

HIV TESTING AND COUNSELING MANUAL

AIDS

a guide to train workers
in voluntary testing and counseling skills for HIV/AIDS



GLOBAL AIDS PARTNERSHIP
HEALTHCARE MINISTRIES PUBLICATION

JoAnn Butrin, PhD

Edited by: Peggy Johnson
Karen Herrera

Cover design by: Jorge Tobar

Copyright Information:

Reproduction: this manual may be reproduced without permission from HealthCare Ministries. Credit to HealthCare Ministries would be appreciated.

Translation: to translate this manual, please contact HealthCare Ministries to avoid duplication. As different language translations become available, HealthCare Ministries will publish a list of language availability.

2003—HealthCare Ministries Publication

521 W. Lynn street
Springfield, Missouri 65802 USA
Phone: 417-866-6311. Web: healthcareministries.org

Table of Contents

Introduction	
Chapter One — HIV Testing	7
Chapter Two — HIV Testing Procedures	15
Chapter Three — Basic Counseling Skills	21
Chapter Four — Preventive Counseling Prior to the Test	29
Chapter Five — Counseling after Test Results are Given	37
Chapter Six — Counseling and Concerns of Pregnant Women.....	45
Chapter Seven — HIV Testing and Counseling for Children	53
Chapter Eight — The Church and Voluntary Counseling and Testing.....	61
Appendix A — Consent form for HIV Testing	69
Appendix B — Risk Assessment for HIV/AIDS	71
Appendix C — Quick Reference Guide Sheet for Counseling.....	72
References	87



Introduction

The HIV/AIDS pandemic is creating a scene of human tragedy unlike anything ever seen in the history of the world. Though there have been plagues and epidemics, there has never been a disease that has been so relentless for so long that has claimed so many lives.

Millions have already died of AIDS, with Africa being the hardest hit, and many are being newly infected with the HIV virus every day.

Often the virus is spread because people are unaware that they are infected. People with the HIV virus may not have any idea that they have it, or even if they have an idea, may not wish to know the truth.

Pregnant women are also spreading the virus to their newborn babies, often during birth or while breast-feeding.

Unfaithful spouses often bring the virus home to the marriage bed. Intravenous drug users can spread it to each other when sharing needles without disinfecting them between users.

Occasionally, the virus is spread by blood transfusions or contaminated instruments used for medical procedures, dental care or body piercing.

Whatever the mode of transmission, it is clear that lack of knowledge of one's HIV status can greatly contribute to the spread of the HIV virus from one person to another.

It is believed when people know their HIV status, this knowledge results in safer sexual behaviors that reduce the potential for HIV transmissions (UNAIDS Technical Update: VCT, May 2000).

The only way to know one's status is by HIV testing. The introduction of "rapid tests" has made it much easier and quicker to determine if HIV is present. However, because of the implications of a positive HIV result from the test, most all testing is combined with counseling—pre-test counseling which includes information about HIV/AIDS and helps a person prepare for a positive result and post-test counseling which deals with either a positive or negative result.

The stigma of being HIV positive continues to pervade many societies. Because of this and the potential of discrimination and rejection, many fear to step forward to be tested.

It is hoped that the information found in this manual will act as a guide for persons in positions of influence and leadership to encourage and support a willingness to be tested for HIV.

The purpose of this manual is to assist health professionals, community health workers, lay helpers and church leaders in understanding:

- The importance of HIV testing as a prevention tool
- The procedure of testing
- That pre–and post–test counseling and support are essential elements of the testing process
- That spiritual help is often desired at pre–and post–testing phases
- That ongoing support of those who test positive may be the role of the church

The manual does not purport to be a complete training manual for professional counselors, but gives “helping skills’ which lay individuals can use to assist those who are facing testing. It is hoped that both emotional and spiritual help can be offered and that hope will be instilled into what may seem to be hopeless situations.

Chapter One

HIV Testing

In this lesson:

- What is an HIV test?
- Why encourage testing?
- Who should be tested?
- What are the barriers to testing?
- Types of HIV tests and what they mean.
- Who should administer the tests?

Role Play:

Two young men talking together:

Sam: *Man, I've been feeling bad lately. I'm so tired and I seem to have diarrhea all the time. I wonder what's wrong with me. Sometimes I worry that I might have AIDS.*

Joseph: *AIDS! Man, there is no way you have AIDS. You look like the picture of health. You always use condoms don't you?*

Sam: *Well, most of the time, but not always. I don't know. I just wonder. Ah well, like you said, I look healthy. And besides, if I have it I'd rather not know. Might as well enjoy life while I can.*

S—What do you see?

H—What is happening?

O—Does it happen in our situation?

W—Why is it happening?

D—What can we do about it?

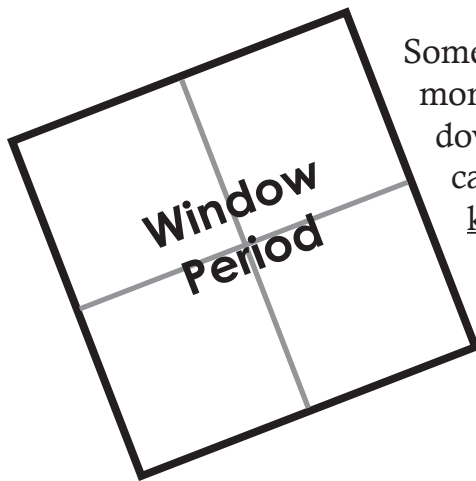
What is an HIV Test?

An HIV (Human Immunodeficiency Virus) test is one which looks for the presence of the HIV virus or the antibodies of the HIV virus in the blood or saliva of someone who may have been infected with the virus.

Antibodies—When a virus, bacteria or parasite enters the body, the body’s immune system (the system which responds to fight off any foreign germ or substance which enters the body) begins to produce antibodies. Antibodies are like a duplicate of the foreign substance — sort of a look-a-like model of what has come into the body. This is done so that if it comes again, there will be a “copy” and the body will know what it is and how to respond.

It’s the antibodies not the virus that are detected by rapid HIV tests

When the HIV virus comes into the body, the antibody or copy of the virus is made. Most of the HIV tests that are available in developing countries check the blood to see if the antibodies for HIV are present. If they are, the test is positive and it means that the HIV virus has infected the body. (This is not true for newborn babies. This will be discussed in a later section.)



Sometimes though, it can take about six weeks or even three months for the antibodies to be made. This is called the window-period — when the HIV virus is present in the body but cannot be identified by antibody tests. It is very important to know this because when people, who for some reason, feel they are at risk for having been infected with HIV come to be tested, they may test negative because the antibodies have not yet been made.

Why Encourage Testing?

The World Health Organization and United Nations have concluded the following regarding people who know their HIV status:

- They are more likely to practice safer sexual behaviors
- It is also possible that a married couple who learns that one or both are HIV positive may decide not to have children
- A pregnant mother who learns that she is HIV positive may decide to take anti-AIDS drugs to prevent passing the HIV virus to her baby during the birth process (UNAIDS:VCT May 2000)

All of the above help to reduce the spread of the HIV virus. Therefore, it is very important for persons who are at risk for having been infected by the HIV virus to voluntarily undergo the HIV test.

It is also important for pregnant women, who may not even know that they are at risk, to be tested.

Knowing one's HIV status can equal change in behavior

Other benefits of knowing one's HIV status include (UNAIDS: May 2001):

- Improving one's health status through early access to medical care
- Receiving emotional support as the stages of illness progress
- Preparing in advance for the welfare of the family
- Preparing oneself spiritually for eventual death

Who Should be Tested?

Not everyone who desires an HIV test should receive it. Testing should be reserved for those, who through questioning, have indicators of risk of having been infected, or who are pregnant and in an area where many people have AIDS.

Most HIV testing programs offer the testing and counseling without charge. Therefore, if the person seeking testing has no risk indicators, it would be better to reserve the tests for those who are at higher risk.

The exception to this would be for pregnant women. *Because there is a 30% risk that the HIV positive mother will transmit HIV to the baby during birth, it is best for all pregnant mothers in countries where there are many cases of AIDS to be tested if they are willing to do so.*

Questions for Discussion:

- What do people in your community feel about HIV testing?
- How available is it?
- Why might people be reluctant to be tested?
- What could be said or taught that would encourage people to be tested?

What are the Barriers to being Tested for HIV?

There are many reasons why persons are reluctant to be tested for HIV, even if they feel they may have been infected. The most common reasons given are:

- I'd just rather not know
- What will be will be. I don't want to change my lifestyle
- Fear of stigmatization
- Fear of rejection by spouse or family

Not wanting to know—Most all of the reasons given for not being tested for HIV revolve around fear—fear of death, fear that knowing will make the unknown a reality. If one doesn't know, then it isn't necessary to face the fact that a dreaded disease is happening in one's body and that it will most probably result in death. Many people would rather avoid the truth than face the fear. Unfortunately, this type of attitude can contribute to the spread of HIV through unsafe sexual behaviors, drug use or pregnancy.

Stigma

Fear of stigmatization—Despite the many cases of AIDS that exist in many countries, there is still a stigma attached to those known to be HIV positive. The stigma often stems from other people’s fears—fear of infection, fear of having to deal with reality, or a judgmental attitude that persons with AIDS have “sinned” or done something “bad” that caused their infection. There are superstitions in some parts of the world that attribute AIDS to an evil spirit or a curse. All of the above cause people to reject or in some way discriminate against someone with AIDS.

Often, even the church, a place which should be a safe harbor or refuge for those in need and for those with HIV, rather becomes a place of judgment that rejects rather than en-folds people with AIDS.

Fear of rejection—Often people are reluctant to know their status because they fear that their spouse or family will find out and then reject them. This is especially distressing for women who fear that their husbands will put them out or leave them if they find out that they are positive. Many women would have no option for support and would rather not know than to risk losing their home and spouse.

These issues will be dealt with further in Chapters Three and Four.

Types of HIV Tests and What they Mean

As was stated earlier in the lesson, there are two main types of HIV tests, one type which looks for the presence of the HIV itself and the other type which looks for the antibodies that were made when the presence of the virus was detected by the body. (Remember that the antibodies for HIV may take from six weeks to three months to appear in the blood or saliva.)

Tests which look for the actual virus—The tests which look for the actual virus are difficult to perform, take more time and are usually expensive. These are rarely used. One of these types of tests involves trying to grow HIV in the laboratory from a person’s blood. If it grows, it means that the person is HIV positive. Besides being difficult and expensive, it does not always grow the virus even though it is there. Other tests look in a certain part of a person’s blood (DNA) to see if the HIV is there. Again these are rarely used but can be useful in newborn babies to determine if the baby truly has the virus or is just carrying the mother’s antibodies.

**Rapid Test—
Results in
about 10 min-
utes**

Tests which look for HIV antibodies—Older standard HIV antibody tests have two classifications: the Elisa (enzyme-linked immunosorbent assay) and the Western Blot. The newest antibody tests are called “rapid HIV tests” which give results in about 10 minutes. These are usually the least expensive and are now becoming the most commonly used.

The older standard tests, the Elisa and Western Blot, require a tube of blood be extracted from a vein. The blood has to be separated in a machine and special solutions added to it. Because the Elisa is very sensitive, it is good at finding antibodies but can also give false positive readings when the HIV is not present. Therefore, a positive result has to be followed up with either another kind of Elisa or a Western Blot, making it more expensive and time-consuming.

**Elisa and Western
Blot—older technol-
ogy but still effective**

The above tests can also be done with a sample of saliva. If the saliva test is positive, another test such as the Western Blot needs to be done.

Most of the rapid tests require only a finger stick and a drop of blood or a drop of saliva and can be read in 10 minutes to two hours. The reliability of these tests is about 99% so it is usually not necessary to repeat the test if it is negative, unless there have been risk behaviors in the last three months. It is still recommended to repeat a positive test with a different kind of rapid test just to be sure that it is really positive. If a person has symptoms which look very much like AIDS, the test is not always repeated in order to conserve resources.

The meaning of the test results—The meaning of test results really depends on what type of test is administered. If the Elisa (described earlier) is used, the following is true:



Elisa

Negative test result—the person does not have HIV unless he or she has done or had anything done to them that would put him or her at risk in the last three months.

Positive test result—means the person most likely has HIV, but a Western Blot or another type of test is needed to confirm the positive result.

Rapid Test

Negative (often called non-reactive) test result—the person does not have HIV unless he or she has done or had something done to him or her that would put him or her at risk in the last three months.

Positive test result (reactive)—means it is 99% likely that the person has HIV. A second test may be used to confirm if there seem to be no risk factors and no symptoms.

Test results on newborns and infants up to 15 months

Negative a HIV test on a newborn or infants means the HIV has not been passed to the baby from the HIV positive mother.

Positive a HIV tests on a newborn or baby under 18 months does not indicate that the baby is HIV positive. The baby may have the mother’s antibodies but not the virus. The antibodies disappear from the blood of the baby by 15 to 18 months. A positive test after 18 months means the baby has HIV. A negative test any time after a positive test probably means the baby is negative for the virus.

