and disadvantages of counseling and testing before giving their consent

10

Informed Consent for HIV Testing

Clients have the right to :

- receive clear and accurate information about HIV testing, so they understand:
  - the purpose and benefits of HIV counseling and testing
  - the purpose and benefits of other available services if their HIV test is positive
  - the counseling and testing process
- decline testing and must be given the opportunity to do so
- have their testing decision respected

Never force someone to have an HIV test

11

3. Confidentiality

PMTCT Counsellors

- may not disclose any information, personal or medical, about a patient to healthcare workers, relatives or third parties*

  and

- should protect the identity of individuals or information from others*

unless a client gives permission to reveal it

*this includes discussions of cases during counselling supervision

12

Communication of Confidentiality

Counselors must take all reasonable steps to communicate clearly to clients the extent of confidentiality they are offering so there are no misunderstandings

13

4. Responsibility

Counsellors have responsibilities towards:

- themselves for their own competence, effectiveness, conduct, and physical safety
- other counsellors and should be willing to try to correct or report others if they see them doing wrong
- both their individual clients and to the institution within which the counselling service is performed, to maintain high standards of professional conduct
- the community in which they live and work

The client is responsible for his/her own actions and eventual results

14

5. Personal Conduct and Integrity

Counselors:

- must conduct their counseling activities in a way that does not damage the interests of their clients or undermine public confidence in either the service or their colleagues
- must promote honesty, fairness and respect for others
- must maintain respect for clients by:
  - not engaging in activities that seek to meet counselors' personal needs at the expense of clients
  - not attempting to secure financial or other benefits, other than those contractually provided for or awarded by salary

15

Personal Conduct and Integrity (cont.)

Counselors:

- must avoid sexual harassment, unfairness, discrimination, stigmatisation, and derogatory remarks
- should not provide counseling if their
  - physical or psychological condition is impaired by the use of alcohol or drugs, or
  - professional judgment and abilities are impaired for any other reason

16

6. Respect for Human Rights

Counselors:

- must recognize and respect the fundamental rights, dignity and worth of all people
- are expected to provide services to people irrespective of culture, religion, values, or belief system
- must ensure their client suffers no physical or psychological harm during counselling
- must strive to promote the client's control over their own lives, and respect the clients' ability to make decisions and changes in the light of their own beliefs and values

17

Respect for Human Rights (cont.)

Counseling **is not** about forcing people to conform to certain "acceptable" standards by which they must live

Counseling **encourages** clients to look at their own values and behaviors honestly, and decide for themselves how they might change

18

Activity 3: Case Studies

» The purpose of this exercise is to look at counselling scenarios which involve some of the ethical considerations which you looked at in the previous activity

» Draw on your own experiences of similar situations while discussing the case studies

» You will be divided into five groups, each group will be allocated one case study

» In your group, look at your case study and write down the different ethical considerations in the case

» e.g. Is there a breach of confidentiality?, is there a question of professional competence?...

» If you are not sure, refer back to slides 7-18

» You will go through each case study in turn, identifying the difficulties in each case

» At the end of each discussion, you will be shown the summary slide for that case study (Slides 20-24)

Case Study 1

- You work together with a number of other PMTCT counsellors in a busy Phnom Penh clinic
- Recently you have noticed that one of your colleagues appears tired, unhappy and withdrawn
- You try to ask her whether there is anything wrong but she seems not to want to talk to you
- You find yourself worrying about her and about her clients
- What are the issues?

Case Study 2

- Srey Hong is a young pregnant woman who comes to you for pre-test counselling. She tells you her husband died of AIDS last year and two years ago she lost her baby daughter
- You spend a long time counselling her and informing her about PMTCT interventions
- When you ask her if she would like to take an HIV test, she refuses
- You feel very frustrated and tell her she must take the test for the sake of protecting her unborn child
- What are the issues?

Case Study 3

- You have been providing VCCT counselling to a young pregnant woman and her husband
- The husband insisted they receive their HIV results separately
- The man is HIV+, his wife is HIV negative
- You discuss disclosure with the husband, but he refuses to tell his wife about his HIV status
- He also says that he will not use condoms because he doesn't like them
- What are the issues?

Case Study 4

- You have recently been posted to a Health Centre in Kompong Speu Province
- You work as a PMTCT counsellor in the ANC together with one other counsellor/midwife
- One weekend you encounter your colleague in a social situation with someone you recognise as one of her clients
- What are the issues?

Case Study 5

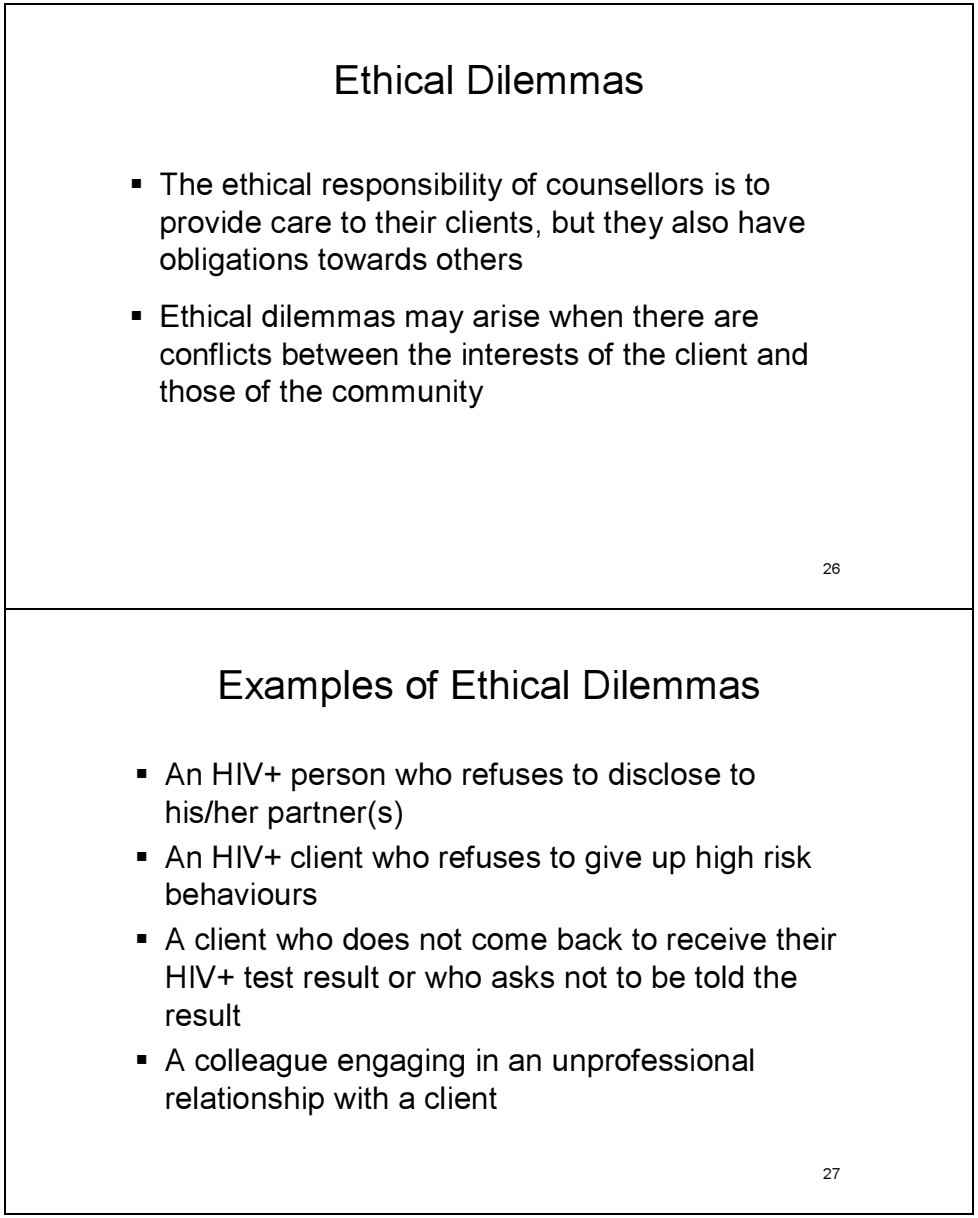
- A counsellor is giving pre-test counselling to a young pregnant woman who reveals that she is a sex worker
- The counsellor tells her that it is unacceptable to work as a sex worker, that her behaviour is shameful
- The counsellor sends her away and tells the woman she cannot help her
- What are the issues?

Activity 4: Brainstorm: Examples of Ethical Dilemmas

Note: A dilemma is a situation in which all the alternatives are unwelcome

» You will be asked to think of counselling situations in which there is an ethical dilemma or a conflict of interest between the client and another person or other people

» Draw on your own experience as counsellors to think of examples



Activity 5: Group Work: Solving Ethical Dilemmas

» Now you will be divided into groups of 4-5 and assigned one of the situations identified as involving ethical difficulties during the brainstorming in Activity 4

» Consider your scenario, list the ethical principles involved and try to work out a solution or approach to the situation

» Remember, each case study involves difficult issues and that there is often no clear right or wrong solution

» Someone from each group will present their groups' thoughts and suggestions

» Your facilitator will lead a discussion, looking at:

1. What are the different alternatives in each situation?
2. What are the advantages and disadvantages of each?
3. What might be the best way to resolve the situation?

