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GLOBAL AIDS PARTNERSHIP

HIV/AIDS Testing & Counseling Manual

HIV/AIDS Testing and Counseling Manual
by the Global AIDS Partnership
JoAnn Butrin, Ph.D.
Nancy Valnes, R.N., B.S.N.
Design: Neil Ruda

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1445 North Boonville Avenue
Springfield, MO 65802
Tel: 417-862-2781, ext. 2079
Email: info@globalaidspartnership.org
Website: www.globalaidspartnership.org

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This training manual has been prepared to teach you how to present an HIV/AIDS training seminar. There are a number of different units in the manual. Each one addresses a different subject related to HIV/AIDS.

A training seminar has two objectives:

1. **Each participant will be able to teach the first unit of this manual, *HIV/AIDS: What You Need to Know!* using the accompanying training chart.**

2. **Each participant will be able explain the key points that introduce the chapters in each unit.**

The manual starts with a unit on basic information about HIV/AIDS, entitled *Training Manual*. It contains essential information about HIV/AIDS, and lays the foundation for the rest of the units.

This unit, *HIV/AIDS Testing and Counseling Manual*, is intended to train workers with the skills they need to counsel people as they go for voluntary HIV testing.

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, never has a disease been so devastating. Millions have already died of AIDS, and every day thousands of people become infected with the virus.

The virus is passed from person to person through contact with body fluids that contain HIV: sexual secretions, blood, and breast milk. If people don't know they're infected, they won't know they need to take precautions not to spread HIV. Some people might suspect that they are infected but are afraid to find out the truth.

HIV is most commonly spread through sexual intercourse (vaginal, anal, and oral). Even if a person doesn't show any signs of illness, he or she can still pass it on to a sexual partner. A man can pass it to a woman; a woman can pass it to a man. It is also passed between men who have sex with men.

HIV can be spread by blood transfusions or contaminated instruments used for medical procedures, dental care, tattooing, body piercing, etc. Intravenous drug users become infected when sharing contaminated injection equipment (needles, syringes, and other injecting equipment) with other users. If a person becomes infected through contact with blood, he or she can then pass it on to a sexual partner.

Pregnant women can pass HIV to their babies. This happens at the end of pregnancy, during birth, or while breast-feeding.

Whatever the mode of transmission, the lack of knowledge of one's HIV status greatly contributes to the spread of HIV from one person to another. When people know their HIV status, it often results in safer sexual behaviors that reduce the potential for HIV transmissions (Holtgrave and McGuire, 2007).

The only way to know if a person is infected is to have an HIV test. Because of the implications of a positive HIV result, testing should be combined with counseling. Pre-test counseling includes information about HIV/AIDS and helps a person prepare for a positive result. Post-test counseling helps the person understand and manage the results of the test, whether positive or negative.

This manual is intended to act as a guide for men and women in positions of influence and leadership. By encouraging people to be tested and by being tested themselves, leaders help people in their communities to overcome their fear of HIV testing.

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 the church plays an important role in the ongoing support of those who test positive.

The manual is not a complete training manual for professional counselors. It does, however, provide helping skills which laypeople 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 1

HIV Testing

Key Points

1. **What is an HIV Test?**
2. **Why Encourage Testing?**
3. **Barriers to Testing**
4. **Who Should be Tested?**
5. **Types of HIV Tests**
6. **The Meaning of Test Results**
7. **Who Should Administer the Tests?**

Role-Play

Two young men talking together:

Sam: *Man, I have felt really bad for a couple of months. I'm so tired and I 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 you're in perfect health! Besides, you always use condoms, don't you?*

Sam: *Well, most of the time, but not always. I don't know. I just wonder. But like you said, I look healthy. And besides, I don't want to know if I have AIDS. I want to enjoy life as long as possible!*

- What do you see?
- What is happening?
- Does it happen in our situation?
- Why is it happening?
- What can we do about it?

1. What is an HIV Test?

An HIV test is a laboratory test that can detect the presence of HIV in the body fluids of a person infected with the virus. The most common HIV tests use

blood to test for HIV infection. Tests using saliva and urine are available in some areas. (Even though some tests can detect HIV in saliva and urine, HIV is not transmitted by these fluids.)

There are two common types of HIV tests. The first type is an indirect test, most commonly called an antibody test. It detects the presence of HIV antibodies that the body has produced to fight HIV.

The second type is a direct test. It identifies the actual virus (genetic materials, in scientific terms) in the fluid being tested.

What is an antibody?

When a germ enters the body (virus, bacteria, parasite, or fungus), the body's defense system immediately responds to fight the invader. This defense system is called the immune system. One of its weapons is called an antibody, which fights against the invading germ. The immune system of a healthy person is usually able to fight off sickness caused by these germs.

The immune system produces an antibody for each and every germ that invades the body. It takes from two weeks to three months for the immune system to produce the antibodies, though in rare cases it may take up to six months. If a certain germ hasn't entered a body, no antibodies to the germ will be present.

When HIV enters the body, an antibody is produced to fight it. Unfortunately, HIV isn't like other germs. Antibodies produced to destroy HIV will never be able to destroy it.

2. Why Encourage Testing?

Knowing one's status may lead to a change in risky behavior.

There are many reasons to encourage voluntary testing for people who are at risk for HIV infection. The United Nations Joint Commission on HIV/AIDS has concluded the following regarding people who know their HIV status:

- They are more likely to practice safer sexual behaviors.
- 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 special HIV medications which reduce the risk of passing HIV to her baby (UNAIDS, 2008).

All of the above help control the spread HIV. Therefore, it is very important for persons who are at risk for HIV infection to volunteer to have the HIV test.

Other benefits of knowing one's HIV status include:

- Improving a person's health with early medical treatment.
- Receiving emotional support as the stages of illness progress.
- Preparing in advance for the welfare of the family.
- Preparing spiritually for eventual death.