Advantages of Rapid Tests

- Do not require skilled professionals to use
- Are more cost effective
- Give quicker results—(persons often do not return to hear their results later)
- Can do a test on locations—i.e. drug users, street persons, etc., may be willing to be tested where they are but would not come in to be tested
- Less chance of error
- As accurate or more accurate than older Elisa tests
- Pre- and post-test counseling can be done on the same day

The new rapid tests have great advantage in that they require no chemicals or equipment. The procedures are easy and do not require high precision, therefore give less chance of error. These can be carried out by non-laboratory staff. The interpretation of the test is very easy and straightforward and can usually be obtained fairly quickly.

Who Should Administer the Tests?

The older HIV tests such as the Elisa and Western Blot require more training to administer than the newer rapid tests and are usually done by trained laboratory personnel.

The person giving the test, regardless which type it is, requires training in how to collect the sample. If the sample requires a tube of blood to be drawn, as in the case of the older Elisa and Western Blot, then training and practice in cleansing, vein puncturing, sterile technique and universal precautions to protect the person drawing the blood, are essential. Usually laboratory personnel are trained in these areas, but they still need to be thoroughly trained in the use of the Elisa and Western Blot.

In summary then, persons with laboratory training would be most suited to perform the Elisa and Western Blot tests. Training in the procedure and interpretation of the test are essential for the laboratory worker if this type of testing was not included in their original training.

Almost anyone with just a few minutes of training can perform the rapid HIV tests. However, indiscriminate use of the tests could result in breach of confidentiality. Persons who do the testing should do so only when there is adequate counseling support or the person doing the test has been trained in pre- and post-test counseling, which will be described in following chapters.

Chapter Two

HIV Testing Procedures

In this Lesson:

- Consent to test—Guarding confidentiality
- Risk assessment
- Prevention counseling
- Knowledge needed to administer the test
- Giving results

Role Play:

Regina: *Regina thought and thought about what she heard at school. The special presentation they had in the auditorium was about AIDS. The presenters said that a person could get AIDS from having sex with someone that has the HIV virus, even if the boy you had sex with doesn't know that he has it. This is especially true if the boy sleeps with lots of girls.*

Regina: *I've had sex with two boys this year. Both said they loved me, but they didn't stick around long and were soon on to someone else. What if I got HIV from one of them? What shall I do? What if I get really sick and can't continue to go to school? My father will be so mad at me. He's worked so hard to get me this far in school. I'm supposed to be the one that will support the family. What am I going to do?*

S—What do you see?

H—What is happening?

O—Does it happen in our situation?

W—Why is it happening?

D—What can we do about it?

Consent to be Tested—Guarding Confidentiality

One would think that anyone who suspects they might be at risk to have become infected with HIV would want to get a test to see if it is really true. But many people feel reluctant to get tested. This may be because they are afraid to know the truth, or afraid they will be discriminated against, as was discussed in the previous chapter.

Others don't get tested because they don't know the benefits of knowing their status. Health professionals, pastors, counselors and friends should encourage everyone to get tested if they feel they are at risk. The advantages of knowing one's HIV status are listed in Chapter One, page nine.

Those at risk should be encouraged to be tested

Once people decide to be tested, they should be able to know that their right to privacy will be protected.

It is important for the person or institution administering the test to explain how the results of the test will be handled. Once that explanation has been given and confidentiality explained, individuals should then be asked to sign a consent form which states that they agree to the test and understand that the results will be confidential.

This signed form is an agreement between the person or institution giving the test and the one receiving it that protects both parties. This protects the institution from being accused of performing the test on someone who did not agree to be tested and gives the client a written contract concerning confidentiality. (See Appendix A for a sample Consent Form.)

Guarding Confidentiality—One of the most important considerations when offering HIV testing is that protocols be established that will protect the privacy of individuals.

Ways that this can be done are:

1. A code or number can be assigned to the form which lists the test results instead of using the person's name. The code book which actually contains the names should be kept in a locked area separate from the forms which list the results. This reduces the risk of an unauthorized person seeing the form with an actual name on it.
2. The person who does the test should also be the one offering pre- and post-test counseling, therefore reducing the number of persons who know the results. (This may not be possible if trained lab personnel are required to carry out the test.)

-
3. A code of ethics should be posted and rehearsed by the staff which commits the persons and the institution to maintaining confidentiality.
 4. The area where counseling and testing is done should be private and preferably sound proof or located a distance away from the hearing of others.
 5. HIV test result forms should be kept in a locked area with access given to only a few persons who are authorized to know the results.

Risk Assessment for HIV Testing

A statement was made in Chapter One which said that not everyone that wants a test should be tested. The primary reason for this is to reserve the testing materials for those who really are at risk. In some areas, the risk is so high that most people would be eligible to receive the test. In this case, the risk assessment may not need to be used. All pregnant women in high risk areas should be offered testing, even if they do not feel that they are at risk.

All pregnant women in high risk areas should be offered testing

The following questions should be included in a risk assessment form. (See ready-to-use sample of Risk Assessment in Appendix B).

Risk Assessment for HIV infection

(The answers to the questions below will be private. Only persons who are part of the testing center and have need to know, will be able to see the answers.)

1. Why do you think you might have HIV?
2. Have you ever had sex? If so:
 - a. What type of sex have you had (vaginal, oral, anal)?
 - b. Have you had sex with someone you know has HIV?
 - c. Have you had sex with someone you think might have HIV, (for example: a sex worker, a man who has sex with men, someone who has had a blood transfusion, or someone from an area with a high rate of HIV infection)?
 - d. How many sexual partners have you had in the last year?
 - e. How many sexual partners have you had in your lifetime?

-
3. Have you had any sexually transmitted diseases such as syphilis or gonorrhea?
 4. Have you ever been given a blood transfusion?
 5. Have you ever been given a shot with a needle that had been used on another person without being cleaned afterward?
 6. Have you ever been stuck by a dirty needle or medical instrument?
 7. Have you ever injected illegal drugs? If so, have you ever shared needles?
 8. Have you ever had herpes zoster (also called shingles) or tuberculosis? (Questions from: Granich & Mermin, 2003)

If the answer is yes to any one of the above questions, a test should be done. Answers to these questions should be held in total confidence.

Prevention Counseling (Pre-test Counseling)

It is very important that some type of counseling about HIV/AIDS, the HIV test and how the results will be handled be done before the test is administered. Chapter Three will cover basic skills needed to do this counseling. Chapter Four will deal with the specifics of what should be covered in pre-test counseling. Not only does a person have a chance to make a plan of action concerning what they will do about the results of the test, but it is also an excellent time to teach about HIV/AIDS and the behaviors that put a person at risk of receiving and transmitting the virus.

Pre-counseling is important to give the person being tested a chance to make a plan of action concerning the results of the test

Explanation of the Test

In addition to offering a risk assessment and pre-test counseling, a detailed explanation about the HIV test and how it will be done, should be given. The explanation should include:

- What kind of test it is, i.e. does it test for antibodies, or the virus
- How long it will be until the results are known
- Will saliva or blood be used and how that will be gotten
- Ask if the person receiving the test has any questions

Environment of the Test

There should not be any signs which indicate that the room a person is going into is for HIV testing, especially if there are other activities going on in the same area. Privacy should be guarded as much as possible.

The room where the test is done should be private. Ideally, if rapid testing is done, the same person may be the pre-and post-test counselor and the one who actually does the test. In this way, less people need to know the answers to the questions or the results of the test. This also allows for rapport to be established between the tester/counselor and the person receiving the test.

Carrying out the HIV Test

The actual procedure for doing the test will differ between the various types of tests. However, some important principles apply to any of the tests which use blood.

If the older non-rapid tests are being used, a trained laboratory person is the most appropriate person to do the test.

Rapid testing can be done by anyone. Directions for the use of the test should be read or explained carefully.

Not only does there need to be protection of privacy for those receiving the test, but those giving the test must protect themselves from possible exposure to the virus.

Whenever a person is going to come in contact with the blood of a person potentially infected with HIV, it is essential that the protection against infection be done.

The following principles are referred to as “universal precautions” and should be applied if blood will be drawn for the HIV test, either by a finger stick or blood taken from a vein:

- Gloves should be worn on the hands. (If gloves are unavailable, a plastic bag or leaf will act as a barrier.) These should be worn when drawing blood from a vein or when sticking the finger with a lance or needle.
- Needles should not be recapped. This is to prevent an accidental stick. Lances and needles should not be reused unless it is possible to clean, disinfect and sterilize before using again. It is best to use dis-

Following universal precautions is important during testing

posable equipment. A special sharps container should be available for disposal of used needles and lances.

- If blood is spilled on any surface it should be cleaned up immediately while protecting hands with gloves. The surface should be wiped with a disinfectant such as household bleach. (One part 5% bleach to 10 parts water.)
- If blood is spilled onto linens, it should be handled with gloves and the linens washed and disinfected with bleach.
- If cotton is used to put pressure on the skin after the needle stick, care should be taken in the discarding of the cotton. A covered garbage pail should be available. Disposal of garbage should be done by burying or burning.
- All of the above are considered universal precautions that should be used whenever contact with blood is possible.

Giving the Results

If it will be days before the results are known, the tester should try to set up a return appointment with the person. The tester should reinforce the invitation to return. Statistics show that people become afraid after they have the test and sometimes never return to learn the results. This is why it is very important that the pre-test counseling emphasizes the benefits of knowing one's HIV status.

If the test will be read in minutes to hours, it is best not to have the person leave the testing area if possible.

If it takes days to receive the results, it's important to encourage the person to return for the results

When the results are ready, a person who has received training in counseling should be the one to give the results. In the next chapters, skills in counseling and how to convey the results of the test will be discussed.

Chapter Three

Basic Counseling Skills

In this Lesson:

- Defining counseling
- Qualities of a counselor
- Examining simple helping skills
- The counseling environment
- Counseling across cultures

Role Play

Person: *A person walks in to take a chair in front of the counselor who is yawning, looking tired, wiping eyes.*

Counselor: *“Wow, its been a very long day. I’m so tired. So how are you? Sorry about the long wait we’ve just had so many people to counsel with today. Seems like the line never ends. Problems, problems, problems everybody has a problem. So, how are you?”*

S—What do you see?

H—What is happening?

O—Does it happen in our situation?

W—Why is it happening?

D—What can we do about it?

Questions for Discussion:

- What does counseling mean to you?
- How is counseling viewed in your culture?
- How is counseling viewed by your church community?
- What are the qualities that you would look for in a counselor?

Definition of Counseling

There are many definitions that could be given about counseling. Simply stated, however, counseling is a face-to-face relationship with the goal of helping people to gain new skills which will enable them to adjust and cope with life situations, particularly those which are adverse.

Learning about an HIV positive diagnosis of oneself or a family member is indeed an adverse situation. HIV voluntary testing provides an excellent opportunity for a skilled counselor to have a face-to-face encounter with someone facing the enormity of impending disease and death. It also gives opportunity for spiritual values to be reviewed.

The following two chapters will deal more in depth with counseling that is specific for the AIDS crisis. This chapter, however, will also review basic counseling or helping skills which can be used for any type of adverse situation.

Attributes of a Counselor or Helper

The counselor's values and attitudes play a critical role in the helping process. Counselors should enter the counseling relationship with a sincere respect for the persons they will counsel, with an open, genuine and non-judgmental attitude and the goal of helping clients to take responsibility for their own lives (van Dyk, 2002, p. 211).

Respect is an attitude which demonstrates the belief that every person is a worthy being who is competent to decide what he or she really wants from life. Without an attitude of respect, the counselor cannot facilitate growth because it will not be possible to create an atmosphere of acceptance and freedom in which the client can reveal his or her deepest, darkest or most painful feelings without fear of rejection (Du Toit, Grobler & Schenck, 1998, p. 77).

-
- Respect involves accepting the client by showing unconditional positive regard. The counselor accepts the client just as he or she is, regardless of the client's values and/or behaviors.
 - Respect allows that each person is unique and deserves to have counseling sessions individualized to meet his or her specific needs.
 - Respect means that the counselor will refrain from judgment and blame. This is particularly important when counseling someone with HIV.
 - Respect acknowledges and honors individual diversity in culture, ethnicity, spirituality, sexual orientation and socioeconomic status (Du Toit et al, 1998, Egan, 1998, Long, 1996).

Genuineness is a way in which counselors relate to their clients. The following are ways in which genuineness is played out in the counseling relationship (Egan, 1998; Gladding, 1996):

- Be real and sincere
- Be honest with yourself and the client
- Don't be patronizing or condescending
- Keep the client's agenda in focus
- Don't be defensive
- Be open and accepting

Empowerment is a powerful term which means that the counselor helps clients to take responsibility for themselves and to identify, develop and use resources that will help them to be more effective in dealing with the life situations they face.

The following attitudes and behaviors of the counselor assist in empowering clients (Egan, 1998, pp. 52-53):

- Believing in the client's ability to grow and move beyond his or her present state while realizing that the client has a right to set his or her own goals and pursue them from his or her own point of reference.
- Believe in the client's ability to change if he or she desires to do so. The counselor should hold a basic belief that the client has resources to participate in the counseling process and to manage his or her life more effectively.
- Hold back from attempting to "rescue" the client by taking responsibility for the client's feelings, choices or actions. Rescuing often reflects the rescuer's need.