Solving Ethical Dilemmas

Counsellors:

- need to be well informed, confident and have the skills to effectively deal with ethical dilemmas
- must be seen as competent professionals, who can discuss issues openly and act fairly and compassionately, while maintaining client confidentiality
- will sometimes find themselves caught between conflicting ethical principles
- should discuss difficult situations with their counselling supervisors or experienced counsellors
- should know that even after careful consideration of the important issues, some ethical dilemmas cannot be resolved easily or in a completely satisfactory manner

29

Key Points

Module 9: Key Points

- Counsellors may be guided by a code of ethical conduct comprising a number of Guiding Principles
- Guiding Principles include:
  1. Competence
  2. Informed Consent
  3. Confidentiality
  4. Responsibility
  5. Personal Conduct and Integrity
  6. Respect for Human Rights
- Counsellors may encounter situations in which there are conflicts of interest between the client and others
- Counsellors should consult with their superiors in difficult cases

Module 10

Pre-test Counselling

OBJECTIVES

At the end of this session, the participants will be able to:

1. Explain the purpose of pre-test counselling for HIV
2. Discuss factors which may influence clients to be tested or not to be tested for HIV
3. Describe the process of conducting pre-test counselling for pregnant women in ANC
4. List the topics which must be covered during a pre-test counselling session
5. Explain issues related to counselling groups, individuals and couples

Time allowed for this session: ***4 hours20 minutes***

Activity 1: Review of Counselling and Testing for HIV

What is VCCT for HIV?

Voluntary
Confidential
Counselling &
Testing

5

What is Pre-test Counselling

Pretest counselling

is a dialogue between a client and a counsellor which

- allows the client to make an informed decision about whether or not to take an HIV test and
- prepares them for receiving their HIV test result

6

Why is VCCT important?

Many HIV+ people do not know they are infected

VCCT can:

- Increase knowledge and understanding of HIV/AIDS
- Enable individuals to plan and make important life decisions including deciding to take an HIV test
- Provide an opportunity for prevention counselling
- Help people to change their behaviour so they can protect and take care of themselves and their family
- Act as an entry point to comprehensive care and support services for PLHA

7

Counselling for HIV Testing

The counsellor needs to:

- have good knowledge of HIV/AIDS and other STI/RTI, reproductive health, sexual practices and safer sex
- be confident and comfortable when talking about sexual behaviors and the risk of HIV infection from such practices
- know how to conduct a risk assessment and discuss ideas for risk reduction
- be able to help the client design a risk reduction plan for both the client and their partner
- be able to identify barriers or obstacles and motives or incentives for behavior change

8

Activity 2: Exercise: Deciding to be Tested

» The purpose of this exercise is to consider reasons why people choose to receive or not to receive HIV testing

» One side of the room will be assigned to:
Deciding **to be** HIV Tested
and the other side of the room to:
Deciding **NOT** to be HIV Tested

» One of you will be asked if you can give a reason for being tested or for not being tested

» If the reason is in favour of being tested you should move to the "Deciding **to be** HIV Tested" side of the room, if the reason is against testing, move to the other side of the room, the "Deciding **NOT** to be HIV Tested" side

» Others will move with you if they agree with you. If they do not agree or they are unsure, they should stay where they are

» As the exercise continues, people can move from one side of the room to the other and back again as many times as they need to, according to their view of the reason

Deciding to be Tested

- Different people have different ways of dealing with their own problems and situations
- The counsellor must allow the client to decide whether or not to be tested:
  - some people, after learning more about HIV, may decide not to be tested as they feel they have not been at risk
  - some people with higher risk behavior may also decide not to be tested
  - others may return later when they finally decide that they want to know their HIV status

10

Reasons for deciding **to be** HIV Tested

A person may decide they want to have an HIV test because they:

- Want to know their status to plan for future prevention
- Think they are or may be at risk
- Want to get married
- Have a family member with HIV
- Have to accept the truth
- Do not want to continue worrying
- Believe the counsellor and VCCT staff can keep a secret
- Want to know in order to plan for the future, and be able to protect their partner and future children
- Do not want to spread HIV to others if they are HIV positive
- Want to do their best for their unborn child

11

Reasons for deciding **NOT** to be HIV Tested

A person may decide they do not want to have an HIV test because they:

- Think there is no reason to test, no risk behaviour
- Believe that if the test is positive they could not accept the result, might be shocked or want to commit suicide
- Think that if found positive, they will be very sad and it would be better not to know
- Are afraid that their secret will be revealed
- Cannot accept HIV, society does not accept HIV
- Are afraid that their partner and relatives will find out
- Are afraid of domestic violence

12

Activity 3: Brainstorm Game: Providing Pre-test Information

- The purpose of this exercise is to review knowledge of HIV/AIDS and HIV testing in preparation for providing VCCT
- You will all gather on one side of the room and will be asked some questions on Pre-test Information which should be covered during pre-test counselling
- If you answer a question correctly, you may move to the other side of the room (Part 1)
- Once all the Part 1 questions have been answered correctly, you will move on to Part 2
- This time, whenever a question is answered correctly, you will move back again, to the side of the room you started on

Purpose of Pre-test Information

Pre-test Information
- offers basic information about HIV/AIDS
- helps prepare women and their partners to understand the counselling and testing process

Pre-test Information can be given to groups of pregnant women during a Mother Class or to individual women with or without their partners

14

Pre-test Information 1

Overview of HIV/AIDS

1. What is the difference between HIV and AIDS?
2. How can you get HIV?
3. What are high risk behaviours?
4. How can you prevent HIV infection?
5. How can you decrease your risk of HIV infection?
6. How do babies get HIV infection from their mothers?
7. What is PMTCT?
8. What care and support services are available for HIV+ people?

15

Pre-test Information 2

HIV testing

1. How is HIV testing conducted?
2. What are the advantages of being tested?
3. What are the disadvantages of being tested?
4. What do the test results mean?
5. Who can receive information about your test result?
6. What are the benefits of couples counselling?

16

Activity 4: Introduction to Pre-test Counselling using the Pre-test Flipchart for ANC

- » The flipchart has been designed to make pre-test counselling easier
- » You will have the opportunity to practise Pre-test counselling in the next activity

Pre-test Flipchart for ANC

The pre-test flipchart for ANC can be used for:

- **Group Counselling:**
  groups of pregnant women and their partners during a Mother Class
- **Couple or Individual Counselling:**
  individual women with or without their partners

18

Pre-Test Counselling Checklist (1)

All Counselling sessions (Group or Individual):

The ANC pre-test flipchart should be used to help cover the following messages:

1. Basic HIV/AIDS information
2. Assessment of understanding of HIV
3. Benefits and risks of HIV testing
4. HIV testing process
5. Confidentiality
6. Meaning and implications of HIV+ and HIV- results
7. Partner testing and counselling
8. Ways to prevent HIV transmission between partners
9. Ways to prevent MTCT
10. Identification of HIV care and support services

19

Pre-Test Counselling Checklist (2)

Group Counselling:

If pre-test counselling is being given to a mother class, at the end of the class inform the women that:

- their HIV test will be done as one part of their routine antenatal care
- If they would like any further information or wish to bring their partner for couple counselling, they should tell one of the health care workers
- If they do not wish to have an HIV test, they should tell one of the health care workers

20

Pre-Test Counselling Checklist (3)

Individual Counselling:

If individual counselling is being given, then the following should also be covered:

- HIV and other STI risk assessment
- Risk reduction plan
- Explore disclosure options

- Obtain informed consent and proceed to testing
- Consider the need for further counselling

21

Pre-Test Counselling Checklist (4)

Couple Counselling:

If couple counselling is being given, then the following should also be covered:

- HIV and other STI risk assessment
- Risk reduction plan for both partners
- Explain **discordant results** and prepare couples for this possibility
- Ask if they would prefer to receive their results **separately** or **together***
- Obtain informed consent from each partner (allocate each person their own PMTCT number) + proceed to testing
- Consider the need for further counselling

*Experts generally recommend that receiving results together should be a pre-condition for couple counselling

22

Discordant Results

A Discordant Couple is a couple in which:

- one partner is HIV-positive and
- one partner is HIV-negative

This may be because:

1. The HIV-negative partner has been infected very recently and is still in the window period so the test result is negative
2. The HIV-negative partner has not yet become infected by his/her HIV+ partner

23

Deciding to be HIV tested

The client must be allowed to make the decision to take the test freely

- If client decides to take the test, inform the client when to get the result and arrange for the blood sample to be taken
- If the client decides not to take the test and s/he appears to be in a risk situation, a risk reduction plan needs to be discussed in detail

Deciding not to take an HIV test should not affect a pregnant woman's access to ANC services

24

Activity 5: Role Plays: Pre-test Counselling using the Pre-test Flipchart for ANC

Preparation

Read through and familiarise yourself with the Basic Flipchart Presentation Skills and Group Facilitation Skills

Review the Client Roles for the Group Pre-test Session

Overview of the Activity

» The purpose of this activity is to practise pre-test counselling skills and to learn how to use the flipcharts

» The flipcharts can be used for giving group pre-test counselling and for giving counselling to individuals or couples. In this activity you will practise all of these

» Everyone will go through all the Role Plays and will get at least one turn to be the counsellor and one the client