3. Barriers to HIV Testing

There are many reasons why people are reluctant to be tested for HIV even when they know there is a risk they may be infected. The following are some of the most common reasons.

Fear of the unknown

Most reasons for not being tested revolve around fear. If people are ignorant of their status, they won't have to face the fact that they are infected with a virus that will result in death. Many people would rather avoid the truth than face their fears. This type of attitude contributes to the spread of HIV through unsafe sexual behaviors, drug use, or pregnancy.

People may hesitate to be tested because they fear stigma or rejection.

Fear of stigmatization

In many places, there is a stigma attached to those known to be infected with HIV. This stigma is based on fear: fear of infection, of pain, of death, or other harsh realities. Sometimes there is a judgmental attitude that persons with AIDS have sinned or done something bad that caused their infection. Superstitions in some parts of the world claim AIDS is caused by an evil spirit or a curse. All of these fears may cause people to discriminate against someone with AIDS.

The church should be a safe refuge for people living with HIV/AIDS. Unfortunately, sometimes the church judges and rejects people with HIV instead of encouraging and helping them.

Fear of rejection

People may be reluctant to find out their status because they fear their spouse or family will find out and 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. Some people would rather not know than to risk losing their home and spouse.

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?**

4. Who Should be Tested?

Anyone who suspects that he or she might be infected with HIV should have an HIV test. This includes:

- A person who has had sex with someone who has had multiple partners.
- A person who has had sex with more than one person.
- Anyone who has used needles to inject drugs or has had sex with a person who has injected drugs.
- Someone who has received a blood transfusion that wasn't tested for HIV.
- Someone who has cut his or her skin with objects contaminated with blood from another person (medical and dental instruments, piercing, tattoos, etc.).
- A woman who is either pregnant or plans on becoming pregnant, if she knows she is at risk of infection.
- Someone who has a sexually transmitted infection or is showing the signs of AIDS.

5. Types of HIV Tests

There are two common types of HIV tests. One type of test looks for the virus itself (direct test). The other looks for antibodies the body has made to fight the virus (indirect tests).

Direct test

The direct test detects the presence of HIV genetic material in the blood. This type of test is very accurate, but it is also very expensive and requires special laboratory equipment. One advantage of this test is that it finds HIV in the first few days following infection. Since it detects actual virus, it doesn't have to wait for the defense system to produce antibodies.

Another use of the direct test is with people who are taking medication that treats HIV infection (antiretroviral medications, or ARVs). When a person takes ARVs, doctors will order a direct blood test to see if the treatment is effective.

Indirect test (antibody test)

This test detects antibodies that the immune system produces to fight HIV. It is the most common type of HIV test.

Two of the earliest antibody tests were the ELISA and Western Blot tests. These tests require special equipment and training to perform, and it takes one to two weeks to receive the results. They are still used in laboratories around the world and are important when confirming a diagnosis of HIV infection.

However, the most frequently used antibody test used today is called a "rapid test." Most types of rapid tests require only a drop of blood from a finger stick. (Saliva or urine can also be used for some rapid tests.) Results are available in about twenty minutes.

For most people, it takes between two weeks to three months before HIV antibodies begin to appear in the body. In rare cases, it can take up to six months. This is called the window period: the period of time between infection with HIV and appearance of enough antibodies to be detected by the antibody test.

During the window period, people with HIV don't have enough antibodies to be detected by the test. However, the person has high levels of the actual virus in his or her blood, sexual secretions, or breast milk. HIV can easily be passed to another person, even though the antibody test doesn't show the person is infected with the virus.

If a person receives a negative result to an antibody test, but knows there is a risk that he or she is in the window period, another test should be done three to six months after the potential exposure. If the test is still negative after six months, the person can feel assured that he or she is not infected.

The window period is the period of time between infection with HIV and the appearance of HIV antibodies in the body.

Benefits of the rapid test

Rapid tests are fast, inexpensive, accurate, and readily available in many parts of the world. They do not require special equipment, and can be done outside of a medical laboratory. Testing techniques are easy to learn, results are easy to interpret, and people without medical knowledge can be trained to do the test.

Another advantage is that pre- and post-test counseling can be done on the same day, oftentimes by the same counselor. Results are available in a short time, so there is no need to schedule a return appointment. This is beneficial, because in situations where results are not immediately available, many people will not return to receive the result (Greenwald et al. 2006).

Rapid tests — results ready in about twenty minutes!

Home testing kits

Some countries have passed laws allowing at-home HIV testing kits to be sold in pharmacies. These are actually blood-collection kits: the person pricks his or her finger and applies a drop of blood to a specially treated card. The card is sent to a licensed laboratory. Customers can call for the results and speak to counselors before and after the test.

It is important to know that fraudulent testing kits are sold in many places. Only use kits that have been tested and proven accurate by official and strict government standards.

6. Other Tests That May Be Performed

Depending of the area that an HIV positive person lives in, there may be other tests that he or she will have to take. Especially in areas of the world where people who are HIV positive have access to antiretroviral medications (ARVs), these tests are an important part of living a healthy life with a positive diagnosis. If voluntary counseling and testing is being done in a part of the world where ARVs and treatment are available, a person should be educated about what to expect with these tests following a positive HIV diagnosis.

CD4

CD4 cells or CD4 positive T-cells are those cells most likely to be infected and destroyed by HIV. HIV infection causes the number of CD4 cells to go down. Though it is not always true, generally, the lower a person's CD4 count, the more advanced his or her HIV infection. Other illnesses can cause the CD4 count to go down, so it cannot be used to diagnosis HIV. However, once a person knows that he or she is HIV positive, a CD4 count is likely to be one of the first tests a medical provider will do.

CD4 counts are performed using a small amount of blood drawn from a vein, normally in the arm. Depending on the CD4 cell level, a medical provider will decided if a person should be started on ARVs. Depending on a person's CD4 count and other symptoms, the medical provider will decide when that person

should come back to have another CD4 count performed. The World Health Organization (WHO) recommends that people who are HIV-positive have their CD4 counts checked at least once a year, or more often if they are taking ARV's.