-
- Share the helping process with the client.
 - Help the client become a better problem solver in his or her daily life.

Confidentiality

Guarding the confidence of what is told to you by the client is absolutely essential in the counseling relationship. Guarding the confidence placed in you by the client is another way of showing respect. No information shared by the client, including HIV status, may be shared with anyone without the consent of the client.

Guarding the confidence placed in you by the client is another way of showing respect

More will be discussed about confidentiality as it relates to HIV status and disclosure in subsequent chapters.

Any written notes which concern the client's condition or information disclosed by the client should be carefully protected and kept in a locked area where it cannot be accessed by others.

Communication Skills for Counseling (Helping)

In addition to the attributes listed above which characterize a healthy counseling relationship, there are some basic communication skills which are essential in helping another person talk out the issues they are dealing with.

Listening skills —Listening is hard work and takes focus and determination. Often when dealing with those who are struggling with life issues, the caregiver will not have answers.

- In some cultures, listening involves making eye contact to show attention. In others, this would not be appropriate, especially if genders differ.
- Make sure you are close enough so you can reach out and touch while listening, again, if that is a culturally appropriate thing to do. Even if you don't touch, be close so the person doesn't have to strain to talk.
- Don't interrupt unless you don't understand and need clarification. A useful phrase is, "I thought I heard you say," or "let me see if I understand what you are saying."

-
- Remain neutral while listening. Don't jump in with your point of view.
 - Don't try to finish sentences for people. Sometimes it may take awhile to express what they need to say.
 - Try to listen with the body, leaning in, nodding, letting the person know that what he or she has to say is important.
 - Don't feel that you need to have answers to the questions that may be posed. Saying you don't know is o.k.
 - Try to really hear what is being said. Reflect on what is being said and share some of your reflections when appropriate so that the person feels "listened to."

Attending or Presence

Attending refers to being fully present and focused on the individual with whom you are speaking. It means concentrating on what is being said without allowing one's mind to wander. It can mean sitting forward or leaning toward the person. Assuming an open posture, i.e. not crossing arms but letting the person feel that you are allowing what they say and whom they are to be accepted by you, assuming this is culturally appropriate behavior.

Reflecting Back or Restating

Some people have difficulty in expressing their feelings clearly or are not sure what they are trying to say. Repeating or restating what has just been said with phrases such as:

- I think I hear you saying...
- Let me see if I understand what you are saying...

Touch

Touch can be a powerful communication tool, but is not always appropriate. Usually it would not be used when counseling with someone of the opposite sex. It may also not be culturally appropriate to touch even when of the same gender. However, there are times when a gentle pat or touch on the hand or arm, or a hug as the person leaves, communicates caring and acceptance and may be very meaningful to someone who lacks self esteem or is feeling depressed.

Divine Guidance

There is a difference between Christian and non-Christian counseling because Christ is brought into the encounter. A Christian counselor relies greatly on the guiding of the Holy Spirit to help to bring understanding and insight into what the counselee is feeling and thinking. As one relies on the Holy Spirit, there is often insight beyond human understanding and words of comfort and care that go beyond what can humanly be communicated.

Unhelpful Communication Styles

- It isn't helpful to say, "I understand exactly what you are going through," even if you feel that you do. Every person's experience is uniquely his or hers and no one else can know exactly how another feels.
- Badgering, expressing opinions, or putting down what has been said is never helpful.

Cross-Cultural Issues in a Helping Relationship

Whenever a counseling relationship involves two people from different cultures, ethnicity or background, there is need for sensitivity to those differences. Bias and prejudice can also influence a helping relationship particularly in the areas of religion, economic status, sexual orientation or lifestyle. It is important for the helper to be aware of any bias or prejudice about these differences. If they exist, it is best to identify them and then attempt to set them aside. If the bias or prejudice is so strong that the helper cannot be non-judgmental, it may be best for someone else to deal with the needs of that person (Granich & Mermin, 2003, pp. 102-104).

Though persons may be universally "affected" by negative circumstances in their lives, the ways in which they process the event and deal with and express their feelings may differ from that of the counselor. The key to effective non-judgmental counseling begins with awareness of those potential differences. The best way to attempt to understand those differences is by asking questions, a key to a good helping approach. Questions or statements like the following will be helpful:

- Tell me about how you are feeling.
- What does it feel like to you?
- What does this event mean to you?
- Why do you think this happened or is happening?

Some important considerations in a cross-cultural counseling situation are:

- Some cultures do not place value on “I” thinking or exploring personal feelings. This stems from the “group” or “community/family/tribe” concepts which have a basic belief that no one stands alone, but rather functions as part of a group. Therefore people are taught to think in terms of group rather than individually. Responding to a question about “how do you feel” may engender some confusion. The counselor may read this as indecision or inability to express feelings, when in fact the person is trying to decide how the answer would apply to the group (Sue & Sue, 2003, p. 107).
- A statement in the beginning of the session about the cultural difference might help to allow for correction of cultural misunderstanding by the client. Phrases such as, “I do not understand all about your culture, so please let me know if you feel I am misunderstanding,” may be helpful.
- The counselor should try to identify the client’s expectation and view of the counseling relationship. This will be a helpful guide to the counselor as to how to direct the session.
- Due to the “group” thinking present in some cultures, the counselor may be more directive at first in the way in which the counseling session goes as this may be the way that communication is usually done in that culture. However, it should be a goal to involve the client as much as possible in making his or her own decisions (Sue & Sue, 2003, p. 108).
- Be familiar with cultural forms of greeting and the appropriate way to address the client. Often first names are reserved for very close friends and families. Titles or last names with a salutation may be best. Always ask how you should address the client.
- Find out about normal communication styles and rules. Is eye contact appropriate, what is appropriate distance, what about touch? In “attending” or active listening, leaning toward the client may not be considered appropriate and may be perceived as a sexual gesture.
- A discussion of sexual or other intimate matters, particularly if the client is older than the counselor, may not be culturally appropriate. Try to respect that. Eventually, especially if this is an essential issue, enough trust may be gained to allow for this type of discussion.

Universals in Counseling

Despite differences that may be present, there are many ways in which those differences are overcome. Being aware that some of the above may exist should not frighten the counselor but simply provide extra tools of awareness. Many human issues are the same regardless of culture and despite the way in which they are expressed. All people experience fear, hurt, loss and grief. The basic communication and counseling skills mentioned earlier are still effective, regardless of cultural differences. Listening, empathy, attending and showing respect often transcend cultural differences. Some studies have shown in fact, that interaction between those who are culturally different can actually enhance rather than distract due to a sensitivity to the differences and an effort to overcome any barriers that might be present (Butrin, 1992).

Counselors are encouraged to rely on the Holy Spirit and divine guidance to give each person in the session the ability to go beyond the differences and to positively affect the cross-cultural encounter with extraordinary illumination. Depending on the religious convictions of the client, prayer for that very thing to occur at the beginning of the session may help to immediately bring a spiritual bond between the two. If the counselee is not a believer, the counselor can still rely on the Holy Spirit to give guidance, and hopefully at some point of the relationship, offer spiritual help and insight.

Chapter Four

Preventive Counseling Prior to the HIV Test

In this Lesson:

- General information about HIV/AIDS
- Assessing the need for testing
- Information to prepare for test results
- Spiritual implications of the results

Role Play

Alicia: *Barbara I am so upset. My husband has been coming home late. I smell liquor on his breath, but more than that I'm pretty sure he is seeing other women.*

Barbara: *Oh Alicia, what makes you think that?*

Alicia: *I found a women's scarf in his pocket. He acts guilty. He never has good excuses for where he's been and someone told me they saw him all over a woman in a bar. I'm scared to death that he might give me that AIDS disease everyone is talking about.*

Barbara: *Well Alicia, I know just what you're talking about. I went through all of this with my husband before he got sick and died. Sometimes I wonder if he might have had AIDS too. The doctors never said he did, but I heard the nurses whispering and I thought they said he had it. I wish I knew. I wish we both knew.*

S—What do you see?

H—What is happening?

O—Does it happen in our situation?

W—Why is it happening?

D—What can we do about it?

Questions for Discussion:

- How much do people in your community know about AIDS?
- Where does the information about AIDS come from?
- How do people feel about others who are HIV positive?
- How likely is it that someone would voluntarily go to be tested?

General Information about HIV/AIDS

When people decide to be tested for HIV, it is a very important opportunity to give information and facts about HIV/AIDS. Many people who come forward to be tested are not really sure what it is, how it is transmitted and what to expect if they are positive.

Since the time to give these facts may be limited, it is important that a short, accurate presentation be made, either to a group or individually and that something in writing be put in their hands so that the main points can be reinforced and shared with others.

Effective Teaching Methods for Adults

Since most of the persons who will come for testing will be adults, it is best to use teaching styles which are most effective for adult learners. Effective teaching methods are usually interactive or participatory. That means that, rather than an instructor getting up and giving facts, the instructor becomes a facilitator who interacts with the persons being taught. This is done by asking questions, using role plays, finding out what is known and then building the facts into the presentation. Visual aids also help because most people are visual learners. People retain information best by "seeing" and "doing."

A flip chart or transparencies are good tools to reinforce visually the information being given. (See Global AIDS Partnership Training Kit for handouts, flip chart information and Training Guide)

Training videos may be a helpful reinforcement, but do not meet the need of interaction. People often have many questions and need a well-informed person facilitating the discussion who can answer most questions related to HIV/AIDS.

Ideally, when a person comes to the testing site, and a small group is gathered, the interactive session about the facts of AIDS and what the testing will mean should be the first activity.

Important Information to Give Pre-Test

The following information should be included in the pre-testing group discussion, with couples, or one-on-one with individuals:

1. What is AIDS?
2. What happens in the body when infected with HIV?
3. How is HIV transmitted?
4. How is HIV not transmitted?
5. What are some of the common myths about HIV/AIDS?
6. What are the signs that someone has AIDS?
7. What is the treatment and cure for AIDS?
8. How to prevent getting and spreading AIDS.
9. What happens to pregnant women who are HIV positive?
10. How do you know if you have HIV/AIDS?
11. Spiritual help in the time of crisis.

The above list seems like a lot of information to give in a short period of time. This is why it is important that it be in a format that gives simple explanations while using the participatory style. It is best done before the test. If a positive result is received from the testing, it is not a good time to try to give important information. Persons will often be in shock or in a state of anxiety or panic and are not able to comprehend a great deal at that time. They will probably have many questions later when the reality of the situation has settled in. A return time to talk and bring questions is really important.

Begin with the question, “What is AIDS?” This is a good way to assess the level of knowledge of the group or individual. Using a visual aid which can be given to the person such as the teaching booklet, AIDS, What You Need to Know, will be helpful in retention of information. The material should be transmitted using questions, role plays, if time permits, and discussion.

Once the facts about AIDS have been covered, the facilitator should move into a discussion about the test that will be given. The final part of the teaching on AIDS should end with “How do you know if you have HIV?”

Explanation of the Test — The following are important points that should be covered about the test itself (Refer to earlier chapters for information on the topics below.):

1. How it will be guarded confidentiality
2. How the test will be done and what the results mean
3. If a follow-up test is needed
4. When results will be available
5. What positive and negative test results mean
6. Discussion of how one might feel if the result is positive
7. Spiritual counsel regarding God’s faithfulness in times of difficulty

Note: The first part of the teaching about facts about AIDS can be done by anyone who has been trained in AIDS information and effective teaching styles. However, the explanation of the test, or at least the discussion of how one might feel if getting a positive result, would best be handled one-on-one or with a couple and preferably by someone with some training in counseling or “helping” skills.

Discussion of How One Might Feel if the Results are Positive

It is important that people can begin to think about what they will do and how they will respond to a positive test result. It is also good to bring up the fact that a negative result may not mean that they are HIV free and that retesting may need to be done. Good preparation at this time will help in the response to a positive test outcome.

It is good to help people prepare for the test results by developing a plan of action.

Role Play (continued from earlier role play)

Alicia and Barbara at the testing center:

Alicia: *(wringing hands, acting nervous, getting up and pacing) I'm scared to death. I think this is a mistake. I thought I wanted to know but now I'm not so sure. Once I know then I'll know I'm dying. I don't want to die Barbara.*

Barbara: *I know what you mean. Maybe not knowing is better than knowing. Anyway, what can we do about it? What is, just is. It's really not in our hands. Still though, I'd like to get married again and I don't want to give it to someone else.*

Alicia: *I'm sorry Barbara. I just can't stay here. I can't go through with it. I'm leaving. If I die I die, but I can't do this.*

S—What do you see?

H—What is happening?

O—Does it happen in our situation?

W—Why is it happening?

D—What can we do about it?

Questions for Discussion:

- How common is it for people in your culture to feel “fatalistic” in their thinking—what will be will be?
- What might be said to address that kind of thinking, especially when it comes to testing?