Basic Flipchart Presentation Skills – for use during training and by Counsellors in the workplace
Preparation
▪ Review the flipchart in advance. You must know the material well and feel comfortable talking about it in front of a group ▪ Think about who you will be talking to so that you can make your presentation appropriate ▪ Set up and check your presentation tools before the session, ensure there are enough handouts ▪ Arrange the room so there is sufficient seating and all clients can see you and the flipcharts
Movement
▪ Start by standing near the front of the room and face the group when speaking ▪ Move around the room when presenting. Approach clients to help get their attention and encourage them to answer questions ▪ Make appropriate eye contact with all clients ▪ Use natural gestures and facial expressions during the presentation. Try to appear relaxed and confident
Speaking
▪ Speak slowly and clearly, in an enthusiastic, natural voice loud enough for everyone to hear ▪ Use simple and appropriate language
Content
▪ Follow the flipchart closely, making sure you cover all the important points ▪ Use stories and analogies to explain complex concepts ▪ Encourage participation by inviting questions and comments ▪ Keep time, try not to rush or spend too much time on any one concept ▪ Go over key messages at the end of the session ▪ Answer all questions correctly. If you do not know the answer, say you do not know, or refer the question to a colleague

Group Facilitation Skills

Try to create rapport with and among group members. Promote discussion among group members and encourage sharing and learning

Facilitators should:

- Use open-ended questions
- Set ground rules at the beginning of the session, for example:
  - We will raise our hand to ask questions or make comments
  - We will use language and tone of voice that is respectful of others
  - We will speak one at a time and avoid whispering or having side conversations
  - We will protect each other's confidentiality
- Pay close attention to what clients say and also to how they say it
- Adopt a non-judgmental attitude toward group members
- Ensure that all clients, even those who are shy, have an opportunity to participate
- Deal with clients who tend to dominate the group

Techniques for Managing Talkative Clients

If one talkative client is dominating the discussion

- Acknowledge the talkative client and thank her for her contribution and expertise, but state, "May I hear from somebody else?"
- If the talkative client appears to be a lay expert, ask her to help by handing out leaflets, by sharing her experiences, or by answering some of the more difficult questions.

If people in the group are talking with each other:

- Speak in a lower voice so clients have to stop talking to hear
- Move near to the talkers
- Suggest that the talkers share their experiences with the entire group

Techniques to Increase Participation

- Use questions & answers and group discussion
- Allow the group enough time to answer questions. Use silence to encourage clients to respond
- Give encouraging responses to all clients who answer. Be sensitive in correcting wrong answers. For example, start the response with "A lot of people think that, but…"
- Steer clients' conversations back to the topic when they drift off the point
- Try to involve all clients in the discussion. When a few people have dominated the discussion, ask the group if anyone else has an opinion

Additional Techniques for Managing Difficult Clients

- Ignore the behaviour at the start of the session. If the behaviour persists, you may need to confront the client
- Have a quiet chat with the "difficult" individual to explain the impact she is having on the group, find out if there is an underlying reason for the disruption and ask that she stop
- If the behaviour breaks the ground rules, remind the group of the rules to show that the behaviour is inappropriate

Activity Part 1 Group Pre-test Session 30 minutes	▪ The facilitator will demonstrate how to give group pre-test counselling using the flipchart ▪ The participants will act as clients in a busy ANC setting ▪ You will be given copies of the Client Roles for the group Pre-test Session and volunteers will be asked to play each of the roles (see below, review the roles before the session) ▪ Play your role in a way that reflects an ANC clinic as closely as possible. Do not be inappropriately disruptive ▪ Once the presentation is complete, debrief as described below
Activity Part 2 Individual & Couple Counselling 90 minutes	▪ You will be divided into groups of 4-5 ▪ Make sure you have a copy of the pre-test session flipchart and Role Plays ▪ One person in each group plays the counsellor and one or two the clients (one case involves a couple). The others act as observers (each should have a copy of the Pre-test Counselling Evaluation Sheet) ▪ The counsellors should conduct pre-test counselling using the flipchart and one of the Role Plays ▪ Clients should be polite and listen but should act their role realistically to give the counsellor practice dealing with clients ▪ Each group should work through all 3 Role Plays, taking turns to be the counsellor and the client(s)
Debriefing	After each pre-test session, debrief as follows: Ask the counsellor to state how the session went, what went well and what will she change the next time Using the evaluation sheets, observer participants should provide each of the counsellors with feedback on: ▪ What were each counsellor's strengths? ▪ Did the counsellor's movements and speech help the presentation? ▪ Did the counsellor involve the clients in discussion and answer questions clearly? ▪ Did the counsellor explain the content clearly and include all of the important content? ▪ Did the counsellor handle difficult participants appropriately? When all participants have had a chance to be counsellors, the facilitator will lead a discussion in the big group looking at: ▪ How did the exercise go? How did it feel to be a counsellor? ▪ How did it feel for the clients? ▪ How was the role-play different from presentations in the real world? ▪ How did the flipchart work out? What were the strengths of the flipcharts? What skills do counsellors need to develop to make the best use of the flipcharts? ▪ What were the primary learning points you took from this exercise?

Activity 5, Part 1: Group Pre-test Session Client Roles

Client Roles

Client 1:

Rosa is 32 weeks pregnant. She is anxious to learn about HIV, she doesn't think she is infected but wants to learn more. Her main barrier to listening is her very active 18 month old toddler who keeps running to play on the clinic stairs.

Client 2:

Precious is 36 weeks pregnant and does not know much about HIV. This is her first pregnancy and she wants to learn more about HIV; she has so many questions but is afraid to speak in public.

Client 3:

Lucky is 30 weeks pregnant. She is very excited to learn more about HIV and has a lot of questions that she is not afraid to ask.

Client 4:

Pakirani is 39 weeks pregnant and uncomfortable. She is impatient with the presentation about HIV. She thinks it is all a waste of time; she knows that she can't have HIV as she has always been a religious woman and thinks that people with HIV probably deserve it.

Client 5:

Maya is 32 weeks pregnant and has had several partners over the past year, one of whom isn't feeling very well. Maya has a lot of questions, all of which focus on her own risk (What are the symptoms of AIDS? How would I know if my partner had AIDS? What are the chances that I would have HIV if we only had sex twice?).

Activity 5, Part 2: Individual & Couple Counselling Role Plays

Role Play 1 (Individual Counselling)
Kum Lee is a 35 year old lady who lost her husband 5 years ago. He had been a Customs Officer at the border post to Vietnam. He was ill for several months before he died. Last year Kum Lee married again, now she is pregnant with her fourth child. She has come to the ANC and has listened to the HIV education information during the Mothers Class. She has decided to come for pre-test counselling because she thinks she would like to take an HIV test.

Role Play 2 (Individual Counselling)
Bopha has been working as a sex worker in Poipet for 4 years. She is not married but is pregnant with her second child. Her first child lives with her grandmother in Phnom Penh. Last year she was treated for an STI and since then she has been trying to get her clients to use condoms. Sometimes they refuse and if she needs the money badly, she agrees to have sex without a condom. Now that she is pregnant, she is not sure what to do. She has heard about HIV/AIDS and knows that some sex workers have been affected. She doesn't know who the father of her baby is, but she thinks maybe she would like another child and might move back to Phnom Penh to try to find other work so that she can raise her children by herself. She decided to come to ANC and has now learned that HIV testing is available. She requests pre-test counselling.

Role Play 3 (Couple Counselling)
Sophal and his girlfriend Nary are both studying business administration in Phnom Penh. They have been married for one year and now Nary is four months pregnant. Nary has a sister-in-law with HIV infection whose young baby died last year. Nary had a boyfriend before Sophal and though she is not sure about Sophal, she thinks it is possible that he may have been with beer promoters before he met her. He has talked about evenings with his friends in Karaoke bars where everyone was drinking heavily. She has explained to Sophal that she is worried about HIV because of her sister-in-law whose husband was in the military. She heard about HIV testing when she came to the clinic for ANC last week. The counsellor told her that if she could come for counselling with her husband it would be better. She has managed to get him to agree to come, but Sophal said to her that he would not agree to be tested.

Module 10: Key Points

- Pre-test counselling aims to prepare women and their partners for HIV testing by providing information and education about HIV/AIDS and the HIV test
- Advantages and disadvantages of being tested should be covered
- Pre-test counselling should prepare clients to receive their HIV results during post-test counselling
- A personal risk assessment for HIV infection and a risk-reduction plan (including a condom demonstration if appropriate) should also be conducted if individual or couple counselling is being provided
- At the end of the counselling, the pregnant woman and/or her partner should be able to make an informed decision about whether or not to be tested

Appendix 10

This checklist can be used as a reminder of the steps that should be followed when providing Pre-test Counselling, either to groups of mothers or to individual women, with or without their partners

Pre-Test Counselling Checklist

Please use the ANC pre-test flipchart to help you cover the following messages:

1. Basic HIV/AIDS information
2. Assessment of understanding of HIV
3. Benefits and risks of HIV testing
4. HIV testing process
5. Confidentiality
6. Meaning and implications of HIV+ and HIV- results
7. Partner testing and counselling
8. Ways to prevent HIV transmission between partners
9. Ways to prevent MTCT
10. Identification of HIV care and support services

If you are giving pre-test counselling in a mother class, at the end of the class say:

- Your HIV test will be done as one part of your routine antenatal care
- If you would like any further information or wish to bring your partner for couple counselling, please inform one of the health care workers here today

If you are giving individual or couple counselling then please also cover the following:

- HIV and other STI risk assessment
  - Explain that STIs increase the risk of HIV transmission and the risk of MTCT
  - Tell the client how to access treatment for other STIs
- Risk reduction plan
- Explore disclosure options

PRE-TEST COUNSELLING EVALUATION SHEET - During the session have the following occurred?	**Yes**	**No**
1. Welcome and greeting		
2. Counsellor introduced themselves		
3. Reason for attending discussed		
4. Summarise the counselling process: “today we are going to...”		
10 points of Pre-Test Counselling Checklist covered (also see antenatal flipchart):		
1. Basic HIV/AIDS information		
2. Assessment of understanding of HIV		
3. Benefits and risks of HIV testing		
4. HIV testing process		
5. Confidentiality		
6. Meaning and implications of HIV+ and HIV- results		
7. Partner testing and counselling		
8. Ways to prevent HIV transmission between partners		
9. Ways to prevent MTCT		
10. Identification of HIV care and support services		
For individual or couple counselling:		
1. HIV risk assessment carried out		
2. Personal risk-reduction plan discussed		
3. Condom demonstration performed (if appropriate)		
4. Disclosure options explored		
5. Informed consent / dissent given freely		
Counsellor Behaviour: Did the Counsellor…?		
6. Provide adequate time for the client(s) during the session?		
7. Pay attention and listen to the client(s) during the session?		
8. Interrupt the client(s)?		
9. Allow the client(s) enough time to think through feelings or issues?		
10. Show empathy towards the client(s)?		
11. Encourage and allow enough time for the client(s) to ask questions?		
12. Counsellor’s overall behaviour towards the client(s) (please rank from 1-5: 1 is very poor and 5 is excellent)		
13. Did the session end in a positive manner?		