Viral Load

A viral load test is another way to monitor how advanced an HIV infection is. It measures the amount of HIV "circulating" or floating around in the blood. A high viral load means there is a large amount of HIV in the blood system. Like CD4 counts, viral load is checked using a small amount of blood, normally drawn from the arm. Viral loads are sometimes performed at the same time as CD4 counts, and used to help a medical provider decide if that patient should start on ARVs and which ARVs the person should take.

Viral load tests might also be done if a person is concerned the ARVs they are taking are not working (because they still have symptoms or their CD4 count is still low). If a person has been taking ARVs for a while and his or her viral load is still high, it may be a sign that person should be taking a different ARV. This is a decision a patient and medical provider would have to make together. Since viral load testing is a bit more difficult to do than CD4 counts, some people only have this test if they or their doctor are concerned that their treatment is not working.

Viral load tests only test the amount of virus that is circulating in the blood. After a person has been on ARVs for a while, the amount of HIV in the blood may drop so low that a viral load test is not able to tell if any is there. This kind of test result is called undetectable, and is a good sign that a person's ARVs are working very well. However, this does not mean that there is not any more HIV in the body. HIV can "hide out" in body tissue and nerve cells that a viral load test cannot test for.

Liver Function

HIV and other related infections can damage important organs such as the liver. Also, while ARVs are very important to treat HIV, they can cause unwanted negative effects on a person's body. These unwanted effects are called side effects. Most medications have side effects of some kind, and doctors have to be careful that the good effects of a drug outweigh the negative effects. One common possible side effect of ARVs is damage to the liver. Medical providers often check liver function levels using blood drawn from a person's arm before they prescribe ARVs, so they know a person's liver is healthy. They often will perform a liver function test from time to time after a person has started ARVs to make sure the liver is still healthy. If a person's liver is no longer healthy, the medical provider might recommend that a person change which ARVs they are taking.

There are other tests a doctor might do to check for side effects, depending on what ARVs a person is taking and what other sicknesses the person has. Com-

mon other tests are a complete blood count (CBC), Hemoglobin levels, kidney function, and complete white blood cell count.

TB

Tuberculosis (TB) is a common and serious opportunistic lung infection that people who are HIV positive can develop. Tuberculosis is caused by a bacterium that many healthy people can have in their bodies without being sick. When HIV comes into the body and starts to destroy the immune cells, infections such as tuberculosis take advantage of the opportunity and can cause infections of their own. In some areas of the world, testing for tuberculosis is not readily available, so doctors will diagnosis it based on the symptoms a person is having.

It is normally best to diagnosis tuberculosis using laboratory testing. This is usually done by taking a sputum sample. Sputum is the thick liquid that people have in their throats. The sample is then looked at under a microscope. TB can also be diagnosed using certain kinds of blood tests or X-rays.

Sometimes other opportunistic infections or effects of HIV are diagnosed or treated using laboratory tests as well. These tests will vary depending on what symptoms a person is having. Tests can be done on blood, sputum, urine, other body fluids, infected fluids like pus, or cheek or skin cells.

7. The Meaning of Test Results

Positive result

If the laboratory test discovers HIV, it means that the person is infected with the virus. The person will be told that he or she is "HIV positive" or "seropositive."

After receiving a positive result from a rapid test, the person should be instructed to have a second test to confirm the result. A confirmatory test will usually be done in a laboratory, and a sample of blood will be drawn from the vein. The results are usually available in one to two weeks (Greenwald et al. 2006). The counselor should help the person determine the most convenient place for the confirmatory test, so he or she won't be forced to find testing and deal with a positive result at the same time.

Negative result

If the test does not discover HIV in the body, it can mean one of two things:

- The person is not infected with HIV and is "HIV negative" or "seronegative."

OR

- The person is actually infected with HIV, but the test was done too soon after exposure for the virus to be found by the test. This is the "window period."

It is important to talk about risk factors during pre-test counseling. If a person knows there was a potential exposure to HIV in the last three months, a second test must be done three months AFTER the potential exposure. If the test is still negative, it can be said with certainty that he or she is not infected.

Test results on newborns and infants up to 18 months old

There are two possibilities:

- A positive test result on an infant may mean that the infant is actually infected with HIV.
- It may also mean that the test is detecting the presence of the mother's antibodies. This will be discussed in the section, "*Counseling and Concerns of Pregnant Women*."

8. Who Should Administer the Tests?

The older HIV antibody tests are performed by trained laboratory technicians or other medical personnel. A tube of blood is collected from a vein (requiring cleansing, vein puncturing, sterile technique and universal precautions), and training must be done for the interpretation of the test.

Almost anyone can learn to do a rapid test. The techniques are not difficult; all that is required is a training session which can usually be completed in a few hours. However, rapid HIV testing should only be done when there is adequate counseling support, and when the person performing the test has been trained in pre- and post-test counseling. This will be explained in the following chapters.

Most countries have laws on who can administer the HIV test, where the testing can be done, and how the results should be handled. Indiscriminate use of the tests could result in a violation of confidentiality.

CHAPTER 2

HIV Testing Procedures

Key Points

1. **Consent to be Tested**
2. **Guarding Confidentiality**
3. **Risk Assessment**
4. **Pre-test Counseling**
5. **Giving Results**

Role-Play

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 become infected with HIV by having sex with someone that has the virus, even if the person doesn't know 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?*

- What do you see?
- What is happening?
- Does it happen in our situation?
- Why is it happening?
- What can we do about it?

1. Consent to be Tested

People at risk should be encouraged to be tested.

Many people are reluctant to get tested for HIV. They may be afraid to learn the truth, or afraid they will be discriminated against if people find out they're infected. When a person decides to be tested, he or she should know with certainty that his or her right to privacy will be protected.