It is helpful to engage people in conversation or dialogue as soon as possible when they enter the testing area. Sitting around with time to think might engender the exact scenario played out in the role play. Once the teaching is done, the counselor might begin either individually or with couples asking the following questions:

-
- How are you feeling about being tested?
 - What are your concerns?

If you test positive:

- What will you do?
- Who will you tell? How will you tell your sexual partner and encourage him or her to be tested?
- What will this change in your life?
- How do you think others will respond to this news? How will that affect you?
- How will you avoid spreading HIV to others?
- How will your relationship with God factor into this situation?

For non-believers:

- How might you receive spiritual help in this situation?
- Who would you turn to provide emotional, spiritual and social support?

If the test is negative:

- Do you understand what a negative result means?
- After hearing the teaching, do you have some ideas how you might prevent getting HIV?

Spiritual Implications

When dealing with persons who have a relationship with God, it is good to talk about the spiritual implications of the test results, be it positive or negative. Some of this may have been addressed with the above question about God being in the situation.

For those who have a strong relationship with the Lord, it is helpful to have some scriptures on hand which refer to God's faithfulness in the midst of difficult circumstances. For some this will be a comfort and give strength before facing potentially horrible news.

Scriptures that may be helpful are:

Psalm 45:1-5, 10-11 A very present help in time of trouble

Psalm 91	My refuge and my fortress, my God in whom I trust
Psalm 130	Out of the depths I cry to you, O Lord
2 Corinthians 1:3-7	Sharing in suffering and in comfort

Prayer

Regardless of religious persuasion, most people are open to making contact with the supernatural when facing a potential crisis. Speaking with someone about God is, in many cultures, acceptable. A simple question by the counselor asking if the client would like prayer before going into the test will often be gratefully received. The counselor will know when or if this is appropriate but should not hesitate to offer as much spiritual help as possible. Referring the person to a church or pastor for additional spiritual help would probably be most appropriately done in the post- counseling session, but might be worthwhile while the client is still able to absorb information.

Sharing Christ

By this point in the encounter, the counselor will have a sense of whether it would be appropriate to speak further about a relationship with the Lord and/or offer to pray with the client prior to testing.

It is important not to use the counseling encounter in a manipulative sense to “get converts.” On the other hand, with Holy Spirit sensitivity, it may be a wonderful opportunity to help people move toward a relationship with the Lord that will offer comfort, strength and hope in the potentially difficult times ahead.

Christian counselors should bathe each counseling opportunity in prayer. If the counselor is not familiar or comfortable with sharing his or her faith in Christ, a visit with a local pastor may be helpful. A small pamphlet which explains one’s spiritual journey may be useful to help guide the conversation (See Path to a Healthy Life in the Global AIDS Partnership Training Kit.)

Post-test

Ideally, when the pre-test session is over, the counselor will be able to stay with the client while the test is done and during the waiting period should a rapid test be available. When the test results are given to the counselor, he or she will be right there to begin the post-test counseling. Whenever possible, long waiting periods to “get back to the counselor” should be avoided due to the stress of the situation (See Appendix C for Quick Reference Guide to Counseling.)



Chapter Five

Counseling After Test Results are Given

In this Lesson:

- Common reactions to positive and negative results
- Dealing with the reactions
- Answering questions
- Return sessions

Role Play

Barbara and counselor sitting together:

Counselor: *Hi Barbara. How are you doing? Sorry you had to wait awhile. I have been so busy today with so many clients. It seems the line never ends. So how are you doing? How about a cup of tea? I bet you could really use a cup of tea.*

Barbara: *Tea? Tea! I don't want tea. I just want to know what you found out. Am I going to die? Do I have it?*

Counselor: *(seeming nervous and ill at ease) Yes, well I'm sure you would like to know that information. You know Barbara, life is not always so easy. Things come our way and we just have to be strong and go on. I mean lots of people seem to deal with things and live their lives and... well, yes, the thing is Barbara ah, well — let's see*

Barbara: *Just tell me, will you?*

S—What do you see?

H—What is happening?

O—Does it happen in our situation?

W—Why is it happening?

D—What can we do about it?

Questions for Discussion:

- If you were facing a possible diagnosis of AIDS, how would you like to receive the news? What feelings might you have?
- In your culture, how would one normally respond to a positive test result?
- How would comfort be offered? How would it be received?

Post HIV Test Counseling

One of the great advantages of the HIV rapid test is that test results can be given within a few minutes. This eliminates the agony of waiting for days to hear potentially bad news. The rapid test provides:

- A means of completing the educational process
- Preparation for the test results by a trained counselor or helper
- Help and support with the results
- The opportunity to arrange a follow-up visit

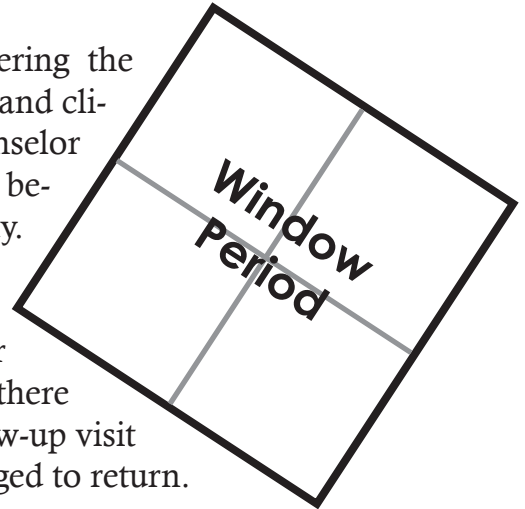
Although the pre-test counseling is separate from the post-test, ideally they are linked. It is best if the same counselor can be available for both so that the counselor already has a feel for the needs of the client and will have a sense of the best way to deal with the post-test session.

It is important for the counselor to be prepared for sharing bad news. As stated in the previous chapter, bathing the encounters in inward prayer is helpful and allowing room for the Holy Spirit to work in and through the counselor is also essential. Spirit-filled believers will be very dependent on divine guidance during these difficult sessions.

Additionally, the counselor needs to have tried to work through his or her own feelings about a positive result. Some counselors may be HIV positive themselves and having to deliver the same bad news that they had heard may bring up a lot of past emotion. This can actually enhance the time with the client in terms of empathy for their situation, but the counselor also needs to be able to be enough in control to communicate what needs to be said.

Counseling for Negative Test Results

High risk behaviors and the window period—Delivering the news of a negative test result is a relief for the counselor and client. However, it is a necessary part of the role of the counselor to determine with the client whether there was high risk behavior that would indicate a “window period” possibility. The counselor should refer to the assessment form that was filled out in the first session and together with the client determine if there has been any high risk behavior that would indicate that a second test should be done. If there has been risk behavior, it is important to schedule a follow-up visit in three to six months and the client be strongly encouraged to return.



Avoiding Infection—A negative result also presents an excellent opportunity to reinforce avoidance of behaviors that could cause HIV infection.

Spiritual Issues—It is also an excellent opportunity to speak to the client about spiritual issues. The negative result, if no risk behaviors have been determined, can be a way of speaking about a “gift from God,” a new chance to live life, etc. Asking some questions about what the client will do differently may lead into a discussion about spiritual matters.

Having prayer together for a recommitment to a life of purity, helping others or whatever seems most appropriate for that individual will be helpful.

Counseling for a Positive HIV Test Result

The way in which the client has been prepared for the test results and the way in which the results are communicated can help to make a difference in the way in which the client responds to a positive report.

Questions for Discussion

- How would you tell someone they are HIV positive?
- In your culture, would a direct statement be acceptable?
- For you personally, how would you like to be told?

Some people will actually be expecting a positive report and will not be as surprised or shocked as one might think (Granich & Mermin, 2003, p. 90). However, regardless of expectation, preparation or a great communication style, there is always going to be a reaction when the confirmation of infection is given.

The news should be given in a quiet, private place where the client can react in any way that he or she wishes. The counselor, who may be very uncomfortable with delivering this news, should not avoid the subject by making small talk or making nervous gestures. The news of a positive result should be communicated openly, honestly and without fluffy language. The use of neutral words is helpful rather than saying “I’m afraid I have bad news,” which attaches value to the message. Simply say, “Your HIV test has shown that you are HIV positive.” One could say, “Your HIV test is positive,” but that may allow clients to “depersonalize the result” as the test is positive rather than that they themselves have HIV (Granich & Mermin, 2003, p. 91).

After giving the news, it is good to wait for the client to respond. Though it is not always possible to predict how someone will react to this news, the counselor may have some idea from the first encounter and the previous discussion about how the client would feel if the result was positive. It is hoped that the pre-test discussion would have already begun to surface some of the feelings.

The following are some things that the counselor should avoid when giving an HIV positive report (van Dyk, 2002, pp. 247-248):

- Don’t hedge or try to dodge the issue
- Don’t beat around the bush
- Don’t break the news in a public place
- Don’t give the impression of being rushed or distracted
- Don’t argue or interrupt
- Don’t say “Nothing can be done”
- Don’t react to anger with anger
- Don’t say “I know how you feel”
- Don’t be afraid to say “I don’t know”

Culturally—defined Expression—The way in which feelings are expressed may be somewhat culturally defined. What a person has been taught or seen as appropriate ways of expressing feelings will differ from culture to culture. However, there are common feelings

that people have after finding out that they are HIV positive (van Dyke, 2002; Granich & Mermin, 2003).

Denial—The feeling that the test is wrong, it can't be true. Some will strongly insist that the test must be wrong. The counselor might calmly mention that the test is rarely wrong, but that the two of them could discuss the possibility of a second test at a later time. Many will say, "This just can't be happening to me." A follow-up statement by the counselor might be, "I know it's hard to believe or comprehend right now. It's a very scary thing to think about."

Shock/disbelief—Despite preparation and the pre-test counseling, the reality of the news is so enormous that the client may not fully take it in and may respond with shock and disbelief. Statements, like "No, it can't be true," or "I can't believe it," or "Why me?" are common expressions of shock and disbelief. Some people will leave the counseling session in this state — confused, not focusing mentally and responding as though a physical blow had been delivered to them. In fact, the emotional blow has overwhelmed their ability to cope and there is some emotional shutdown occurring until the mind has time to absorb the truth. Counselors might say, "I know this seems overwhelming right now, but I would like to talk with you either now or later about some things you can do to help yourself."

Anger—Often a response of anger is the first response a person has when hearing he or she is HIV positive. The anger may be directed at the one who may have given them HIV, at God, at the counselor or at oneself. It may be expressed by an angry outburst at one of the above, by clenched fist, by jumping up and pounding something, by bursting into a verbal tirade, by swearing or even screaming. An angry response is no doubt one of the more challenging for the counselor. It is important to allow the person to express his or her anger as long as it is not putting the counselor or oneself in danger. Sitting calmly and allowing the venting is best. Once the person has calmed down, the counselor might say, "It is normal to feel angry right now. Tell me more about what you are feeling."

Fear—Fear may be the most basic of all the feelings a person has, particularly once the reality of the diagnosis has sunk in. Fear and hurt are often the real sources of anger which may just be a symptom of these deeper issues:

Fear

- Fear of death is probably the single most common element in the HIV diagnosis. Many who receive this news will already know someone who has died from AIDS and all that implies.
- Fear of the unknown may be there for those who have had no exposure to someone with AIDS.

-
- Fear of rejection is very real, especially for women who fear that their husband and/or their families may reject them.
 - Fear of stigmatization and discrimination is also very real.
 - Fear for the welfare of their families and children is very common and normal.

Though the shock, anger or denial may supersede the expression of fear in the immediate time after the news has been given, fear is probably the most pervasive of emotions with which the person with HIV will cope.

Sadness/Hopelessness—Whether these feelings are seen in the post-test session will depend on how much the client thought that he or she would be positive and how prepared he or she was for this result. The confirmation of his or her suspicion may bring an overwhelming sadness which may be expressed by quiet crying, sobbing, or simply a heavy sigh of hopelessness. When asked by the counselor what is being felt, a response may simply be the word, “heavy” or “sad.”

Depression is common in any person who has received word that they are dying and the person who is expressing extreme sadness may already be depressed or may slip into that state. The counselor may try to elicit more information about what the person is feeling and try to connect him or her with a counselor for ongoing care or try to get him or her to come back for follow-up visits, depending on the resources available.

Suicidal Thoughts—In both pre- and post-test counseling, the counselor should be listening for any reference to potential suicidal tendencies. If a client says, “If I have HIV I just wouldn’t want to live,” or “Any kind of death would be better than dying like Uncle John died,” or “I’d rather die than tell my family I have AIDS,” etc., the counselor should pursue the subject of suicide and try to determine if this is a real possibility or if the person is just using a manner of expression.

If in the post-test session the counselor feels that suicide is something the person is thinking of, it should be addressed again. If a friend or family member has accompanied the client, that person may need to be instructed to stay with the client for a few days. Depending on the resources of the testing area, a staff member or church member may be able to make a home visit within hours of the test results to be sure that the person is not alone. The testing site should develop a set of guidelines as to what will be done if a suicidal tendency is present.