Module 11

Post-test Counselling

OBJECTIVES

At the end of this session, the participants will be able to:

1. Identify the goals of post-test counselling
2. Describe the process of conducting post-test counselling for pregnant women in ANC
3. List the topics which must be covered during a post-test counselling session
    1. All clients
    2. Those whose HIV test result is negative
    3. Those whose HIV test result is positive
4. Discuss some components of post-test counselling in more detail: risk reduction, disclosure, couple counselling, positive living
5. Discuss emotional reactions to learning HIV status
6. Discuss strategies for counselling parents about their child's HIV test result

Time allowed for this session: ***5 hours 30 minutes***

Activity 1: Introduction to Post-test Counselling

Post-test Counselling - Goals

The purpose of post-test counselling is to:

- Give the client their HIV test result and help them to understand it
- Assist with the shock or the emotional response to the result
- Provide essential PMTCT information
- Offer referral to OI/ART services
- Address and encourage risk-reducing behaviour
- Discuss disclosure and partner testing
- Offer other support, information and referrals as necessary

5

Process of Post-test Counselling

The process of conducting post-test counselling can be divided into two parts:

- The first part applies to everyone coming to receive their results
- The second part differs according to whether the test result is negative or positive

Post-test counselling also differs according to whether an individual or a couple are being counselled

6

Giving Results

- Current practice in Cambodia is that the HIV result is put in an envelope for the counsellor to give to the client during the post-test counselling session
- The counsellor does not know the test result before meeting with the client
- After getting permission from the client, the counsellor opens the envelope to read and explain the meaning of the test result
- The counsellor must be prepared to learn about the test result, either negative or positive, and be able to continue working with the client

7

Activity 2: Brainstorm: What to cover during Post-test Counselling

» The purpose of this exercise is to compile a list of points which must be covered during Post-test counselling

» You will be asked to give suggestions for points which need to be addressed during Post-test counselling

Process of post-test Counselling: All Clients

1. Check that the PMTCT code number of the client and the results envelope are the same
2. Briefly go over the content of pre-test counselling
3. Review the client's feelings about receiving and being able to cope with the test results
4. Ask the client if they are ready to allow the counsellor to give them their result
5. If the client agrees, open the envelope, read the result and explain the result to the client
6. Allow time for the client to express their reactions and emotions and to ask questions

9

Post-test Counselling: HIV negative result (1)

A negative test result means the person does not have HIV infection **OR** is in the window period

- Review the meaning of the test result
- Explore the window period and encourage those with recent risky behavior to return for a repeat test in 3 months
- If the woman has come alone, talk about disclosure and partner testing
- Talk about discordance in couples
- Discuss the risk reduction plan to remain uninfected
  - Reinforce the A, B, C message
  - Offer condom education and demonstration
  - Provide condoms to those who are willing to use them

10

Post-test Counselling: HIV negative result (2)

- Emphasise the importance of remaining uninfected during pregnancy and breastfeeding
- Encourage the woman to breastfeed her baby
- Inform about or refer client to other relevant services such as family planning or STI clinic if appropriate
- Provide IEC materials
- Ask if she has any questions or concerns
- Encourage the woman to come again as needed

In addition, go over the following as appropriate:

- Encourage the woman to bring her partner for VCCT
- Safe sex negotiation skills

11

Post-test Counselling: HIV positive result (1)

A positive test result means the person has HIV infection, but they do not necessarily have AIDS

- Review the meaning and implications of the test result
- Encourage the client to express his/her feelings, explore and support them

Once the client is ready, explain that there are key practical issues that need to be discussed

It is important that these issues have been addressed during pre-test counselling so they are already familiar

12

Post-test Counselling: HIV positive result (2)

- Go over available PMTCT interventions and their importance
  - Antiretroviral treatment and prophylaxis
  - Infant-feeding options
  - Delivery in a PMTCT facility
  - Adequate nutrition
  - Positive Living
- Discuss other available medical care and support services
- with the agreement of the client, refer women to the nearest OI/ART services for assessment for ART / ARV prophylaxis
- If the woman has come alone, talk about disclosure, partner testing and HIV prevention options
- Talk about discordance in couples

13

Post-test Counselling: HIV positive result (3)

- Identify sources of hope for the patient, such as family, friends, community-based services, spiritual support and treatment options. Make referrals when appropriate.
- Inform about or refer client to other relevant services such as family planning or STI clinic if appropriate
- If the patient already has children, discuss and plan for testing of children
- Ask whether the patient has questions or concerns. Give the patient contact information for the clinic
- Provide IEC materials

14

Post-test Counselling: HIV positive result (4)

- Remind mothers and families that counselling will be available throughout their pregnancy to help them plan for the future and access services

In addition, go over the following as appropriate:

- Encourage the woman to bring her partner for VCCT
- Develop a risk reduction plan including prevention of HIV transmission to uninfected or un-tested partner(s) and prevention of re-infection
- Discuss safe sex negotiation skills

15

Activity 3: Group Work: Components of Post-test Counselling

» You will be divided into four groups and each group will be assigned one of the following topics:

Group 1: Risk Reduction and Behaviour Change

Group 2: Disclosure

Group 3: Couple Counselling and Discordant Couples

Group 4: Positive Living

» Each group should think of points related to their topic which should be covered or considered during post-test counselling

» You will be given 15 minutes to work and then someone from each group will be asked to present the group's findings

» The facilitator will lead a discussion to make sure everyone has understood

1. Risk Reduction Plans: Negative Result

- Clients who have been told they are HIV negative may promise to take all recommended actions to remain uninfected
- They may sometimes even tell the counsellor that they will not have sex any more
- The counsellor must not miss this opportunity to reinforce the actions identified in the client's risk reduction plan
- If the client has specific risk behaviors, the counsellor must point them out to the client and discuss with the client practical and specific actions for behavior change

17

Risk Reduction Plans: Behaviour Change

- Changing attitudes and behaviors
  - is the basis for HIV/AIDS prevention and care
  - is not an easy thing to do
  - is a process that takes time and continuing efforts
- An individual's behavior varies according to age, social norms, individual and societal values
- To adopt a new behavior, a person needs to know the benefits, have knowledge, skills and materials or access to services, and a supportive environment

18

2. Disclosure

A quote from a VCCT counsellor:

"Keeping the secret of your HIV status to yourself is like carrying a very heavy thing on your shoulder alone (*li*). Sharing it with your loved one is like sharing the heavy load on two shoulders (*saeng*). Though s/he may be angry with you at first they will gradually stop being angry, and one day, they will know it anyway."

19

Disclosure

- Disclosing is when a person informs others about their HIV+ status
- If a woman discloses her HIV status to her partner and family she is more likely to be able to:
  - Encourage her partner to be tested
  - Prevent HIV transmission to her partner
  - Access PMTCT interventions
  - Receive support from her partner and family during and after her pregnancy to access PMTCT and HIV/AIDS care, treatment and support services

20

Disclosure

- Reasons for not wanting to disclose HIV status include:
  - fear of rejection and anger from partner or spouse or from parents or parents-in-law (because of damage to the family reputation)
  - fear of losing their job
- A person may want to disclose their status but don't know how to do it in a way that will be accepted
- Keeping the secret of one's HIV positive status helps protect PLHA from possible negative effects, but keeping the knowledge to oneself can be a heavy burden
- Studies show most people will disclose to someone with time
- Counselors can help their client to plan and practise how to disclose

21

3. Couple Counselling

- The counsellor must help each member of the couple to cope with reactions to their own test result and that of their partner
- When both partners are HIV-positive or one person is HIV-positive and the other HIV-negative, one partner may blame the other for behavior that may have resulted in infection
- If couples express their strong feelings and reactions to each other, counselors must
  - set limits to stop partners from verbally or physically abusing each other
  - guide them away from assigning blame to focusing on developing a plan for living positively with their HIV status

22

4. Positive Living

"If I am weak or die soon who will take care of my three children until they grow up? I have to take care of my health and work normally. I tell myself not to be angry, not to be depressed, so that I can live a long time."

(Male Cambodian PLHA, 39 years old)

"My husband already died. It's only me left to take care of my children. I have to be strong so that I can take care of my small children. I want them to go to school like others. Other women in the community also face difficulties like me, so we have to work together to continue this fight. Other women also help me when I am sick."