Some people don't get tested because they don't understand the benefits of testing. Health professionals, pastors, counselors, and friends should encourage everyone to get tested whenever there is a risk for potential infection.

The people who administer the test must 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. 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.)

2. Guarding Confidentiality

When offering HIV testing, it is very important to establish protocols that protect the privacy of individuals.

Ways that this can be done are:

1. Instead of using the person's name, a code or number can be assigned to the form which records the test result. The code book which contains the names should be kept in a locked area separate from the forms which record 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 perform the pre- and post-test counseling, which reduces 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. Both the institution and the staff members should commit to maintaining confidentiality.

4. The area where counseling and testing is done should be private, located out of hearing range of other people. Ideally, the area would be sound proof, so no one might potentially overhear the conversation.

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.

3. Risk Assessment

All pregnant women in areas of high infection rates should be encouraged to be tested.

The following questions should be included in a risk assessment form before performing the HIV test. (See the sample of in Appendix B).

The answers to the questions must be kept private and confidential! Only persons who are part of the testing center and who 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, anal, oral)?
    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: prostituted women or men, 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 infections, (syphilis, gonorrhea, chancroid, etc.)?
4. Have you ever had tuberculosis?
5. Have you ever been given a blood transfusion?
6. Have you ever been given a shot with a needle that had been used on another person without being cleaned afterward?
7. Have you ever been stuck by a dirty needle or medical instrument?
8. Have you ever injected illegal drugs? If so, have you ever shared needles?

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.

4. Pre-Test Counseling

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

Before having an HIV test, it is essential for the person to receive pre-test counseling. This includes basic information about HIV/AIDS, testing procedures, and how the results will be handled. This teaches people about HIV and the behaviors that put them at risk of receiving and transmitting the virus. It also gives the person a chance to plan what he or she will do after receiving the results.

Chapter 3 will cover basic skills needed to do this counseling. It also reviews basic counseling or helping skills which can be used for any type of adverse situation. Chapter 4 will deal with the specifics of what should be covered in pre-test counseling.

Explanation of the test

In addition to offering a risk assessment and pre-test counseling, information about how the test will be done should be included. This includes:

- What kind of test it is (i.e. does it test for antibodies or the virus).
- How the sample will be collected.
- How long it will be until the results are known.

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 person who does the pre-and post-test counseling should also perform the test. In this way, fewer people know the answers to the questions and the results of the test. This also allows for a bond of trust to develop between the tester/counselor and the person receiving the test.

Universal precautions

Because the people who perform the test are working with blood from another person, they must protect themselves from exposure to body fluids that potentially carry the virus. 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 taken from a vein:

- Gloves should be worn on the hands when drawing blood from a vein or sticking the finger with a lance or needle.
- Needles should be recapped. This is to prevent an accidental stick with the needle. Lances and needles should not be reused unless it is possible to clean, disinfect, and sterilize before using again. It is best to use disposable 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 percent bleach to ten 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 when discarding the cotton. A covered garbage pail should be available. Garbage should be disposed of by burning or burying where it will not be disturbed or dug up.
- The above listed points are considered universal precautions and should be used whenever there is potential for contact with blood.

5. Giving Results

If the test results will be available in a short period of time, the person should stay in the testing area. This is the ideal situation.

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.

If there will be a long delay before the person can receive the results, the tester should set up a return appointment with the person. This is not an ideal situation, because many people become so fearful that they don't return for the results. The tester must emphasize the importance of the return visit.

CHAPTER 3

Basic Counseling Skills

Key Points

1. **Definition of Counseling**
2. **Qualities of a Counselor or Helper**
3. **Communication Skills for Counseling**
4. **Cross-Cultural Issues in a Counseling Relationship**
5. **Universals in Counseling**

Role-Play

Man or woman: A person walks in, and takes a chair in front of the counselor. The counselor is slumped in the chair, yawning, and rubbing eyes.

Counselor: *"Wow, it's been a very long day. I'm so tired, my kids are all sick. Anyway, how are you? Sorry about the long wait, we've just had so many people to counsel with today. People are always complaining! Problems, problems, problems, everybody has a problem. So, how are you?"*

- What do you see?
- What is happening?
- Does it happen in our situation?
- Why is it happening?
- 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?**

1. Definition of Counseling

Many definitions could be given for counseling. Simply stated, the goal of a counseling relationship is to help clients learn new skills which enable them to adjust to and cope with adverse life situations.

Receiving a diagnosis of HIV infection (for oneself or a family member) is an extremely adverse situation. HIV voluntary testing provides an excellent opportunity for skilled counselors to help someone facing the enormity of impending disease and death. It also gives an opportunity to share spiritual values and comfort when appropriate.

2. Qualities 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. The attitude of the counselor should be open, genuine and non-judgmental. The goal is to help clients take responsibility for their own lives (van Dyk 2002, 211).

Respect

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

- Respect allows the counselor to accept the client just as he or she is, regardless of the client's values and or behaviors.
- Respect recognizes that each person is unique. Every client deserves to have counseling sessions which are 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, Grobler, and Schneck, 1998).

Genuineness

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

- Be genuine 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

This is a powerful term which means that the counselor helps clients to take responsibility for their own lives. When clients are empowered, they will be able to identify, develop and use resources that help them effectively manage the different situations they face in their lives.

The following attitudes and behaviors help to empower clients become a better problem solver in his or her daily life (Egan 1998, 52–53):

- Believe in the client's ability to grow and move beyond his or her present condition. At the same time, realize 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 must believe that the client has resources to participate in the counseling process and to manage his or her life more effectively.
- The counselor must not attempt to "rescue" the client by taking responsibility for the client's feelings, choices or actions.

Confidentiality

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

It is essential for the counselor to guard the confidence of what is told to him or her in the counseling relationship. It 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.

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

More will be discussed about confidentiality and disclosure in the following chapters.

3. Communication Skills for Counseling (Helping)

The above-listed qualities characterize a healthy counseling relationship. The counselor must also learn some basic communication skills which help the client identify and discuss the issues he or she is dealing with.