Instilling Hope—An important role of the counselor in the post-test session is to try to offer realistic hope. It may be helpful to say that people who take care of themselves are living longer, that they are not going to die immediately, that there are drugs being de-

veloped that will help them, etc. Though one does not want to give false hope, there are positive things that can be said to help counteract the hopelessness.

It is important to talk about getting rest and trying to eat properly. Stories of people who have taken care of themselves and lived for years may be helpful to instill hope.

It is important for the counselor to remember that very little of what is said during the post-test phase may be heard or absorbed by the client. Usually the shock of the news is so numbing that the ability to take in information is minimal. Just being supportive and listening may be the main role in the post-test time. This underscores why the pre-test counseling session and the planning of what to do at this phase is so important.

Spiritual Help —Depending on the religious persuasion of the client, the counselor may find it appropriate, after the client has expressed whatever he or she is feeling, to ask if he or she would like to pray together. Some people will be too distraught or too angry with God to receive or wish for prayer at that time. Others will find it comforting to make that spiritual connection. Depending on the emotional state of the client, the counselor may wish to speak of hope in a relationship with Jesus and what that means for eternity. Once again the counselor will want to rely on the Holy Spirit to try to determine what the needs and particularly the spiritual needs of the client are and what would bring most comfort and help at this time.

Follow-up Counseling

Most ideally, counseling for persons with a new diagnosis of HIV should continue for several months until they have worked through the stages of grief and have sorted out a plan for their lives. For some who have a strong support system of family and friends, this may be less necessary. But for those who have not shared their status or who are having difficulty adjusting to their status, more emotional support from a counselor may be very helpful.

If the HIV testing center is church-based, as will be discussed in Chapter Eight, the pastoral staff, who should also receive basic training in counseling, may be able to provide the support that is needed. Support groups may be organized by the church, the community or the testing facility. Though these may not always be as effective as one-on-one counseling, the advantage is that more people can be served with limited resources. It is also often helpful for people with similar experiences to share their stories.

Care for the Counselor

Counselors spend most of their time listening to and dealing with people's problems. Even when not dealing with a life-threatening issue such as HIV/AIDS, counseling can be very draining for counselors. When having to give people a test result that ultimately means that their lives will end, the counselor can become very depleted emotionally.

A condition termed "compassion fatigue" can develop. This is when the caregiver or counselor becomes emotionally fatigued from the drain of "bad news" and the suffering and trauma of the people they serve. It has also been termed "burnout" and secondary post-traumatic stress disorder.

Symptoms of compassion fatigue are (Figley, 2002):

- Extreme fatigue
- Depression
- Inability to eat or sleep
- Inability to stop thinking about clients and their problems
- Dread of going to work and many similar symptoms

Prevention of compassion fatigue:

- The best way to avoid becoming emotionally fatigued is first of all to be aware that it can occur and be monitoring oneself for the symptoms mentioned above.
- Secondly, it is good to form a support group with other counselors who understand the types of situations being dealt with each day.
- Allow get-away times which may need to be more frequent than the usual vacation times.
- Be sure that time with the Lord is appropriated for each day and ask the Lord for protection against emotional fatigue.

Chapter Six

Counseling and Concerns of Pregnant Women

In this Lesson:

- Pregnancy and HIV
- Counsel on prevention of mother to child transmission
- Follow up testing of infants
- Counseling children affected or infected with HIV

Role Play

(Two pregnant women talking)

Carla *Are you going to get the HIV test? They say if we are positive we can give it to our babies. I wouldn't want to do that.*

Lisa *No! I'm not going to get it. If I have it I'll die anyway and who will take care of this baby? My husband is dead. I'm barely making it with my kids now—it would be better if this baby didn't live because it will die anyway.*

S—What do you see?

H—What is happening?

O—Does it happen in our situation?

W—Why is it happening?

D—What can we do about it?

Questions for Discussion

- What happens to children in your area when the parents are gone?
- What would you do if you were pregnant and knew that there was no one to care for your baby if you died?
- What is the role of the Christian and the church in times like this?

HIV positive pregnant women represent a group who can benefit greatly from AIDS education and voluntary counseling and testing. Pregnant women who are infected with HIV have a greater risk for complications during pregnancy and are at risk for transmitting the virus to their newborns. There are ways, however, in which the risk of transmission to the newborn and pregnancy complications can be reduced.

About 25-35% of HIV positive pregnant women pass the virus to their newborns (UNAIDS MTCT, 2000). This is possible in three ways:

- The HIV virus crosses the placenta during development (most rare)
- The HIV virus is transmitted during the birth process by blood
- The HIV virus is transmitted through breast-feeding

Health of the Mother—It is possible for a pregnant HIV positive woman to decrease her risk of transmitting the virus and pregnancy complications by staying as healthy as possible. When the mother is healthy, the placenta helps to protect the baby from getting the virus while in the womb. However, if the mother has other infections, if she has recently acquired HIV, if she is in advanced stages of AIDS, or has severe malnutrition, the placenta will not be as able to protect the fetus and HIV can be transmitted before birth.

Other factors which can increase the risk of transmission of the virus from mother to baby are (Maternal & Neonatal Health (MNH), 2002 paragraph 2):

- Smoking
- Using or injecting drugs
- Vitamin A deficiency
- Sexually transmitted infections

-
- Long labor after membrane rupture
 - Premature delivery
 - Vaginal delivery instead of Cesarean section

Early treatment of infections, especially sexually transmitted infections, vitamin supplementation and adequate nutrition are very important in reducing risk of transmission, avoiding pregnancy complications, and protecting the health and strength of the mother.

Antiretroviral drugs (anti-AIDS drugs), which are becoming available in many countries, when given to a mother during pregnancy and/or labor and the baby after birth, will reduce the risk of transmission by about 50% (International Center for Research on Women, 2002).

For a pregnant woman or a new mother, HIV testing and counseling are vitally important to her own health and the safety and health of her newborn. Knowing that she is HIV positive may motivate a mother to seek treatment for infections and to seek antiretroviral therapy for herself and her baby. A woman who tests HIV negative may be counseled to take extra precautions to protect herself from becoming infected and to protect the future of her unborn child.

Goals of AIDS Education for Pregnant Women

A pregnant woman may not be aware that there is a risk, that if she has HIV, she could pass it on to her baby. Therefore AIDS education, as outlined in early chapters, is important to give at prenatal clinics. In addition to the regular facts about HIV, however, special teaching should be given to women about the risks of transmission to newborns and measures that can be taken to prevent the risk as well as improve the health of the mother. A discussion of proper nutrition and ways to avoid vitamin deficiency should be included. Symptoms of sexually transmitted diseases, such as genital sores, vaginal discharge, pain in the lower abdomen, and fever should be discussed. During this education, there should be a strong appeal for mothers to get tested so they know their status and risks.

This information should not be limited to prenatal clinics, however, but should be broadly taught in churches, community forums and in pamphlets about HIV/AIDS. Women often go to prenatal clinic alone and may fear sharing the information with their husbands.

Reasons Women May Resist Testing

Though it would seem reasonable that pregnant women would want to know their HIV status and take measures to protect their unborn children, many women are reluctant to pursue testing.

Questions for Discussion

- Why might women be reluctant to be tested?
- In your culture, how likely is it that pregnant women will voluntarily go forward for testing?
- What might be said to encourage women to be tested?

Many women, even after hearing the risks and that there is a medication available if they go for testing, are still reluctant to have the test. The most common reasons given for this reluctance are:

- Fear of rejection by the spouse
- Fear of rejection from the family
- Not knowing is easier
- Fear of stigmatization

All of the above are very real and difficult issues. It may take amazing courage to step forward for testing knowing that revealing her status or hiding it may have devastating consequences for her marriage and her life. Rejection by her spouse could mean being put out of the house, leaving other children, having no place to turn and no financial means of survival.

When considering all of the above, one can well understand a woman's reluctance to be tested or why she may not choose to share the information with anyone. Carrying that knowledge alone can also be a very heavy burden.

Pre-test Counseling for the Pregnant Woman

Pre-test counseling for pregnant women who have decided to have the test should include all that was mentioned in earlier chapters. However, a review of proper nutrition and how to procure antiretroviral drugs is also a good idea. Counselors should explore whether the woman intends to tell her husband if the outcome of the test is positive and what effect this might have on their marriage. The thought of her spouse or family finding out may be more scary to her than the actual news of her positive status.

Nutritional Information to be Included in the Pre-test education

The first information to share with pregnant women is that should their HIV test be positive, the HIV itself will not necessarily make her pregnancy more difficult nor negatively impact her baby, if the baby is not infected.

However, there are factors, as mentioned earlier, which will cause complications for the pregnancy and will increase the risk of transmitting HIV to the baby. Mothers should be made aware of the things that they can do to improve their health during pregnancy which will also help to reduce the risk of transmission of HIV in babies.

Often, due to poverty and/or lack of food availability, a mother's choice of foods is limited. There may also be cultural taboos about foods that must be avoided during pregnancy, taboos which often eliminate the most nutritious foods. AIDS-affected households often do not have the capability of food production adequate to feed a family.

A lack of vitamin A has been shown to cause a greater risk of transmitting the HIV virus to the newborn during delivery. More of the virus is shed into the genital secretions when Vitamin A is not sufficient in the body (World Health Organization/UNAIDS, 1999).

Mothers can be advised that some of the most important foods that they should try to eat are those which contain vitamin A, particularly green leafy vegetables, carrots other vegetables and some fruits. A vitamin supplement which contains at least 10,000 Units of Vitamin A is useful if adequate foods cannot be consumed (International Vitamin A Consultation Group (IVACG), 2001).

Anemia, resulting from a lack of iron in the diet can precipitate early delivery and cause the HIV/AIDS disease process to bring death sooner. Therefore, it is very important for anemia to be discovered and treated either by diet, iron tablets or injections.

Foods high in iron are meats, especially organ meats such as liver. Beans, eggs (especially the yolk) and dark green leafy vegetables are also high in iron.

It has been found that HIV positive pregnant women who can eat a well-balanced diet containing vitamin A and iron or who can take a daily vitamin supplement can reduce the risk of transmission of HIV to the baby and slow the progression of the effects of HIV in their own bodies.

Early Treatment of Infections

Infections other than HIV can cause an increased risk of HIV transmission and can hasten the effects of HIV on the mother. This is especially true of sexually transmitted infections such as gonorrhea, chlamydia and syphilis. Infection in the body causes the placenta (sac which surrounds the fetus in the womb) to not be as strong and able to protect the baby, but also increases the risk of transmission during the birth process. Open sores in the genital area will expose more of the virus to the baby as it passes through the vagina during the birth process.

Teaching should direct women to seek medical care if they have sores on the genital area, lower abdominal pain, vaginal discharge and/or fever.

Antiretroviral Drugs

A very important part of the AIDS education pre-test counseling should include information about antiretroviral drugs (anti-AIDS) which may be available to a mother. As stated earlier in the chapter, there is a 25-35% chance that the virus will be transmitted to the baby during the birth process. Many countries now have access to a drug called Niverapine or an older drug (AZT) which is used to reduce the risk of transmitting the virus from mother to child. Most programs require mothers to be tested for HIV before the drug will be given. Thus, the prenatal teaching should encourage women to go for testing which would include information about this drug. Pre-test education, if not done in the prenatal setting, should include more information about the drug and how the drug will be given should the mother be positive. It is really important to stress that, though the drug may protect the baby, it will not cure or help the mother. It is hoped that, in the near future, antiretroviral drugs that will help the mother will become available, but at present not many countries can offer these drugs because they are very expensive.

Niverapine is given during the labor process—one dose to the mother. The newborn is then given a dose within 24 hours of birth. The drug has been shown to reduce the risk

of transmission by about 50%. It does not always work because of the many risk factors listed earlier, but it can cut in half the number of babies infected so it is very important that it be available and taken by the mother. The ways in which AZT are given vary but it is often given earlier in the pregnancy (ICRW, 2002).

Before talking about these drugs to the mother, it would be best to be certain that there are mother-to-child transmission (MTCT) programs in the vicinity so as not to raise false hope if these drugs are not available.

Breast-feeding advice to be included in AIDS pre-test education

It is estimated that babies who are born without getting the virus have a 5-15% chance of getting the virus through breast-feeding, if only breast-feeding is done, without adding any other liquids or foods. The term used for this is “exclusive breast-feeding.” If other foods are added or there are sores in the baby’s mouth or the mother’s breasts are cracked or have sores, the risk goes up considerably (ICRW, 2002).

The World Health Organization recommends that mothers with HIV avoid breast-feeding entirely when replacement feeding is (ICRW, 2002):

- Acceptable in the culture.
- Feasible—is refrigeration and sterilization possible?
- Affordable and sustainable—is there a long-term supply of breast milk substitutes and a dependable system to ensure that the babies will have an adequate supply as long as needed?
- Safe—is the water supply safe for drinking?

Evidence is showing that if all of the above conditions cannot be met, it is better and safer for the baby if the mother “exclusively” breast-feeds the baby for the first six months. Introducing foods, unpasteurized animal milk, and/or unclean water can damage the baby’s digestive system and make it easier to get HIV from the breast milk that is given. Food and drink other than breast milk can also cause allergic reactions or diarrhea (ICRW, 2002).