(Female Cambodian PLHA, 47 years old)

23

Positive Living

A person who is infected with HIV:

- Still has the same worth as others in society
- May live a healthy life for many years
- Can continue to work and contribute to society
- Does not have to surrender to their infection
- Can turn their HIV+ status into a new strength

Many people with HIV/AIDS have turned their difficulties into new strengths and have achieved things in their lives they would never previously have thought possible

24

Activity 4: Psychological Reactions and Difficult Situations

Reactions to learning of HIV+ Status

Rreactions to learning their HIV+ status relate to:

- **uncertainty** about the future, what will happen, what to do, whom to tell
- **fear** of sickness and dying, of rejection by their partner, family or community
- the need for **adjustment** to a new life situation

Initial reactions may include:

- Shock
- Denial
- Anger

Later reactions may include:

- Grief
- Anxiety
- Depression

26

Reactions to HIV Diagnosis

The infected person may feel:

- **anger** towards the person who may have infected him/her, or even anger towards the counsellor
- **grief** or **sadness** at
  - their loss of health and status, their changed body image and sexuality
  - the possibility of not having children
  - the prospect of dying and leaving children alone
- **guilt** relating to how s/he may have been the cause of illness in the family, particularly in the children

The person may become overwhelmed by feelings of hopelessness or helplessness which can lead to anxiety, depression and the risk of suicide

27

Dealing with Difficult Situations

Counsellors must be prepared for emotional reactions, especially when giving positive HIV test results:

- Allow the client time to express their feelings
- Provide support for the client to express their feelings
- If the person displays anger or blames the counsellor, do not try to argue
- If the reaction is very extreme, consider scheduling another appointment or refer for psychiatric support

28

Suicide and Depression

People with HIV/AIDS are at increased risk of committing suicide

Counselors need to:

- be able to assess the depressed or highly anxious patient for suicide risk
- assess what levels of family or other support exist
- know what psychiatric support services are available and how to refer a client

29

Suicide Risk Assessment

Counselors need to:

- be aware of their own attitudes to suicide - and not let their attitudes inhibit the patient from talking about it
- assess whether the patient appears highly anxious or depressed
- be alert to increased talk of death
- encourage patients to express their feelings
- not be afraid to raise the subject of suicide
  - ask if the client has ever thought about suicide
  - ask if they have ever made any attempt to take their life

30

Activity 5: Counselling parents about their child's HIV test result

Counselling Parents about their Child's HIV+ Test Result (1)

- Check you have the correct HIV test result
- Ask the parents if they have had any questions since the child's blood test
- Ask if they are ready to receive their child's HIV test result
- Tell them the baby's result is positive, which means the baby has HIV infection
- Wait and give the parents time to express any emotions
- Show them the result
- Check the parents' understanding of the result, correct any misunderstandings and answer any questions they have

32

Counselling Parents about their Child's HIV Test Result (2)

- Parents may react with grief, shock, anger, disbelief, denial. Anticipate such reactions and offer support
- Explain that though there is no cure for HIV infection there are treatments for the infections the child may develop and talk about ART
- Emphasise that children can live for many years before they become sick with AIDS-related illnesses
- Discuss ways to keep the child healthy
  - Routine immunisation
  - Good nutrition
  - OI prophylaxis and prompt medical attention if the child becomes sick
- Refer the child to the nearest paediatric HIV clinic and explain the benefits to the parents

33

Counselling Parents about their Child's HIV Test Result (3)

- Review Universal Precautions
  - Reassure the parents that close daily contact with the baby carries no risk of HIV transmission
  - Explain that nappy changing does not require gloves, but that open sores or wounds should be covered and gloves should be worn to clean up blood spills
- Check whether there are any other family members who may be infected and arrange for counselling
- Identify support networks for the family and refer to HBC or to a PLHA support group, with the parents' permission
- Address disclosure
- Talk about confidentiality in the health care system
- Continue to provide information and support at all visits

34

Activity 6: Case Studies: Post-test Counselling using the Flipchart

Overview of the Activity

The purpose of this activity is to practise post-test counselling skills using the Post-test Counselling Flipchart

Preparation

Review the Basic Flipchart Presentation Skills and Group Facilitation Skills you learned in Module 10

Activity (90 minutes)

See table opposite

Debriefing (60 minutes)

The facilitator will lead a discussion of each role play in turn. For each role play you will be asked:

» How did you feel in your role?
» What did you (for counsellors) or your counsellor (for clients) do well?
» What did you find particularly difficult?
» Could any part of the counselling have been done better?

Activity
90 minutes
	▪ You will be divided into groups of 4-5. One person in each group will play the counsellor and one or two the clients (some cases involve couples). The other participants will act as observers
	▪ Make sure each group has copies of the role play scenarios, the post-test counselling check-lists, the evaluation sheet and a post-test flipchart
	▪ Try to remember the presentation skills you learned in Module 10
	▪ Start with one of the role plays for HIV-negative results and then move on to the others
	▪ "Clients" should play their roles as realistically as possible so that the "counsellor" gets the best opportunity to practise her skills
	▪ The observer(s) may help out if anyone gets stuck
	▪ Using the flipchart, the counsellor should proceed with the post-test session. The client should respond as appropriate for the situation.
	▪ After each session, still in small groups, using the evaluation sheet, participants should discuss:
	  ▪ How did the session go?
	  ▪ Was there any area which was difficult to play? How could this be managed?
	  ▪ How did the flipchart work out? What were the strengths of the flipcharts? What skills do "healthcare workers" need to make the best use of the flipcharts?
	▪ When each group has had a chance to go through several of the role plays, you will move back into the large group for a debriefing session

Activity 6: Post-Test Counselling Role-Plays

Role Play 1: Negative Result
Sinat is 25 years old. She recently learned that her husband has HIV. Her husband's health is still good and he wants to sleep with Sinat. Sinat is pregnant with her second child. Her daughter, who is five years old, is a happy and healthy child. After her first visit to the ANC she hears about the HIV counselling service and decides to have a test. First she goes home to ask her husband to accompany her, but he refuses, saying there is no point, he already knows he is infected. Sinat does not know what to do with her husband. She feels reluctant to have sex with her husband fearing that she will get HIV. But if she totally refuses, her husband might be angry with her. She took her HIV test this morning and has now come back for her results.

Role Play 2: Negative Result
Viseth and Chan Da have been married for two years. Viseth works in a restaurant in Phnom Penh and his wife works in a garment factory. Before they met, Viseth had a troubled time for a couple of years and spent some time using drugs but he has never been ill. Chan Da knows about this part of her husband's life and has never really been worried before. Now Chan Da is pregnant with their first child and the couple have come together to the ANC and decided to be counselled and tested together

Role Play 3: Concordant Positive Results (Both test results: HIV+)
Som Poh and Chhaya have been married for 10 years and have three children. She is now in the second trimester of her fourth pregnancy. A year ago her husband, a government official, was posted to Battambong Province for six months. During that time he had a prolonged sexual relationship with a woman who he later found out was HIV-infected. His wife found out about this and is very concerned about herself and her unborn baby. Chhaya agreed to come with her to the clinic and they received pre-test counselling together.

Role Play 4: Discordant Positive Results (Chan Sok: HIV+, Ming: HIV-)
Chan Sok has been a soldier for five years. He is married to Ming and they have two children, the older one is 5 and the younger is 2 years old. Now Ming is pregnant again. Chan Sok learned a lot about HIV/AIDS from his friends in the military unit. He knows that people mainly get HIV infection from sex. He also heard that some of his friends got HIV from sex workers. In the past he used to go to brothels with his friends. However, recently he prefers to seek women in the village close by or women he meets during festivals. Last week, Ming came home and told him she had been to the ANC that day and had heard that they were offering HIV testing and counselling and had asked her to bring her husband. Reluctantly he agreed to accompany his wife to the clinic. They were counselled and tested this morning.

Activity 6: Post-Test Counselling Role-Plays

Role Play 5: Positive Result
Bopha is a beer promotion girl, a job she has had for about five years. Her salary is about $40 a month and she has found it very difficult to live on this amount. Every day she could see her friends get extra income from spending time with customers. Some of her friends insisted that she should do the same in order to have a better income and she decided to follow them. She found that it is good to get more money by doing this. She does not always use a condom with her clients when she has sex with them because her clients do not want to use them and she thinks that since they are rich they do not have HIV. She also has little power to negotiate with her clients while they are alone together. One day she found something in her genital area and it caused bleeding during sex. She was very frightened and went to see a doctor. During the consultation, the doctor gave her treatment and education. However, because she wanted to continue to earn extra money she could not follow all the doctor's advice. Recently she realised that she is pregnant. She has never had a child but she decided to come to her local Health Centre as she heard they have HIV services. She is only two months pregnant but she is confused and worried. This morning she took an HIV test

Role Play 6: Positive Result
Rotha is 28 years old and pregnant with her third child. She is a fruit seller in a market in Phnom Penh. Her husband is a government officer working at the Ministry of Commerce. He frequently makes work-related trips to the provinces. When he goes there his friends and colleagues always invite him to dinner. Eating and drinking beer or liquor are the most common pastimes. In addition, his friends usually pay for him so he can have free sex services. Rotha was suspicious and worried about her husband's behaviour while he was in the province. However she could not do much. At home they do not use condoms. Rotha knew that using a condom can prevent HIV but she could not initiate using it with her husband because condoms should be used with sex workers and she was afraid that her husband would see it as a sign of distrust and not be happy. She came to the ANC and after hearing the information about HIV/AIDS she decided to have an HIV test because she is worried about her baby

Role Play 7: Child's Positive Result (Moni: HIV+)
Buntha and Vanny know they are both HIV infected. Last year Buntha was diagnosed with TB and was later tested for HIV and found to be HIV+. His wife, Vanny, is now in the third trimester of her third pregnancy and is receiving ARV prophylaxis. She underwent testing after her first antenatal visit 6 weeks ago. Her test was HIV+ and she was referred to the local OI/ART services where she was found to have a CD4 count of 400cells/mm3. The couple's younger child, Moni, is four years old. Recently he has been quite unwell with persistent diarrhoea and a cough. One of the midwives in ANC suggested to Vanny that she should bring Moni for counselling and testing. She brought him this morning and now Buntha and Vanny have come back to receive his test result.