Listening skills

Listening is hard work and takes focus and determination. The counselor must recognize that he or she may not always have answers when working with people who are struggling with difficult life issues.

- In some cultures, listening involves making eye contact to show attention. In others, this would not be appropriate, especially between men and women.
- The counselor should sit close enough to the client so that he or she can reach out and touch the client on the arm. Even if there is no physical contact, sit close enough so the client doesn't have to raise his or her voice to be heard.
- 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 interrupt with your point of view.
- Don't finish sentences for people. Sometimes it may take some time for the client to express what he or she needs to say.
- Good "body language" demonstrates that the counselor is closely listening to what the client is saying. The counselor should maintain an open posture, for example, do not cross your arms or turn your back to the client. Lean forward towards the client, and nod your head to indicate that you believe what the client is saying is important.
- Don't feel that you need to have answers to every question the client may ask. It is acceptable to admit that you don't know everything.
- Try to really understand what the client is saying. Reflect on what is being said and share some of your thoughts when appropriate so that the person feels listened to.

Attending or presence

"Attending" means that the counselor is mentally engaged in the counseling session, and fully focused on the client. He or she is concentrating on what the client is saying without allowing his or her thoughts to wander. Good body language, including sitting forward or leaning toward the client, indicates to the client that you hear what he or she is saying and that you accept him or her. Counselors should always be aware of what is and is not culturally appropriate body language and behavior.

Sometimes just sitting quietly with someone is more comforting than filling the silence with words.

Reflecting back or restating

It is difficult for some people to clearly express their feelings. Sometimes a person may not be sure of what he or she is trying to say. The counselor can help the client by 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. In many cultures touching would not be used when counseling with someone of the opposite sex. In some places it may not be culturally appropriate to touch someone 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. This 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 on the guidance of the Holy Spirit to help to bring understanding and insight into what the client is feeling and thinking. The Holy Spirit will bring supernatural insight beyond human understanding. He can give the counselor words of comfort and care that go beyond human wisdom.

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. No one else can know exactly how another feels.
- It is never helpful to harass, insult, or express your personal opinions about the information the client has shared.

4. Cross-cultural Issues in a Counseling Relationship

When a counseling relationship involves people from different cultures, ethnicity, or background, the counselor must be sensitive to those differences. Bias and prejudice can negatively influence a counseling relationship, particularly in the areas of religion, economic status, sexual orientation, or lifestyle. It is important for the counselor to be aware of any bias or prejudice about these differences. If they exist, he or she must identify them and attempt to set them aside. If the bias or prejudice is so strong that the counselor cannot be non-judgmental, it may be best for someone else to deal with the needs of that person (Granich and Mermin 2003, 102–104).

Though a client may be affected by negative circumstances in his or her life, the way the person deals with and expresses his or her feelings may differ from that of the counselor. The key to effective non-judgmental counseling begins with awareness of potential differences between counselor and client. The best way to attempt to understand those differences is by asking questions. For example, the following questions or statements may be helpful:

- "Tell me 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 individual thinking or the exploration of personal feelings. This comes from the group (or community/family/tribe) concept; the belief that no one stands alone, but always functions as part of a group. People are taught to think as a member of a group rather than individually. Responding to the question "How do you feel?" may cause confusion. The counselor may interpret 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 and Sue 2003, 107).
- At the beginning of the session it may helpful for the counselor to acknowledge cultural differences. This may help avoid cultural misunder-

standings. Use a helpful phrase such as, "I don't understand everything about your culture, so please tell me if you feel I don't understand what you're saying.."

- The counselor should try to identify what the client expects from the counseling relationship. This will help the counselor know how to direct the session.
- Some clients may come from cultures that are dominated by group thinking. In this case, the counselor needs to adapt his or her methods according to how the client communicates in that culture. However, the goal is to involve the client as much as possible in making his or her own decisions (Sue and Sue 2003. 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. It may be best to use titles or last names with a greeting or salutation. Always ask how you should address the client.
- Find out about normal communication styles and rules. For example, is eye contact appropriate? Is touching acceptable? What is the appropriate distance to maintain between counselor and client? It may not be considered appropriate to lean toward the client if that is considered a sexual gesture in that culture.
- It may not be culturally appropriate to discuss sexual or other intimate matters. If these are essential issues, eventually enough trust may be gained to allow for this type of discussion.

5. Universals in Counseling

Even when differences are present, solutions can be found to overcome them. Knowledge of these differences should not frighten the counselor, because knowledge provides extra tools of awareness. Many human issues are universal, regardless of cultural differences and the way the issues are expressed. All people experience fear, hurt, loss, and grief. The basic communication and counseling skills mentioned earlier are effective, even cross-culturally.

Listening, empathy, attending, and showing respect often transcend cultural differences. Some studies have shown that interaction between people who are culturally different can actually enhance, rather than distract from, the counseling process. This happens when there is 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 for divine guidance. The Holy Spirit allows each person in the session to get beyond their differences and have an enlightening cross-cultural encounter. Depending on the religious convictions of the client, offering prayer for divine understanding at the beginning

of the session may bring an immediate spiritual bond between the two. Even if the client is not a believer, the Christian counselor relies on the Holy Spirit to give guidance. At some point in the relationship, there may be an opportunity to offer spiritual help and insight.

Many human issues are the same regardless of culture.