Breast-feeding also gives the baby natural protection against a number of diseases which is another advantage of exclusive breast-feeding. Mother’s milk, if mother has adequate milk, is all that the baby needs for the first six months of life.

During the education process, mothers should be made aware of the options so that she can make informed decisions about the breast-feeding issue.

As stated earlier, this type of information should be taught at every possible occasion and not limited to prenatal or testing clinics. Men and other family members need to also know the facts since decisions are often made, not only by the pregnant mother, but by her husband or the larger family. Knowledge is empowerment and factual information about the important decisions to be made during pregnancy needs to be as widespread as possible.

Chapter Seven

HIV Testing and Counseling for Children

(Much of the information in this chapter is taken from “Guidelines for Counseling Children Who are Infected with HIV or Affected by HIV and AIDS,” South Africa AIDS Training Program, January 2003.)

In this lesson:

- Techniques for counseling children
- HIV Testing for children
- Informing children about testing
- Pre-test counseling Post-test counseling

Story

Margaret was worried. It has just been discovered that her little girl had been sexually abused by her husband’s uncle. The uncle had died at age 34 from what was said to be “Slim disease.” She wondered if it was AIDS. If he had AIDS and had been abusing her child, then might she have it too? Her little Ana hadn’t been well lately. She had a lot of fevers and sweats and that nagging cough. But then kids get things like that. Margaret wasn’t sure what to do. “Do children get AIDS?” she wondered.

S—What do you see?
H—What is happening?
O—Does it happen in our situation?
W—Why is it happening?
D—What can we do about it?

Questions for Discussion

- How common is sexual abuse of children in your area?
- How is it usually discovered?
- What would you do if you thought this was happening to your child?

Counseling children is challenging and different than counseling adults in that children often find it difficult to recognize what fears and emotions they are experiencing, and have even more difficulty putting those feelings into words. Communication is the foundation of the relationship between counselor and child, therefore practical ways must be found to communicate with children.

During counseling, children who are HIV positive or affected by HIV should never be forced to tell their story. Some reasons children may be reluctant to communicate about something may be:

- Traditions and customs pose barriers to communication. Some cultures forbid children to disagree with adults, and in others, children are encouraged to be quiet and respectful around adults.
- Children may feel embarrassed or ashamed to discuss HIV and AIDS with adults because they relate taboo subjects such as sex.
- Children may be too young to put their feelings and experiences into words.
- Children may fear hurting those they love by speaking about what is going on at home.

It is the counselor's job to help the child overcome these barriers and to communicate freely. Children need to be addressed on their own level. This involves creating methods to explore sensitive issues and helping children to express their feelings.

The following section gives suggestions which may help in providing forms of communication that children are accustomed to using:

Drawing

Drawing enables children to communicate their emotional state without having to put it into words. Most children enjoy this activity. The counselor provides drawing materials and then gives an idea to the child of what they might draw. For example, "Draw a picture of your family having fun." "Draw a picture or something that makes you angry."

When the drawing is complete, ask the child to explain the drawing using open-ended questions to get more information about the drawing.

Storytelling

When children are finding it difficult to talk about sensitive or painful issues, listening to a story about someone in a similar situation can be very comforting. It can give children a sense of being understood and it can help them recognize that they are not alone. A story can also serve as a useful tool for problem solving in their own situations. When using storytelling, it is helpful to:

- Use a familiar story to convey a message to the child
- Avoid using real names or events
- Encourage the child to talk about what happened in the story
- Ask the child to make up his or her own story based on the topic given by the counselor

Drama

Drama is an excellent way for children to raise issues they want to communicate with others but find it difficult to discuss directly. When using drama as a counseling tool it is helpful to:

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

Play

Play is an important way for children to explore their feelings about events and make sense of their world. When children play, much of their activity involves imitation or acting out, giving the counselor ideas of what the child is dealing with.

Give the child a variety of play items, including simple, everyday items such as boxes, strings, sticks and toys that depict human or animal figures.

Ask the children to show you parts of their lives using the play materials. For example, “Show me what you like to do with your family.” While the child is showing the counselor, questions can be asked to elicit details. Make leading comments such as, “I see the doll is sick and cannot get out of bed,” etc.

If the child gets stuck and cannot proceed further, ask him or her questions such as “What’s going to happen next?” or “tell me about this person.” these questions should help them to continue.

(Please refer to the manual listed at the beginning of this section for more details on counseling children.)

HIV Testing for Children

HIV testing brings up many complex issues. When possible, the advantages and disadvantages of testing should be discussed with the child and the family.

Advantages of Testing Children

If children know they are positive they can:

- Access information and services to prolong their lives
- Gain the support of other children in similar situations
- Be helped to understand how to avoid infecting others
- Become a role model by showing that one can live well with HIV
- Experience the relief of knowing the truth rather than being worried and stressed about the unknown

Disadvantages of Testing Children

Children who know they are positive might:

- Not fully understand the situation and may only understand the negative implications without knowing they can live well with HIV
- Disclose their status without being aware of the possible consequences
- Feel angry, resentful, depressed and lose hope

When to test children for HIV

Ideally the child should be able to be a part of the decision to be tested. However, parents might consider having their child tested if:

- They themselves are HIV positive and their child is very young
- The child is sexually active or there is strong evidence of sexual abuse
- The child has been at risk due to unsafe blood or unsterilized needles
- A confirmed HIV diagnosis would have important implications for medical treatment for the child

Informing Children About HIV Testing

Children have their right to voice their opinions about issues that affects their lives. Even if they are young, they should be given information and support to help them understand their situation and what is best for them.

In practice however, exactly what the child should be told depends on his or her level of maturity. Counselors face the challenge of finding a balance between listening to the child's concerns, respecting the parents' wishes and ensuring that the child's welfare is the overall concern.

To achieve this balance the counselor should:

- Be well informed about the local laws regarding the age of consent for HIV testing.
- Discuss with the parents what the child already has been told and knows about the situation bringing them to the counselor.
- Enable the child to feel in control and listened to. Give the child information appropriate to his/her age and explain what the HIV test involves.
- Recognize that the HIV test raises different concerns for different age levels. Younger children might be most concerned about having to be "stuck" by a needle and associate being in a clinical setting with past pain of injections, etc.
- Give honest answers to a child and try not to hide information.

Pre-test Counseling for Children

Children shouldn't be rushed into making decisions about having the HIV test. In a pre-test session, a child might come alone or be accompanied by a support person, a friend, a parent or relative. Important points to include in a pre-test situation include:

- If the child is alone, family consent may be required by law before proceeding.
- If an adult accompanies the child, determine if this seems comfortable or if it would be better for the adult to leave.
- Gain the child's confidence so that ease in speaking can be established.
- Assess the child's knowledge and understanding of HIV and AIDS and find out what the child wants to know. A pamphlet designed for children will be helpful (See AIDS—What Children Should Know) in the GAP Training Kit.
- Explore the child's feeling about being in the session and address any fears that might be expressed.
- Answer the child's questions accurately and honestly keeping the answers geared to the level of the child's understanding.
- Explain what will happen in the testing procedure. Do not promise that the test won't hurt.
- Explain what the results of the test might mean to the child.
- Discuss who will know about the results besides the child. Reassure the child that the counselor will be available to talk again after results are learned.
- If the child begins to cry and does not seem ready to face the test, inquire about returning another time for another session with the counselor.

Post-test Counseling

More than one session with the child may be necessary before the child comes to an understanding of the implications of a positive result. The counselor should:

- Remember that if the child is alone, family consent may be needed before the results can be given.
- Determine if the parents would prefer to tell the child of a positive test result but be sure that the parents are equipped with suggestions for the best ways to do so.

-
- See if the adult that accompanied the child is available to be with the child when results are given. If the child is alone, inquire if the child would like to return with an adult before results are given.
 - Briefly reassess how much of the HIV/AIDS information the child has retained from the pre-test session.
 - Assess if the child is ready for the results.
 - Use the skills mentioned in giving positive results listed in the chapter of post-test counseling, but adapt the approach to the level of the child.
 - Allow time for the child to react and determine if there are any questions on the part of the child or the person with the child.



Chapter Eight

The Church and Voluntary Testing and Counseling

In this Lesson:

- The role of the church in the HIV/AIDS crisis
- Assessing the need
- HIV Testing—An extension of the church
- A community program
- Recruiting staff
- Funding

Role Play

(Young couple talking, both seeming angry and upset.)

Kara— *Yes, I want to marry you, I really do. I love you. But I don't think I'm being unreasonable in suggesting that we both have an HIV test.*

Paul— *It sounds to me like you don't trust me. And anyway, what if one of us is positive? Does that mean that we won't get married? Would you leave me if I'm positive?*

Kara— *Paul, I don't know what I would do. I think we need to talk to Pastor Clark about this. We are going to meet with him soon for premarital counseling.*

Paul— *You're crazy. I don't want the Pastor to know. What if we do go for testing and he wants to know our results? I wouldn't want anyone in the church to know if I have HIV!*

S—What do you see?

H—What is happening?

O—Does it happen in our situation?

W—Why is it happening?

D—What can we do about it?

Questions for Discussion

- How informed do you think the people in your church are about HIV/AIDS?
- What would be the reaction of the congregation to someone with HIV?
- Do you feel that you could share a positive diagnosis with your pastor? Why or why not?

The Role of the Church in the AIDS Crisis

From the beginning of the HIV/AIDS crisis, local communities have been, out of necessity, at the forefront of responding to the disease. In the early days of the epidemic, the church was often silent and relatively inactive in dealing with the crisis. This perhaps stemmed from the many implications of transmission and the confusion, uncertainty and suspicion that have surrounded the AIDS epidemic.

However, in more recent years the church has begun to realize the biblical and moral imperative to respond. Church-based responses, partnerships and initiatives are seen all over Africa and in many other parts of the world affected by this crisis.

According to the World Council of Churches (Church of the Province of South Africa, February, 2001), over 80% of the world's population identifies itself with a religious community. The church is usually respected by the communities it serves, it brings people together regularly and it exists at every level—rural and city, local and national. The church is present at the grass roots of the places being most affected by the HIV/AIDS crisis, therefore has a unique capacity to address the problems related to the epidemic.

Governments in many places are now recognizing the importance of the church world in the campaign against AIDS. The government of Uganda, for example, restructured their AIDS policies and incorporated the church (faith-based organizations) into the planning and implementation of national strategies, resulting in a dramatic decline in the number of new infections. The message of abstinence and faithfulness stemming from the teachings of the church was incorporated into the national campaign.

Since the church has the ear of the people, it can be a strong advocate of lifestyles which prevent the transmission of HIV. By the nature of the teachings of the church, abstinence from sexual relations before marriage and faithfulness in marriage, the moral fiber of AIDS prevention training can be happening from the pulpit, in the Sunday School classroom and in youth services.

The church has a great opportunity to be a strong advocate of moral lifestyles

It is possible that this is not being done because pastors themselves may lack awareness and training in AIDS issues, or because it is felt that the issues are too sensitive to be discussed in public. Whatever the reasons, when the church is silent, there may be an automatic assumption that the AIDS issue is not a “church” issue and therefore the church is not a safe place for persons to come for help with their personal issues regarding HIV/AIDS.

If the church is to be truly “Christ-like,” it will note that time and again Jesus reached out to touch those who were suffering and sick. Mark 1:41 (NIV) describes the compassion that Jesus felt as he observed someone in pain. “Filled with compassion, Jesus reached out and touched the man” (a leper).

Jesus did not reserve His ministry to those who were like Him. He reached out to social outcasts, to sinners, to all who were in need. Discrimination was not a part of his ministry, evidenced by the woman at the well who was of a different caste, a different social status and one who was living in sin.

James 5:13-15 instructs those who are sick to “call on the elders of the church” to pray, clearly involving the church in ministry to those in need.

With the tremendous ability to influence the lives and thinking of church members, the church is strategically placed to play a very large part in AIDS prevention and to minister to those infected or affected by HIV. It can be the lead agent in helping to break down the walls of stigmatization and discrimination that continue to exist (Butrin, 1996).

Many churches across Africa and other parts of the world are now actively involved in many types of AIDS response. In reviewing some of the outreaches on the internet, the following were seen to be the most prevalent church-related or church-based HIV/AIDS activities:

- AIDS Awareness training—adults, youth and children
- Welcoming persons with AIDS into the church and allowing involvement

-
- Home-based hospice care for those dying with AIDS
 - Widow and orphan support of many different types
 - Voluntary counseling and testing programs—in the church or related to the church
 - Income generation projects to fund families struggling with AIDS or other church-based HIV/AIDS initiatives

Church-based Voluntary Counseling and Testing

As stated earlier in the manual, voluntary counseling and testing (VCT) has been shown by research to be an effective tool in behavioral change leading to HIV/AIDS prevention (Faith-based Organizations, 2001). The church, by nature of its scope of influence, should be a voice to encourage testing. Many pastors are now requiring young couples in their churches to be tested before agreeing to marry them. Pastors are also seeking training in counseling as many of these young couples are returning to the church with one or both having tested positive (Church of the Province of Southern Africa (CPSA), 2001).