Activity 7: Window Period Exercise

- » You will be asked to imagine you are giving post-test counselling to a pregnant woman, who has had a recent risky exposure
- » The client's HIV test is negative but you realise and explain to her that she might be in the window period
- » You need to ask her to come back in another 3 months time for a repeat HIV test
- » Look at the table and write down the date you will give the woman for her repeat HIV test, for each of the examples
- » Check on the calendar to make sure you are not asking the woman to come back at a weekend or on a Public Holiday

	Date of 1st Test	Date of 2nd Test
1.	7th June, 2007	
2.	2nd November, 2007	
3.	28th March, 2007	
4.	14.09.2007	
5.	10.07.2007	
6.	30.05.2007	

Key Points

Module 11: Key Points

- Post-test counselling is important for all women, whether they test HIV-negative or HIV-positive
- For HIV-negative women, emphasise the importance of prevention of future HIV infection
- For women infected with HIV, provide emotional support, information about available PMTCT services, referral to OI/ART and support services
- During post-test counselling, all women should be encouraged and supported to disclose their HIV status to their partner or their close relatives

Appendix 11

Post-Test Counselling Checklist: HIV Negative Result
1. Greet the patient 2. Check that the PMTCT code number of the client and the results envelope are the same 3. Briefly go over the content of pre-test counselling 4. Review the client's feelings about receiving and being able to cope with the test results 5. Ask the client if they are ready to allow the counsellor to give them their result 6. If the client agrees, open the envelope, read the result and explain the result to the client 7. Allow time for the client to express their reactions and emotions and to ask questions
Use the Post-test ANC flipchart for HIV negative women to cover the following messages:
8. Review the meaning of the test result 9. Explore the window period and encourage those with recent risky behavior to return for a repeat test in 3 months 10. If the woman has come alone, talk about disclosure and partner testing 11. Talk about discordance in couples 12. Discuss the risk reduction plan to remain uninfected a. Reinforce the A, B, C message b. Offer condom education and demonstration c. Provide condoms to those who are willing to use them 13. Emphasise the importance of remaining uninfected during pregnancy and breastfeeding 14. Encourage the woman to breastfeed her baby 15. Inform about or refer client to other relevant services such as family planning or STI clinic if appropriate 16. Provide IEC materials 17. Ask if she has any questions or concerns 18. Encourage the woman to come again as needed
In addition, go over the following as appropriate:
19. Encourage the woman to bring her partner for VCCT 20. Safe sex negotiation skills

Post-Test Counselling Checklist: HIV Positive Result

1. Greet the patient
2. Check that the PMTCT code number of the client and the results envelope are the same
3. Briefly go over the content of pre-test counselling
4. Review the client's feelings about receiving and being able to cope with the test results
5. Ask the client if they are ready to allow the counsellor to give them their result
6. If the client agrees, open the envelope and explain the test result in a clear, compassionate and supportive manner.
7. Allow time for the client to express their reactions and emotions and to ask questions

Use the Post-test ANC flipchart for HIV+ women to cover the following messages:

8. Review the meaning and implications of the test result
9. Encourage the client to express his/her feelings, explore and support them
10. Go over available PMTCT interventions and their importance
    a. Antiretroviral treatment and prophylaxis
    b. Infant-feeding options
    c. Delivery in a PMTCT facility
    d. Adequate nutrition
    e. Address Positive Living
    f. Discuss other available medical care and support services and, with the agreement of the client, refer pregnant women to the nearest OI/ART services for assessment for ART or ARV prophylaxis
11. If the woman has come alone, talk about disclosure, partner testing and HIV prevention options
12. Talk about discordance in couples
13. Identify sources of hope for the patient, such as family, friends, community-based services, spiritual supports, and treatment options. Make referrals when appropriate.
14. Inform about or refer client to other relevant services such as family planning or STI clinic if appropriate
15. If the patient already has children, discuss and plan for testing of children.
16. Ask whether the patient has questions or concerns. Give the patient contact information for the clinic should concerns arise.
17. Provide IEC materials
18. Remind mothers and families that counselling will be available throughout their pregnancy to help them plan for the future and access services.

In addition, go over the following as appropriate:

19. Encourage the woman to bring her partner for VCCT
20. Develop a risk reduction plan including prevention of HIV transmission to uninfected or un-tested partner(s) and prevention of re-infection
21. Discuss safe sex negotiation skills

POST-TEST COUNSELLING EVALUATION SHEET - During the session have the following occurred?	Yes	No
Introduction		
1. Welcome and greeting		
2. Results given simply and clearly		
3. Time allowed for the result to sink in		
Messages from post-test ANC flipchart for HIV+ women covered:		
4. Review the meaning and implications of the result for the client		
5. Opportunity given to the client to express feelings		
6. Available PMTCT interventions reviewed		
7. Client referred to OI/ART for ART screening		
8. Discussion of personal / family / social implications and whom to tell		
9. Clients questions and concerns answered		
10. Check availability of adequate immediate support		
11. Discussion of a risk-reduction plan, prevention of HIV transmission to partner(s) and prevention of re-infection (if appropriate)		
12. Options and resources identified		
13. Immediate plans, intentions and actions reviewed		
14. Follow up plans discussed and referrals provided where necessary		
Counsellor Behaviour: Did the Counsellor…?		
15. Provide adequate time for the client during the session?		
16. Pay attention and listen to the client during the session?		
17. Interrupt the client?		
18. Allow the client sufficient time to think through feelings or issues?		
19. Show empathy towards the client?		
20. Encourage the client to ask questions?		
21. Counsellor's overall behaviour towards the client (please rank from 1-5 where 1 is very poor and 5 is excellent)		
22. Did the session end in a positive manner?		

Module 12

Infant Feeding Counselling and Support

OBJECTIVES

At the end of this session, the participants will be able to:

1. Identify the goals and components of infant feeding counselling
2. List the steps involved in provision of infant feeding counselling
3. Explain how to conduct each of the steps
4. Counsel women on exclusive breastfeeding with early cessation
5. Counsel women on replacement feeding in the first 6 months
6. Explain when and how to introduce complementary feeding

Time allowed for this session: ***3 hours***

Activity 1:
Recap: Goals of Infant Feeding Counselling

Goals of Infant Feeding Counselling

To promote the use of safe feeding practices and minimise:

- the risk of HIV transmission from mother to child
- the risk of stigmatisation of the mother and her family

To provide guidance in selecting the most suitable feeding option for the mother's situation

The mother has the right to choose the feeding option
The counsellor's role is to support her choice

5

Activity 2:
Brainstorm: Components of Infant Feeding Counselling

» You will be asked to think about points which need to be covered during infant feeding counselling

» Participants will be invited to write their answers on the whiteboard

» There will be an opportunity for questions and clarification

Components of Infant Feeding Counselling (1)

Infant feeding counseling should include:

- Information about the risk of HIV transmission through breastfeeding
- Information on different feeding options and their advantages and disadvantages
- Guidance in making an appropriate choice and support to adhere to it
- Providing women with the skills needed to feed their infants safely, including demonstrations and opportunities to practise when appropriate

7

Components of Infant Feeding Counselling (2)

Infant feeding counseling should include:

- Consideration of local customs, practices and beliefs which affect the choice of feeding option
- Promotion of partner/family involvement in infant feeding decisions and implementation
- Strategies for dealing with questions from family or community regarding choice of feeding option
- Support for disclosure of HIV status

8

Activity 3: Key words: When should infant feeding counselling be given?

- » You will be asked to think about when infant feeding counselling needs to be given to women
- » Participants will be invited to write a list on the whiteboard
- » Remember that infant feeding counselling should be started as early in pregnancy as possible and continued through the antenatal period, after delivery and postnatally
- » **Note:** At birth it is usually not possible to tell which babies born to HIV-infected mothers have themselves been infected during the pregnancy or during labour & delivery
- » All mothers should receive infant feeding counselling, regardless of HIV status, as this will maximise the benefit

Antenatal Infant Feeding Counselling

Counseling should be offered antenatally:

- as early as possible in pregnancy
- during mothers class in ANC
- to individual mothers at antenatal visits
- included as a topic for discussion in post-test counseling sessions for HIV positive women*

*Note: emotional reactions to learning about their test result may make it difficult for women to fully understand other counseling topics at this time

10

Postnatal Feeding Counselling

Counselling is needed:

- immediately after delivery
- before discharge from the hospital
- at routine visits to the health centre
- before early cessation of breastfeeding

Additional information should be provided at high-risk times, if the:

- child is sick
- mother goes back to work or needs to be away
- mother decides to change the feeding method

11

Unknown Infant Status

Only a small percentage of infants are born already infected with HIV and it is not possible to know from ordinary tests which babies are infected

- If the infant is not HIV-infected, the risk of both HIV and other infections may be reduced by appropriate feeding counseling
- If the infant is already HIV-infected, the mother should breastfeed

All mothers should receive infant feeding counseling, regardless of HIV status

12

Activity 4: Infant Feeding Counselling Role Plays

Purpose

» To practise infant feeding counselling

» To identify and clarify issues that may arise during infant feeding counselling

Materials Needed

1. Copies of the counselling role plays
2. Copies of the counselling checklist

Activity

» You will be divided into pairs, one person will play the mother and one the counsellor

» If you are playing the mother, read the role you have been given

Activity (cont.)