CHAPTER 4

Pre-Test Counseling

Key Points

1. **Effective Teaching Methods for Adults**
2. **Basic Information about HIV/AIDS**
3. **Explanation of the Test**
4. **Discussion of How a Person Might Feel if the Test Result Is Positive**
5. **Questions to Ask After Receiving Test Results**
6. **Spiritual Implications**

Role-Play

Alicia: *Barbara, I am so upset. My husband has been coming home late. I smell alcohol on his breath. But what worries me even more is that I suspect he is involved with other women.*

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

Alicia: *I found a woman'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 with his arm around 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 understand 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.*

- What do you see?
- What is happening?
- Does it happen in our situation?
- Why is it happening?
- 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?**

1. Effective Teaching Methods for Adults

Since most people who come for testing are adults, use teaching styles which are effective for adult learners. These methods are usually interactive or participatory. Instead of standing up and lecturing, the instructor becomes a facilitator of information who interacts with the persons being taught. This is done by asking questions and using role-plays to identify what people know about HIV/AIDS. The facilitator then builds the facts into the presentation. Visual aids also help, because most people are visual learners. People retain information best by seeing and doing.

Visual aids help people retain the information they have learned.

A flip chart, overhead transparencies, computer presentations, etc., are good tools to visually reinforce what is being taught. (Contact Global AIDS Partnership for a training manual, training chart, and informational brochure.)

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

2. Basic Information about HIV/AIDS

When people decide to be tested for HIV, it is important for them to learn some basic information about HIV/AIDS. This should be done in an interactive format, explaining the facts of HIV and the meaning of the test. Ideally, when a person comes for testing, learning the facts of AIDS and significance of the test should be the first activity.

Many people who come for testing don't know anything about the subject. Some have never thought about what they would do if they were diagnosed with the infection.

Since the time to give these facts may be limited, the presentation should be short and accurate. This can be done in a group setting, or individually. Role-plays and discussion should also be used if there is enough time. Participants

should receive written materials covering the main points of the presentation. This will reinforce what they've learned, and can be shared with others.

Begin with the question, "What is AIDS?" This is a good way to assess the level of knowledge of the group or individual.

The following information should be included in the pre-test counseling.

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.

It is best to give this information before the test. If a person receives a positive result, he or she may be in shock or in a state of anxiety or panic and be unable to absorb new information at that time. He or she will probably have many questions later when the reality of the situation has settled in and may want to return at a later time to talk and ask questions.

3. Explanation of the Test

Once the facts about AIDS have been covered, the facilitator should move into a discussion about specific testing details. The following are important points that should be covered about the test itself (refer to earlier chapters for information on these topics):

1. How client confidentiality will be guarded.
2. How the test will be done and what the results mean.
3. When a follow-up test may be 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.

The first part of the teaching (facts about AIDS) can be done individually or in a group. It can be taught by anyone who has received training on HIV/AIDS and effective teaching styles.

However, the explanation of the test, and the discussion of how someone might feel if the test is positive, is best approached in a one-on-one discussion, or with the couple. A person who is trained in counseling is best suited for this discussion.

4. Discussion of How a Person Might Feel if the Test Result is Positive

It is important to talk about what a person will do and how he or she will respond if the test result is positive. It is also good to bring up the fact that a negative result may not mean that they are not infected and that retesting may need to be done. Good preparation at this time will help a person if the test result turns out positive.

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 it's a mistake to have the test. I thought I wanted to know, but now I'm not so sure. Once I know I'm infected, I'll know I'm dying. I don't want to die, Barbara!*

Barbara: *I know what you mean. Maybe it's better not to know. What can we do about it? If we're positive, we can't do anything about it. But if the truth be told, I'd like to get married again. If I'm infected, I don't want to give it to someone else.*

Alicia: *I'm sorry Barbara. I have to leave. I can't go through with the test. If I die, I die, but I can't do this.*

- What do you see?
- What is happening?
- Does it happen in our situation?
- Why is it happening?

- What can we do about it?

Questions for Discussion

- **How common is it for people in your culture to feel fatalistic, to think that they can't control their lives and circumstances?**
- **What might be said to address that kind of thinking, especially when it comes to testing?**

When the teaching is completed, the counselor should ask the following questions (either individually or with couples):

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

5. Questions to Ask After Receiving Test Results

There are a few questions a counselor should ask the person soon after he or she receives the test result. The person may not want to talk, especially if the test is positive, but discussing the results may be helpful.

If the test result is 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?

If the test result is negative:

- Tell me what this negative result means.
- Tell me some ideas you've had to help you prevent HIV infection.

General questions for believers and non-believers:

- How will you receive spiritual help in this situation?
- Who can you turn to for emotional, spiritual, and social support?

6. 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. It is helpful to share scriptures which refer to God's faithfulness in the midst of difficult circumstances.

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 convictions, many people are open to spiritual counseling and help when facing a crisis. In many cultures, speaking about God is perfectly acceptable. A person going into testing might appreciate an offer for prayer from the counselor. The counselor must be sensitive in order to know if it is appropriate to offer this type of spiritual help. Referring the person to a church or pastor for additional spiritual help may also be appropriate.

Sharing Christ

By this point in the encounter, the counselor will have a sense of whether it would be acceptable to speak further about a relationship with the Lord. It is important not to manipulate the counseling encounter in order to "get converts." However, with the guidance of the Holy Spirit, 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 difficult times ahead.

Christian counselors should pray for wisdom before a counseling session. 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 pamphlet which explains the spiritual journey may be useful.

Christian counselors have the opportunity to share the hope that is found in Christ.

Post-Test

Ideally, when the pre-test session is over, the counselor will be able to stay with the client while waiting for the results of a rapid test. When the test results are given, the counselor will be there to begin 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, *Quick Reference Guide to Counseling*.)

CHAPTER 5

Post-Test Counseling

Key Points

1. **Post-Test Counseling**
2. **Counseling for Negative Test Results**
3. **Counseling for a Positive Test Result**
4. **Common Reactions to Positive and Negative Results**
5. **Follow-Up Counseling**
6. **Care for the Counselor**

Role-Play

Barbara and counselor sitting together:

Counselor: *Hi Barbara. How are you doing? Sorry you had to wait awhile. I have been busy today with 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?*

- What do you see?
- What is happening?
- Does it happen in our situation?
- Why is it happening?
- 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?**

1. Post-Test Counseling

A great advantage of the HIV rapid test is that test results can be given within a few minutes. This eliminates a long, stressful waiting period. 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.