Some churches have decided to take that initiative one step further and actually begin VCT as part of their church outreach. A large urban church in Kenya has restored a van, recruited and/or trained counselors from the church, recruited a physician and offers neighborhood testing and counseling as a Saturday outreach ministry.

Other churches have partnered with local clinics who have agreed to do the actual testing while the church trains and offers voluntary counselors to deal with the pre- and post-test counseling with a spiritual emphasis.

In summary, the church has a very definite and important role in helping to stem the transmission of HIV/AIDS by its strong message of abstinence and faithfulness. Beyond that, the message of grace and love can be put into action by the church's active response to all facets of the epidemic. The church must be a loud voice for VCT and can in fact become a mechanism to provide testing and counseling, not only for its members, but for the community of which it is a part.

The church has an important role in helping to stem the transmission of HIV/AIDS

Being a part of the testing and counseling process affords tremendous opportunities to speak of Christ's help in the time of trouble and to introduce people to His saving grace. It also models the church's compassion and desire to be involved in every aspect of people's lives.

The local church can:

- Teach abstinence and faithfulness.
- Offer AIDS awareness for all levels of the congregation: adults, youth and children.
- Support widows, orphans, child-headed households and struggling families.
- Develop hospice programs (see A Manual of Hospice Care, 2003).
- Promote mother-to-child-transmission prevention (which includes VCT).
- Encourage voluntary testing and counseling.
- Develop church-based, Christ-centered VCT programs or partner with existing centers.

Beginning a Voluntary Testing and Counseling Program

A Burden for the Need

Most new outreaches of a church begin with a vision, a burden or a conviction that God is leading the church in a specific direction. The vision may be that of the pastor or one person or a group of persons in the congregation. At times the overwhelming need surrounding the church may simply dictate a response even though a specific burden was not the initial stimulus.

Whether by need or vision, the decision to begin any new outreach must be embraced by the majority of the congregation if it is to succeed. Often the pastor can set the tone for transmitting the vision to the church by a call to prayer about the specific need.

Once a burden is established and felt by the church, prayer for the leading of the Holy Spirit in every decision should follow. Seeking divine guidance in undertaking any outreach will help the effort to go forward at every level.

Needs Assessment

Before the church or any group decides to begin a VCT program, it is important to do a needs assessment to determine what is presently being done and if there is a true need for the type of outreach being considered. The following is the type of information that needs to be sought but is not a complete or formal assessment guide. A committee should be formed which has as its task answering question such as those posed in the shaded box:

Information to Seek in a Needs Assessment for VCT

- How prevalent is HIV/AIDS in the area served by the church?
- What VCT programs already exist? Are they Christian organizations and are spiritual issues being adequately addressed?
- Is there a reason why a church-based VCT would be better than what presently exist?
- Are there personnel within the church who could be involved such as counselors, medical personnel, etc?
- Is training for counseling and testing available locally and who would be trained?
- Is funding available through local NGO's, foreign NGO's or the government for VCT and what costs are covered by these funds?
- Are there local clinics that could form a partnership with the church to allow the counselors to be trained and sent by the church?

(This is not a complete assessment form but gives an idea of the type of information which would be useful before beginning a VCT project.)

Once the assessment has been completed and the church leadership feels that there is a valid need for the church to become involved in VCT, agreement of the church as a whole should be sought. A proposed budget and the need for volunteers should accompany the information given to the church about the VCT.

If VCT is a part of the church, it should naturally follow that the church has decided that it will be a safe refuge for those who are HIV positive.

Usually counselors who will be working full-time will need to be paid and that may be the largest expense of the program. This is often why churches who decide to take on this type of project do it part-time with volunteer counselors who have been trained or who are already trained.

It is beyond the scope of this manual to provide the technical infrastructure for setting up all aspects of the program. It is strongly recommended that delegates from the church be sent to study an existing program, meet with local government officials and other non-government organizations to find out about regulations and funding.

Though it entails many details and work to put the program and structure together, the outcomes of such a ministry can be great. They may include (FBO, 2001):

- Helping to de-stigmatize HIV/AIDS in the church and community.
- Promoting behavioral change consistent with the teaching of the Word of God.
- Being a hand of grace and help to those hearing of a terminal illness diagnosis.
- Providing spiritual direction for those facing eternity without Christ.
- Demonstrating the love of Christ through providing a vital service for the community.

Summarizing the steps to beginning a church-based VCT program:

- Someone with a vision
- A burden and direction of the Holy Spirit
- Assessing the need
- Assessing resources available through NGO's, local governments, etc

-
- Congregational acceptance including willingness to incorporate HIV positive persons into the church
 - Determining the budget
 - Determining how the budget will be funded
 - Who will manage the program
 - How will it be sustained
 - Will it be a full-time program of the church, a part-time outreach, or a partnership
 - Who will be trained and who will do the training
 - What are the objectives of the outreach
 - How will the objectives be measured to assure that the program is being effective

In many parts of the world, the AIDS crisis has presented the church with one of the greatest challenges it has ever faced. The role of the church in helping to prevent HIV transmission and to minister to those infected and affected by AIDS is critical. As HIV/AIDS continues to erode the capacity of the community and the family to care for those affected, the church of Jesus Christ will be the caring, helping, healing organism that it was intended to be.

Promoting VCT is one more way in which the touch of Jesus can be extended to those in need.

Appendix A

Consent Form for HIV Testing

Name of Testing Site: _____

Affiliates with: _____

INTRODUCTION

A virus called HIV (Human Immunodeficiency Virus) causes AIDS (Acquired Immunodeficiency Syndrome). Anyone with HIV can spread it to others. It is spread through unsafe sex, sharing needles, or receiving blood or blood products or other tissues infected with HIV. Infected mothers can spread HIV to their babies through their breast milk. The test for HIV detects the body's reaction to the virus (antibody). It does not detect the virus itself. You are not required to have the test. You should know the risks and benefits before you decide to take the test. Please read this consent form with care so that you can make an informed choice about having the blood test.

WHAT THE TEST MEANS

If you test POSITIVE, you have the HIV virus. That means you can pass it to others. The test cannot tell how long a person has been infected. It does not mean that you have AIDS, which is the most advanced stage of HIV infection.

If the test is NEGATIVE, you probably do not have the HIV virus. It could mean that you have the virus, but your body has not yet made the antibody to fight the virus. It could take up to six months after infection for the test to turn positive.

False results are rare. Unclear results are also rare. When a test result does not seem to make sense, we do the test again. We might do another kind of blood test to find out if you are infected or not.

PROCEDURES

This is what will happen if you decide to have the test. First, you will meet with a counselor. The counselor will give you more information about the risks and benefits of the test. He or she will explain the meaning of test results. He or she will teach you how to reduce the chance of spreading HIV. He or she will explain the dangers of HIV infection. Then they will either take about two teaspoons of blood for the HIV test from your vein or stick your finger.

After the blood is tested, you will either come back to learn the results or wait about 10 minutes depending on the type of test being used. The person who explains the test result to you will also talk with you about ways to reduce the spread of HIV. If the test result is positive, he or she will help you tell anyone with whom you have had sex or shared needles. He or she will tell you how to get support and care for yourself.

BENEFITS OF BEING TESTED

The benefits of being tested are very personal. If you are worried about AIDS, you might feel better if you have a negative test. Sometimes knowing that the test is positive can relieve stress. You may want to know your test result before you have sex with a new partner. In some cases, test results may help diagnose a medical problem or guide your health care. There may be other benefits of testing that we don't know about now.

RISKS OF BEING TESTED

Learning test results may cause you and your partner severe stress, anxiety and depression. You might be tempted to have unsafe sex if the result is negative. This would increase your risk of becoming infected with HIV. If the results of the test get into the wrong hands, you might lose your job, your housing, or your insurance. You might not be able to travel to some places. There may be other risks and stresses of being tested that we don't know about now.

The needle used to draw blood for the test may cause pain. You might get a bruise where the needle enters the vein. The finger stick will not be very uncomfortable.

INFORMATION ABOUT CONFIDENTIALITY

Your chart will use a code number and your name will be protected. No one will be told the results of your test without your permission. Anyone at the center found to be violating confidentiality will be immediately dismissed. Your privacy is very important to this procedure.

OTHER INFORMATION

We will tell you the results of the test in person. Except in special conditions, we will not give out test results by telephone or mail. If you test positive, we will encourage you to notify your sexual and/or needle sharing partners. If you can't or won't notify these partners, public health workers are available to notify these partners in an anonymous fashion. If you do not come in for the test results, we will contact you to give you the results and counseling.

Signature of investigator Date

Subject's statement

The HIV antibody test described above has been explained to me. I agree to volunteer to take the test. I have had a chance to ask questions. I have been told that if I have future questions I can return and ask one of the counselors. I will receive a copy of this consent form.

Signature of subject Date

Appendix B

Risk Assessment for HIV/AIDS

(This questionnaire is being given to see if you are a likely candidate to have an HIV test. There is no need to have one if there seems to be no risk. Please answer the questions honestly. Your answers will be kept confidential and only the persons authorized to deal with you and this form will have access to them.)

1. Why do you think you might have HIV?

2. Have you ever had sex? If yes:

What type of sex have you had: oral _____ anal _____ vaginal _____

Have you ever had sex with someone you know has HIV? _____

How many sexual partners have you had in the last year? _____

How many sexual partners have you had in your lifetime? _____

Do you use condoms during sex? _____

All the time or sometimes _____

3. Do you have any sexually transmitted diseases such as syphilis or gonorrhea?

4. Have you ever received a blood transfusion?

5. Have you ever been given a shot with a needle that had been used on another person without being properly cleaned?

6. Have you ever been stuck by a dirty needle or medical instrument?

HIV/AIDS Voluntary and Confidential Testing and Counseling Guideline

By Cynthia Calla, MD, MPH and Jenny Pandolfo, RN

Essential elements of the counseling process

- Assure voluntary and confidential
- Be sensitive and non-judgmental
- Build trust relationship
- Gather information
- Educate and impart information
- Encourage behavior change
- Show empathy
- Share spiritual concepts

Most significant questions

- Why do you desire an HIV test?
- What do you know about HIV/AIDS?
- What will you do with your test result?

Most significant emotions

- Fear/anxiety
- Shame/guilt
- anger/betrayal
- Denial
- Helpless/victimimized
- Hopeless
- Aloneness/isolation

Primary Areas	Questions	Information	Spiritual Concepts
Pre-test Group or Individual			
What do you think about the test process?			
Test itself	What can you tell me about how the test is performed?	Finger-stick. Results available in ten minutes while you wait.	
Voluntary	What does the term “voluntary” testing mean to you?	Free to choose to have it or not. May decide to opt out of the counseling and testing process at any time. If so, encourage them to follow through at a later date when they feel ready.	

Primary Areas	Questions	Information	Spiritual Concepts
Confidential	What does the term “confidential” testing mean to you?	Result remains between person testing and you. Will give you documentation in writing if you wish.	
Concept of positive and negative	What does the term “positive” test mean to you?	If test is positive, have the disease.	
	What does the term “negative” test mean to you?	If negative, do not have disease.	
What do you know about HIV/AIDS			
Cause	What can you tell me about the physical cause of HIV?	Caused by a virus Weakens the body’s immune system (defense against infectious diseases).	
	What do you think about spiritual causes of HIV?		Fallen world. God’s principles of mortality. 1 Corinthians 6:18
Transmission	What do you know about how HIV is transmitted?	Through infected blood, semen, vaginal fluids. Sexual relations. You or your spouse with someone else before marriage or outside of marriage. Women are more at risk than men.	God’s principles of mortality, sanctity of marriage. Hebrews 13:4 Victim of another’s sin.

Primary Areas	Questions	Information	Spiritual Concepts
		<p>Iv drugs Sharing needles.</p>	<p>Mind controlled by God. Romans 8:6 1 Peter 4:7</p>
		<p>Blood transfusion</p>	
		<p>Homosexuality</p>	<p>God's principles of morality. Romans 1:24, 26-27</p>
		<p>Mother to baby In the womb, through the birth process, or through breast feeding.</p>	
<p>Not Transmitted</p>	<p>What do you know about how HIV is not transmitted?</p>	<p>Casual contact (shaking hands, kiss on the cheek, touching, or hugging).</p>	
		<p>Breathing, coughing, or sneezing.</p>	
		<p>Contact with every day objects—telephones.</p>	
		<p>Sharing food, eating utensils.</p>	
		<p>Mosquito or other insect bites.</p>	
<p>Prevention</p>	<p>Can you tell me some of the ways HIV is prevented?</p>	<p>Abstinence</p>	<p>God's principles of morality. 1 Corinthians 6:18</p>
		<p>Faithfulness</p>	<p>God's principles of morality, sanctity of marriage. Hebrew 13:4</p>

Primary Areas	Questions	Information	Spiritual Concepts
Pre-Test Individual			
Can you tell me about yourself?			
Family	Can you tell me about your family?		
	Can you tell me about your relationship with your spouse.		
	Can you tell me about your children? How many young children do you have?		
	What is your profession?		
Profession			
Why do you desire an HIV test today?			
Risk	Why do you feel you need a test?		
	Given what you learned in the group counseling, in what ways are you personally at risk?		
	In what ways have you been exposed?		
What will you do with your test result?			
Emotions	How do you feel about the results being available to you in about ten minutes while you wait?		Address emotions. See list of Bible verses.
	How will you feel if your test is positive?		Address emotions. See list of Bible verses.