» Introduce yourself and your situation (whether ante- or postnatal) to your counsellor

» Using the checklist (Appendix 12), the counsellor should follow the relevant steps and provide feeding counselling

» If you are the mother, play your role as realistically as you can

» Once you have finished the role play, choose one of the other role plays and reverse roles (so that each person has a chance to play the counsellor)

» Once everyone has had a chance to play the counsellor at least once, move back into the big group and participate in the debriefing

Debriefing

For the mothers:

» What did you think of the counselling session?

» How did the counsellor make you feel, supported or discriminated?

» What were the main points you learned?

» Did the session change the way you would feed their infant?

» Were any points difficult to discuss?

Discuss how to address any difficulties highlighted by the above questions

For the counsellors:

» How did you feel about your counselling session?

» Did you encounter any difficulties with any of the steps? If yes, what were they?

» What could you do to become more competent in providing infant feeding support?

Discuss how to address any difficulties highlighted by the above questions

Infant Feeding Counselling Role Plays

Antenatal Visits

Role Play 1	Antenatal
Your name is Sophea. You live in Takeo. You are 8 months pregnant with your second child. You breastfed your first baby. You are HIV+ and think you will breastfeed your new baby because you cannot afford to buy commercial infant formula.	

Role Play 2	Antenatal
Your name is Srey Mom. You live in Phnom Penh. Your first baby is due in two months. You know you are HIV+. You would like to use commercial formula to feed your baby but you have heard conflicting advice from your friends and are not sure what is best.	

Role Play 3	Antenatal
Your name is Socheata: You live in Battambang. You have recently learned that you are HIV+, but no-one else in your family knows. Your third baby is due next month.	

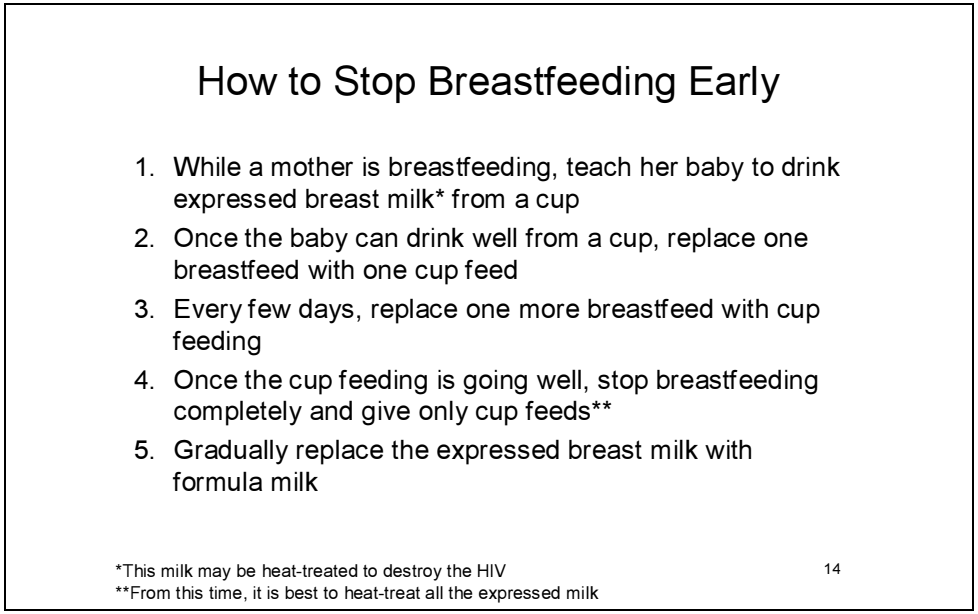
Postnatal Visits

Role Play 4	Postnatal
Your name is Por Chou. You have been breastfeeding your baby boy for 3 months. You know you are HIV+ and are afraid for your baby. You are wondering about stopping breastfeeding but you are worried that the baby is too young.	

Role Play 5	Postnatal
Your name is Nin. You have been feeding your baby girl commercial formula since she was born 2 months ago because you are HIV+. The baby has had two episodes of diarrhoea and your money is getting used up as you have not been working since before the baby was born.	

Activity 4: Infant Feeding Counselling Role Plays (cont.)

» Slide 14 summarises the steps a counsellor should teach an HIV+ mother who wishes to stop breastfeeding early



Activity 5: Game: Cup v. Bottle Feeding

Purpose

» The purpose of this exercise is to look at the advantages and disadvantages of cup and bottle feeding

» Two volunteers will be asked to come to the front of the room, one will be Team Leader for cup feeding (TL Cup Feeding) and the other for bottle feeding (TL Bottle Feeding)

» The aim of the game is to "win" support for the chosen feeding method by giving reasons why the method is good, or the other method is not so good

Activity

» TL Cup Feeding should state an advantage of cup feeding or a disadvantage of bottle feeding

» If her answer is correct, she may choose one of the remaining participants to join her team

Activity (cont.)

» Then TL Bottle Feeding gets her turn to state an advantage of bottle feeding or a disadvantage of cup feeding

» If her answer is correct, she may choose one of the remaining participants to join her team

» Continue like this, with each team in turn making a point until they cannot think of any more advantages or disadvantages of either of the feeding methods

» The team with the most people at the end "wins"

» **Note:** if all the participants have joined one of the teams and they still have points to make, they can "steal" people from the opposing team

Cup Feeding

Cup feeding is preferable to

- bottle feeding because:
  - cups are easy to clean properly with soap and water
  - cups are less likely than bottles to be carried around for a long time giving bacteria time to multiply
  - cup feeding is associated with less risk of infection
  - cup feeding requires the mother to have more contact with the baby than bottle feeding
- cup and spoon feeding because:
  - it is less time consuming

16

How to Cup Feed an Infant

- Wash your hands and put the amount of milk for one feed into the clean cup
- Hold the infant sitting up on your lap
- Hold the cup of milk to the infant's lips
- Tip the cup so the milk just reaches the infant's lips
- The infant will become alert and open its mouth and eyes
- Let the infant take the milk. **Do not pour** the milk into the infant's mouth
- When the infant has had enough, it will close its mouth and stop drinking
- Measure how much the infant takes over 24 hours, not individual feeds

17

How to Prepare Commercial Formula

- Wash your hands
- Boil utensils to sterilise if the infant is < 6 months old
- Boil enough water vigorously for 1-2 seconds
- Use the scoop to measure the exact amount of powder for one feed into the cup
- Add the measured amount of hot water to the powder. Do not wait for the water to cool down
- Only make enough formula for one feed at a time, unless you have a good refrigerator
- Feed the baby using a cup, do not keep any left over formula
- Wash the feeding and mixing utensils well with soap and water

18

Bottle Feeding

Should be discouraged because:

- the risk of diarrhoea, dental disease and ear infections is greater
- the infant may not receive enough stimulation during feeding
- bottles and teats
  - need to be cleaned with a brush and then
  - boiled for sterilisation which needs time and fuel
  - may be more expensive than cups

19

Activity 6: Group Work: Feeding Children Older than Six Months

» The purpose of this exercise is to look briefly at some aspects of feeding babies after the age of 6 months

» You will be divided into 3 groups and each group will be assigned one of the following topics:

Group 1: Feeding older children
Group 2: Feeding sick children
Group 3: Hygienic preparation of food

» Each group should think of important points in relation to their topic

» Each group will be asked to present their findings to the big group and write the points on the whiteboard under the appropriate heading

» After each presentation there will be an opportunity to add any further points

Feeding an Older Child

Begin introducing complementary foods at 6 months:

- start with small amounts
- increase the amount and number of feeds as the child gets older
- energy requirements are higher for unhealthy children and for severely malnourished children

The infant will continue to need breastmilk or a breastmilk substitute throughout the day:

- give 1-2 cups per day (250-500ml)

21

Feeding the non-breastfed Child from 6 months

A child older than 6 months who is no longer receiving breastmilk should receive:

- Extra water each day (4-6 cups*)
- Milk (1-2 cups per day)
- Extra meals (1-2 meals per day)

22

*1 cup = 250 mls

Key Messages for Complementary Feeding (1)

1. Breastfeeding for 2 years or longer helps a child develop and grow strong and healthy
2. Starting other foods in addition to breastmilk at 6 completed months of age helps a child to grow well
3. Foods that are thick enough to stay on the spoon give more energy to the child
4. Animal-source foods are especially good for children
5. Peas, beans, nuts and seeds are good for children
6. Dark-green leaves and yellow coloured fruit and vegetables help a child to have fewer infections and healthy eyes

23

Key Messages for Complementary Feeding (2)

7. A growing child needs
   - 3 meals per day and snacks if breastmilk or a substitute continues to be given
   - 5 meals per day and snacks if breastmilk or a substitute is no longer available
8. A growing child needs increasing amounts of food
9. A young child needs to learn to eat: encourage and give help….with lots of patience
10. Encourage the child to drink and eat <u>during</u> illness and provide extra food <u>after</u> illness to help the child recover quickly

24

Feeding a Sick Child (1)

- Malnutrition and HIV are interlinked
- Frequent infections and poor feeding lead to a cycle of malnutrition, illness, progressive growth failure and eventually the child's death
- A sick child may not want to eat
  - Lack of appetite, weakness, tiredness
  - Vomiting, painful mouth, difficulty breathing
  - Side effects of drugs
- Caregivers may
  - Withhold food
  - Give inappropriate food
  - Not have access to suitable food or food the child likes