Pre-test counseling is separate from the post-test, but ideally they are linked. If the same counselor is available for both, he or she will already have an idea of the needs of the client. He or she will have already have a sense of the best way to approach the post-test session.

The counselor must be prepared to share bad news. The counselor can pray a silent prayer before giving a positive result. The Holy Spirit can work through a counselor to minister to the client. Believers are dependent on divine guidance during these difficult sessions.

The counselor needs to work through his or her own feelings about a positive result. Some counselors may be HIV positive, and delivering the news of a positive result may bring up past emotions. This may enhance interactions with the client, but the counselor needs to be able to control those emotions.

2. Counseling for Negative Test Results

High risk behaviors and the window period

It is a relief for the counselor to deliver a negative result to the client. However, the counselor must determine with the client whether there was any high risk behavior during the window period. By referring to the assessment form that was filled out in the first session, there will be enough information to determine if a second test should be performed. If there have been risky behaviors, the client should be strongly encouraged to return for follow-up testing in three months.

Avoiding infection

A negative result presents an excellent opportunity to reinforce the need to avoid behaviors that put the person at risk for HIV infection.

Spiritual issues

This is an excellent time to speak with 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 questions about what the client will do differently may lead into a discussion about spiritual matters. This also presents a good opportunity to pray together for a commitment to a life of purity.

3. Counseling for a Positive Test Result

The way a client has been prepared to receive test results and the way those results are communicated, make a difference in the way the client responds to a positive result.

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 be expecting a positive report and will not be surprised or shocked (Granich and Mermin 2003, 90). However, regardless of expectation, preparation, or a great communication style, there will always 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 clearly. The use of neutral words is helpful. Rather than saying "I'm afraid I have bad news," which attaches value to the message, say, "Your HIV test has shown that you are HIV positive."

One could say, "Your HIV test is positive." However, that may allow the client to "depersonalize the result," treating the test as positive rather than that they themselves have HIV (Granich and Mermin 2003, 91).

After giving the news, wait for the client to respond. Though it is not always possible to predict a reaction, the counselor may already have some ideas based on previous discussions with the client. It is hoped that the counselor would have an idea of how the client would feel if the result was positive.

The counselor should avoid the following behavior when presenting a person with a positive result (van Dyk 2002, 247–248):

- Don't act uncomfortable.
- Give the results in an open, direct manner; do not try to avoid the issue.
- Don't announce the result 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."

4. Common Reactions to Positive and Negative Results

Most people express their emotions in ways which are acceptable in their culture. What a person believes to be an appropriate way to express feelings will differ from culture to culture. However, there are common feelings that people have after finding out they are HIV positive (van Dyke 2002; Granich and Mermin 2003).

The way a person expresses his or her feelings is usually defined by culture.

Denial

Denial is the feeling that the test is wrong, that the result can't be true. The counselor can calmly mention that the test is rarely wrong, but 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 and disbelief

Despite preparation and pre-test counseling, the news is so enormous that the client may respond with shock and disbelief. "No, it can't be true," or "I can't believe it," or "Why me?" are common expressions. Some people will leave the counseling session feeling confused, not focusing, and responding as though their bodies have been hit. The emotional impact may overwhelm their ability to cope with the bad news. Emotional shutdown may occur until he or she has

had enough 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

Anger is often the first response of a person who has just learned that he or she is HIV positive. He or she may be angry at the person who has given him or her HIV, at God, at the counselor, or at oneself. He or she may clench his or her fists, jump up and pound something, burst into a verbal tirade, swear, or even scream. An angry response is a great challenge for the counselor. Allow the person to express his or her anger as long as it does not put anyone in danger. It is best to sit calmly and allow the person to vent his or her emotions. When 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 feelings a person experiences when the reality of the diagnosis has been realized. Fear and hurt are often the real sources of anger. They may be symptoms of these deeper issues:

- Fear of death is probably the most common emotion when receiving a diagnosis of HIV infection. Many who receive this news may already know someone who has died from AIDS and all that implies.
- Fear of the unknown may be present 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 very common.
- Fear for the welfare of their families and children are very common and normal.

Sadness and hopelessness

Whether these feelings are seen in the post-test session will depend on how strongly the client suspected that he or she was infected and how prepared he or she was for this result. The confirmation of HIV infection may overwhelm the person with sadness, 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

Depression is common in any person who has received bad news. A person who expresses extreme sadness may already be depressed or may become depressed. The counselor may try to elicit more information about what the person is feeling. Arrangements should be made for more counseling follow-up visits. The client can return for more counseling with the same counselor, or be referred to a counselor in the community for ongoing care, depending on the resources available.

Suicidal thoughts

In both pre- and post-test counseling, the counselor should listen for any reference to potential suicidal tendencies. Be aware 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. If this happens, the counselor should pursue the subject of suicide. Try to determine if suicide is a real possibility or if the person is just using a manner of expression.

If the counselor feels that the person is considering suicide, it must be addressed. If a friend or family member has accompanied the client, that person may need 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 for clients who present a risk of suicidal tendencies.

Presenting hope

After a client has moved past the initial shock of a positive diagnosis, it may be helpful for the counselor to present some encouragement. An important role of the counselor is to offer realistic hope. It may be helpful to say that people who take care of themselves are living longer, that a positive diagnosis doesn't mean that the person is going to die immediately, that there are medications that can help them live longer, healthy lives, etc. Though the counselor 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 proper rest and good nutrition. Encourage the person by talking about people who have taken care of themselves and lived for years after receiving a diagnosis of HIV infection.

Remember that very little of what is said during the post-test phase may be heard or absorbed by the client. The person receiving the news may be so shocked that his or her ability to absorb information is minimal. Just being supportive and listening to the client may be the main role of the counselor in the post-test time. This is why the pre-test counseling session and the planning of what to do at this phase is so important.