Primary Areas	Questions	Information	Spiritual Concepts
	How will you feel if your test is negative?		
Share test result	With whom will you share your test result?		
Support	If your test is positive, who do you have who will support you emotionally?		
	Can you tell me about your relationship with God?		Repentance and salvation.
			Receive forgiveness, acceptance, love, compassion, care.
			Live life pleasing to God, walk in holiness and righteousness.
Perform Test			
After all we've discussed, how do you feel about still having the test?			
Post Test Positive			
How do you feel about your test result?			
Positive	How do you feel about your test being positive?		Address emotions. See list of Bible verses.
What will you do with your test result?			
Behavior	What changes will you make in your life?	Reduce high-risk behaviors.	

Primary Areas	Questions	Information	Spiritual Concepts
	What changes will you make in your relationship with God?		
Share test result and reaction	With whom among your family and friends will you share this information?		Issues of truth and integrity. Zechariah 8:16 1 Corinthians 13:6
Spouse	How will you share this information with your spouse?		Address emotions. See list of Bible verses.
	What do you think your spouse's reaction will be?	Possibility of abuse or abandonment.	
Children	How will you encourage your spouse to get tested?		
	How will you share this information with your children?		
Support	Who do you have who will support you if you start getting sick?		
	How do you see God as a support to you?		Relationship with God and concept of God as care provider, protector. 1 Peter 5:7
	How do you plan to become more involved in a church?		Prayer and reading the Bible.

Primary Areas	Questions	Information	Spiritual Concepts
Coping	How will you deal with your feelings about yourself?		Concept of self-esteem.
	How will you handle your emotions?		Faith supersedes emotions. Peace and joy in the Holy Spirit. Job 6:10 Romans 15:13
	How will you cope?		Concept of God as care provider, protector. 1 Peter 2:24
	Who will care for your children if you get sick? If you die?		Hope for healing, restoration in the Lord. Malachi 4:2 1 Peter 2:24
	How will you maintain your livelihood if you get sick?		
	Are there any preparations you would like to make in the event of your death?		

Primary Areas	Questions	Information	Spiritual Concepts
What precautions do you need to take in your household?			
Blood	How will you protect others from your blood?	Do not share toothbrushes or razor blades.	
		Disinfect surfaces contaminated with blood or body fluids containing blood with 5% bleach solutions.	
		Soak bloody cloths (such as menstrual cloths) or bandages in 5% bleach solution for 10 minutes prior to handling and reusing or disposal.	
Sexual relation—Discordant couples	If your spouse is tested and is negative, how will you protect your spouse from getting infected through you?	Condoms, STD treatment.	Love always protects 1 Corinthians 13:7
Pregnancy	What can you [or your spouse] do to keep from getting pregnant to prevent mother to baby transmission?	Prevention Discuss use of condoms alone, or in conjunction with other methods of birth control.	
	If you [or your spouse] become pregnant, what can you do to prevent transmission to your baby?	Nevirapine (or other anti-viral medicine) and no breast feeding 30% transmission without treatment. One dose nevirapine to mother in labor and one dose to baby, and no breast feeding, decreases transmission in half.	

Primary Areas	Questions	Information	Spiritual Concepts
Having had this test, what are your next steps in regard to you health?			
Additional Medical Care	<p>What symptoms are you having from HIV at present?</p> <p>Given that your test is positive, regardless of your symptoms, what other medical care do you need to seek at this time?</p>	<p>Fatigue, fever, weight loss (“wasting”), diarrhea.</p> <p>Blood test (whole blood count (or CD4 count if available), hepatitis B).</p> <p>Evaluation and treatment for STD’s</p> <p>Evaluation and treatment for tuberculosis.</p> <p>Prevention of opportunistic infections.</p> <p>Treatment with anti-retrovirals (ART) if available.</p>	
Post Test Negative			
How do you feel about your test result?			
Negative	How do you feel about your test being negative?		Address emotions. See list of Bible verses.
Exposure window	In what ways have you been at risk within the last 6 weeks?	Window of time before turn positive. Explain negative test in window period of 4-6 weeks after infection.	

Primary Areas	Questions	Information	Spiritual Concepts
What will you do with your test results?			
Behavior	What changes will you make in your life?	Reduce high-risk behaviors.	
	What changes will you make in your relationship with God?		Live a godly life. 1 Timothy 6:11-12
	How do you plan to become more involved in a church?		
Share test result and reaction	With whom among your family and friends will you share this information?		
Spouse	How will you share this information with your spouse?		Issues of truth and integrity. Zacharias 8:16 1 Corinthians 13:6
	How will you encourage your spouse to get tested?		
Sexual relations–Discordant couples	If your spouse is tested and is positive, how will you protect yourself from getting infected?	Condoms, STD treatment.	

Spiritual Concept	Reference	Verse
Emotions–Fear	Psalm 23:4	Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me.
Emotions–Anxiety	Philippians 4:4	Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.
Emotions–Shame	Psalm 31:1	In you, O Lord, I have taken refuge; let me never be put to shame; deliver me in your righteousness.
Emotions–Guilt	1 John 1:9	If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness.
Emotions–Anger	Ephesians 4:32	Be kind and compassionate to one another, forgiving each other, just as in Christ God forgave you.
Emotions–Betrayal	1 Thessalonians 4:3-6	It is God’s will that you should be holy; that you should avoid sexual immorality; that each of you should learn to control his own body in a way that is holy and honorable... and that in this matter no one should wrong his brother or take advantage of him. The Lord will punish men for all such sins...
Emotions–Denial	2 Thessalonians 2:10	They perish because they refused to love the truth and so be saved.
Emotions–Helpless	Psalm 72:12-13	For he will deliver the needy who cry out, the afflicted who have no one to help. He will take pity on the weak and the needy and save them needy from death.

Spiritual Concept	Reference	Verse
Emotions–Victimized	Psalm 94:21-23	[The wicked] band together against the righteous and condemn the innocent to death. But the Lord has become my fortress, and my God the rock in whom I take refuge. He will repay them for their sins and destroy them for their wickedness...
Emotions–Hopeless	Jeremiah 29:11-13	For I know the plans I have for you... plans to give you hope and a future. Then you will call upon me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart.
Emotions–Aloneness	Deuteronomy 31:6 And Hebrews 13:5	Be strong and courageous. Do not be afraid or terrified... for the Lord your God goes with you; he will never leave you nor forsake you.
Emotions–Isolation	Psalm 68:5-6	A father to the fatherless, a defender of widows, is God in his holy dwelling. God sets the lonely in families...
God's principles of sexual morality	1 Corinthians 6:18,19	Flee from sexual immorality. All other sin a man commits are outside his body, but he who sins sexually sins against his own body. Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Honor God with your body.
Sanctity of marriage	Hebrews 13:4	Marriage should be honored by all, and the marriage bed kept pure, for God will judge the adulterer and all the sexually immoral.
Mind controlled by God	Romans 8:6	The mind of sinful man in death, but the mind controlled by the Spirit is life and peace.
	1 Peter 4:7	The end of all things is near. Therefore be clear minded and self-controlled so that you can pray.

Spiritual Concept	Reference	Verse
God's principles of sexual morality in regard to homosexuality	Romans 1:24, 26-27	Therefore God gave them over in the sinful desires of their hearts to sexual impurity for the degrading of their bodies with one another... God gave them over to shameful lust. Even their women exchanged natural relations for unnatural ones. In the same way the men also abandoned natural relations with women and were inflamed with lust for one another. Men committed indecent acts with other men, and received in themselves the due penalty for their perversion.
Hope in the Lord—restoration , healing	2 Corinthians 4:16	Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day.
Salvation – eternal life	Matthew 10:28	Do not be afraid of those who kill the body but cannot kill the soul. Rather, be afraid of the one who can destroy both soul and body in hell.
Truth and integrity	John 3:16	For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life.
God as care provider	Zacharias 8:16	These are the things you are to do: Speak the truth to each other.
Faith supersedes emotions in suffering	1 Corinthians 13:6	Love does not delight in evil but rejoices with the truth.
	1 Peter 5:7	Cast all your anxiety on him because he cares for you.
	Job 6:10	Then I would still have this consolation— my joy in unrelenting pain – that I had not denied the words of the Holy One.
	Romans 15:13	May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit.

Spiritual Concept	Reference	Verse
Hope for healing	Malachi 4:2	But for you who revere my name, the sun of righteousness will rise with healing in its wings.
	1 Peter 2:24	He himself bore our sins in his body on the tree, so that we might die to sins and live for righteousness, by his wounds you have been healed.
Love always protects	1 Corinthians 13:7	[Love] always protects, always trusts, always hopes, always preservers.
Live a godly life	1 Timothy 6:11-12	But you, man of God, flee from all this, and pursue righteousness, godliness, Faith, love, endurance and gentleness. Fight the good fight of the faith.

References

- Butrin, J. (1996). *Who will cry for me: Pastoral care for persons with AIDS*. Florida: Poor Richards Press.
- Butrin, J. (1992) Cultural diversity in the nurse-client encounter. *Clinical nursing research*, 1(5).
- Church of the Province of Southern Africa HIV/AIDS Ministries Strategic Planning (2001). *Church initiatives: Resolution on voluntary counseling and testing for HIV/AIDS in the African Anglican communion*. Retrieved on June 21, 2003 from <http://www.anglicancommunion.org/special/hivaids/initiatives/cape.htm>.
- Church of the Province of Southern Africa HIV/AIDS Ministries Strategic Planning (2001). *From words to actions*. Retrieved on June 21, 2003 from http://www.Anglicancommunion.org/special/hivaids/words_to_action.htm.
- Du Toit, A., Grobler, H., & Schenck, C. (1998) *Person-centered communication: The theory and practice for the helping professions*. Halfway House: Thomson
- Egan, G. (1998) *The skilled helper; A problem management opportunity-development approach to helping*. Pacific Grove: Brooks & Cole.
- Faith-based Organizations—UNGASS Consultation Meeting (February, 2001). *Statements of faith*. Retrieved June 21, 2003 from <http://www.hdnet.org/UNGASS%20docs/UNGASS%20infl/Faith%20Based%20Organization>.
- Figley, C. (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.
- Gladding, S. (1996). *Counseling: A comprehensive profession*. London: Merrill Prentice Hall Publisher.
- Granich, R. & Mermin, J. (2003). *HIV health & your community: A guide for action*. Berkeley, CA: The Hesperian Foundation.
- HealthCare Ministries (2002). *A manual for hospice care: A guide to offering care for those who are living or dying with AIDS*. Springfield, MO.

-
- International Center for Research on Women (2002). Community involvement & the prevention of mother-to-child transmission of HIV. Retrieved May 25, 2003, from <http://www.avert.org/motherchild.htm>.
- International Vitamin A Consultative Group. (2001). IVACG statement: Safe doses of vitamin A during pregnancy and lactation. Retrieved June 5, 2003 from <http://www.ivacg.ilsa.org>
- Long, V.O. (1996). Facilitating personal growth in self and others. Pacific Grove: Brooks & Cole.
- Maternal and Neonatal Health (2002) Mother-to-Child Transmission of HIV/AIDS: Reducing the Risk. Retrieved on June 25, 2003 from <http://www.mnh.jhpiego.org/bestmtchiv.pdf> .
- South Africa Training Programme (SAT). (2003). Guidelines for counseling children who are infected with HIV or affected by HIV and AIDS. Retrieved on May 22, 2003 from http://www.satregional.org/pubs/Counseling_Children.pdf
- Sue, W. D, Sue, D., & Sue, D.W. (2003). Counseling the Culturally Diverse: Theory and Practice. New York: John Wiley and Sons.
- UNAIDS (May, 2000). Voluntary counseling and testing (VCT) Technical Update, Geneva. Retrieved May 4, 2003 from http://www.maqweb.org/maq_mini_U/docs/VCT.pdf
- UNAIDS (2001). The impact of voluntary counseling and testing, a global review of the benefits and challenges, UNAIDS best practice collection, Geneva. Retrieved May 24, 2003 from <http://www.unaids.org/publications/documents/health/counseling/>
- UNAIDS (2000). New Data on the Prevention of Mother-to-Child Transmission of HIV and their Policy Implications. Retrieved July 4, 2003 from http://www.unaids.org/publications/documents/mtct/MTCT_Consultation_Report.doc
- Van Dyk, A. (2002). HIV/AIDS care and counseling: A multidisciplinary approach. South Africa: Pearson Educators.
- World Health Organization/UNAIDS (1999). HIV in pregnancy: a review. Geneva. Retrieved on May 25, 2003 from <http://www.who.int/health-topics/hiv.htm>.