25

Feeding a Sick Child (2)

- Have lots of patience, encourage the child to drink and eat
- Feed small amounts frequently
- Give foods that the child likes
- Give a variety of nutrient-rich foods
- Continue to breastfeed or provide breastmilk substitute

26

Feeding a Recovering Child

- Give **extra** breastfeeds or breastmilk substitutes
- Feed an **extra** meal
- Give an **extra** amount
- Use **extra** rich foods
- Feed with **extra** patience

27

Hygienic Preparation of Food

- Wash hands with soap + water before preparing food
- Wash feeding and mixing utensils well with soap and water, including food preparation surfaces
- Store food and water in clean covered containers
- Protect food from rodents, insects and other animals
- Avoid contact between raw and cooked foods
- Do not store cooked food except in a refrigerator or cool place
- Reheat cooked food thoroughly before eating

28

Key Points

Module 12: Key Points

- Counselling, education and ongoing support are vital to promoting and maintaining safer infant feeding practices
- The use of safer feeding practices can minimise:
  - the risk of HIV transmission from mother to child
  - morbidity and mortality associated with malnutrition and infection
  - the risk of stigmatisation of the mother and her family
- Postnatal counselling and infant follow-up are necessary for the first 2 years of the infant's life

Appendix 12

Infant Feeding Counselling Checklist – use this checklist when providing Infant Feeding Counselling

1. Explain the risks of MTCT
2. Explain the different feeding options and the advantages and disadvantages of each*
3. Explore the mother's home and family situation
4. Help the mother to choose an appropriate feeding option
5. Consider questions that may be asked by the woman's family and friends and how to answer them
6. Ensure the mother knows how to implement her chosen feeding option:
    a. exclusive breastfeeding and early cessation
    b. commercial infant formula
    c. other replacement feeding
7. Provide follow-up counselling and support for 2 years, if possible
8. Postnatal visits:
    - monitor infant growth
    - check for signs of illness
    - check feeding practice
    - identify need for any change in feeding practice
9. As the infant grows older:
    - discuss feeding for infants 6 months - 2 years
        - suitable foods
        - hygienic preparation of food
        - feeding a sick child

*see Module 4, Section 3, Part 3: Infant Feeding in the Context of HIV, for details

Ten Steps to Successful Breastfeeding

Ten Steps to Successful Breastfeeding	
Every maternity service should:	
1	Have a written breastfeeding policy that is communicated to all health care staff
2	Train all Health Care Workers to implement this policy
3	Inform all pregnant women about the benefits of breastfeeding
4	Help mothers start breastfeeding within one hour of birth
5	Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants
6	Give newborn infants no food or drink other than breast milk unless medically indicated
7	Allow mothers and their infants to stay together – 24 hours a day
8	Encourage breastfeeding on demand
9	Give no artificial teats or pacifiers to breastfeeding infants
10	Promote the establishment of breastfeeding support groups and refer mothers to them after discharge from hospital

Week 2

Answers:

Purpose

- Answers to Questions and Case Study exercises used in the PMTCT Training programme may be found in this chapter

Module 7. Activity 4
Case Study: Advice or Counseling?

Possible Answers and Reasons
1. Yes, Srey Mom should have a baby
▪ If she wants a baby she should have one ▪ It will make her boyfriend love her more ▪ Having a baby will encourage her boyfriend to get a proper job and Srey Mom can stop being a sex worker
2. No, Srey Mom should not have a baby
▪ She might pass the HIV infection to her boyfriend ▪ Her baby might get HIV infection ▪ If she is sick, who will care for the baby ▪ Sex workers cannot be good mothers ▪ Her boyfriend doesn't have enough income to support a family
3. Let Srey Mom decide what to do for herself
▪ She must think about the many aspects of having a baby when she is HIV+ ▪ She must consider the possible consequences of having or not having a baby

Case Study 1

Ethical considerations in this case study include:

Competence
- The quality of counseling provided by your colleague may be compromised

Responsibility
- You have a responsibility towards your colleague and should try to help her or encourage her to find help
- You have a responsibility towards the counseling service you are working for and may need to report your concerns to your supervisor

20

Case Study 2

Ethical considerations in this case study include:

Consent
- A client must not be forced into counseling or testing until they are ready to do so, and have given their consent

Respect
- The counselor must respect the client's decision, even if they don't agree with it
- The counselor must focus on the client's situation and allow time to try to find a solution

21

Case Study 3

Ethical considerations in this case study include:

Confidentiality
- The counselor has a duty of confidentiality towards both clients

Disclosure
- Disclosure has implications for both people

Conflict of interest
- It may be in the wife's interest to learn her husband's HIV status
- It may not be in her husband's interest to disclose

Responsibility
- The counsellor has a responsibility towards both clients

Principle of "do no harm"
- Counseling should not harm either person. Not disclosing puts the wife at risk of HIV infection

22

Case Study 4

Ethical considerations in this case study include:

Personal Integrity
- Is the counselor seeking personal gain?
- Public confidence in the counselor or the service may be undermined

Maintaining professional boundaries
- The counselor may be crossing professional boundaries by socialising with a client

Confidentiality
- There may be a risk that confidentiality towards other clients is being breached

23

Case Study 5

Ethical Considerations in this case study include:

Respect for Human Rights

- Counselors must respect their clients, irrespective of culture, religion, values, or belief system
- Counselors have a duty to provide services to everyone who asks for them

Ensure no harm

- By refusing to counsel the sex worker, the counselor is exposing her client to the risk of not
  - learning her HIV status
  - learning how to reduce her risky behaviour and
  - of not being able to protect her unborn baby by accessing PMTCT services

24

Module 11
Activity 7: Window Period Exercise

Date of First HIV Test	Date of Second HIV Test
7th June, 2007	7th September, 2007
2nd November, 2007	4th February, 2008
28th March, 2007	28th June, 2007
14.09.2007	14.12.2007
10.07.2007	15.10.2007
30.05.2007	01.09.2007

LIST OF RESOURCES

1. National Maternal Child Health Centre Prevention of Mother-to-Child Transmission of HIV Training Curriculum
   MoH, National Maternal and Child Health Centre June 2002

2. WHO/CDC Prevention of Mother-to-Child Transmission of HIV Generic Training Package
   WHO 2004

3. Voluntary Confidential Counseling and Testing for HIV (VCCT), A Guide for Implementation
   MoH, NCHADS, January 2004

4. HIV Sentinel Survey Report
   MoH, NCHADS, 2004

5. Voluntary Confidential Counseling and Testing for HIV, VCCT Counseling Training Manual
   MoH, NCHADS October 2004

6. Continuum of Care for People Living with HIV/AIDS, Operational Framework
   MoH, NCHADS 1st edition, April 2003

7. Cambodia National Guidelines for the use of Paediatric ÀRV
   MoH, NCHADS 1st edition, October 2004

8. Cambodia National Guidelines for the Prevention of Mother-to-Child Transmission of HIV
   MoH, National Maternal and Child Health Centre
   2nd edition, September 2005

9. Cambodia National Training Programme: Clinicians Training on Management of Opportunistic Infection and Antiretroviral Therapy for Adults
   MoH, NCHADS 1st edition, September 2004

10. Cambodia National Training Programme: Clinicians Training on Management of Opportunistic Infection and Antiretroviral Therapy for Children
    MoH, NCHADS 1st edition, 2006

11. Cambodia National Training Programme: Opportunistic Infection and Antiretroviral Therapy Counseling for Nurses
    MoH, NCHADS 1st edition, May 2005

12. Cambodia National Training Programme: Drugs and Logistic Management for Pharmacists of Referral Hospital Opportunistic Infection & Antiretroviral Services
MoH, NCHADS 1st edition, August 2005

13. Cambodia National Training Programme: Drugs and Logistic Management for Logistic Officers at Referral Hospital Opportunistic Infection & Antiretroviral Services
MoH, NCHADS 1st edition, February 2006

14. Infant and Young Child Feeding Counseling: An Integrated Course
WHO, 2005

15. HIV Prevention in Maternal Health Services: Training Guide: Session 8, Voluntary Counseling and Testing for HIV
UNFPA and EngenderHealth, 2004

16. Kenya PMCT Project, PMCT Training Curriculum: Module 4, Counseling Skills for the Prevention of Mother-to-child Transmission of HIV
Population Council 2002

17. VCT Toolkit, Trainer's Manual: Counselling Supervision and Training
Family Health International, August 2005
Retrieved June 2006 from: www.fhi.org/en/HIVAIDS/pub/guide/VCTToolkitCounseling.htm

18. Voluntary HIV Counseling and Testing, Manual for Training of Trainers. Module 5, sub-module 5: Counsellor Ethics
WHO Regional Office for SE Asia, 2004
Retrieved June 2006 from:
www.whosea.org /LinkFiles/Training_Materials_voluntary-intro.pdf

19. Projections for HIV/AIDS in Cambodia: 2000-2010
The Cambodia Working Group on HIV/AIDS Projection
November 2002

20. PMTCT Programme Management Training
Thailand MOPH – US CDC collaboration
March 2003

21. Transplacental transmission of HIV: a potential role for HIV binding lectins
E.J. Soilleux, N. Coleman / The International Journal of Biochemistry & Cell Biology 35 (2003) 283–287
Retrieved June 2006 from: www.chu.cam.ac.uk/~EJS17/transplac.pdf