Spiritual help must be offered with sensitivity to the client's beliefs: not all clients will be Christians.

Spiritual help

After listening to the client express his or her feelings, the counselor may find it appropriate to offer prayer. Of course, this depends on the religious persuasion of the client. Some people will be too distraught or angry with God to receive prayer at this time. Others will find comfort in making a spiritual connection. Depending on the emotional state of the client, the counselor may speak of hope in a relationship with Jesus and what that means for eternity. The counselor must rely on the Holy Spirit to try to determine what the needs of the client are and what would bring most comfort and help at this time.

5. Follow-up Counseling

Ideally, counseling for persons with a new diagnosis of HIV should continue for several months. By this time the client will have worked through the stages of grief and have come up with a plan of action for his or her life. For people who have a strong support system of family and friends, a long period of counseling may not be necessary. But for those who have not shared their status or are having difficulty, emotional support from a counselor may be very helpful.

If the HIV testing center is church-based, as will be discussed in Chapter 7, the pastoral staff and volunteers should receive basic training in counseling. These trained people may be able to provide the support that is needed. Support groups may be organized by the church, the community, or the testing facility. These groups may not always be as effective as one-on-one counseling. However, one advantage is that more people can be served with limited resources. It is also helpful for people with similar experiences to share their stories with group members.

6. 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 exhausting. It is emotionally depleting to be the counselor who is also telling people that they are infected with HIV.

Counselors must be mindful of their own emotional needs.

A condition termed "compassion fatigue" can develop. This happens 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 to be aware that it can occur and to monitor oneself for the symptoms mentioned above.
- Form a support group with other counselors who understand the types of situations being dealt with each day.
- Allow getaway times which may need to be more frequent than the usual vacation times.
- Spend time in prayer and Bible reading each day, and ask the Lord for protection against emotional fatigue.

Counselors who work with people in crisis should be aware of signs of compassion fatigue.

CHAPTER 6

Counseling and Concerns of Pregnant Women

Key Points

1. **Pregnancy and HIV**
2. **HIV Positive Babies**
3. **Goals of HIV Education for Pregnant Women**
4. **Reasons Why Women May Resist HIV Testing**
5. **Reducing the Risk of Mother-to-Child Transmission**
6. **Breast-Feeding Advice**

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.*

- What do you see?
- What is happening?
- Does it happen in our situation?
- Why is it happening?
- 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?**

1. Pregnancy and HIV

Pregnant women represent a group of people who can benefit from HIV education and voluntary testing. Pregnant women who are HIV-positive have a greater risk for complications during pregnancy and are at risk for transmitting the virus to their newborns.

About 25–35 percent of HIV-positive pregnant women pass the virus to their newborns (Coovadia et al. 2007). This is possible in three ways:

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

A pregnant woman who is HIV positive can decrease her risk of transmitting the virus by taking measures to stay as healthy as possible. This also helps to reduce potential pregnancy complications. When the mother is healthy, the placenta helps protect the baby from getting the virus while in the womb. However, if the mother has other infections, has recently acquired HIV, is in advanced stages of AIDS, or has severe malnutrition, the ability of the placenta to protect the fetus will be reduced. The fetus becomes more vulnerable to HIV infection.

Good prenatal care is important for both mother and baby.

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

- Smoking
- Using or injecting drugs
- Vitamin A deficiency
- Sexually transmitted infections
- Long labor after the membrane has ruptured
- Premature delivery
- Vaginal delivery instead of Cesarean section

Early treatment of infections (especially sexually transmitted infections), vitamin supplementation and adequate nutrition are very important. These measures reduce the risk of transmission, help prevent pregnancy complications, and protect the health and strength of the mother.

When given to a mother during pregnancy and/or labor and also to the baby immediately after birth, antiretroviral drugs (ARVs) reduce the risk of transmission by about 50 percent (International Center for Research on Women 2002).

HIV testing and counseling are vitally important to a pregnant woman or a new mother—not only for herself but also for the health and the safety 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 should be counseled to take extra precautions to protect herself from becoming infected and to protect the future of her unborn child.

2. HIV-Positive Babies

A pregnant woman passes many different types of antibodies to her baby while she is pregnant. The mother's antibodies help protect the baby against certain infections until the baby's body is able to produce its own antibodies. The same is true for HIV antibodies: most mothers pass HIV antibodies to the unborn baby.

This means that most babies born to HIV-positive women will test positive on an indirect test. The HIV test is simply detecting the presence of HIV antibodies the mother passed to the baby during pregnancy. If the baby received the mother's antibodies, the baby's test result for antibodies will be positive, even if the baby is not infected with the virus. About three out of ten babies born to HIV-positive mothers will be infected with HIV at birth.

If the baby did not become infected with HIV, the mother's antibodies will disappear in about 12 to 18 months. If the baby is truly infected, his or her defense system will produce its own antibodies after about 12 months. After 18 months, if a baby still tests positive with an indirect test, the baby is infected.

If an indirect test has detected HIV antibodies in a baby, a direct test can be done on the baby to determine if the baby is or is not actually infected.

Do not confuse blood types with HIV status! When a woman has a baby, she and the father may learn about their blood types: A+, B-, etc. This has nothing to do with HIV infection. It is just a way of organizing blood into different types of groups. When a person needs a transfusion or wants to donate blood, they may also learn about their blood type.

3. Goals of HIV Education for Pregnant Women

An HIV-positive pregnant woman may not know she can pass it to her baby. Therefore, basic AIDS education is important at prenatal clinics. The woman should receive teaching about the risks of transmission, and how to reduce the risk of transmission to the baby. She should also learn how to improve her own health.

A discussion of proper nutrition and ways to avoid vitamin deficiency should be included. Symptoms of sexually transmitted diseases should be discussed. Dur-

ing this education, women should be strongly encouraged 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 clinics alone and may fear sharing the information with their husbands.

4. Reasons Why 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 by the family.
- Not knowing one's status is easier to deal with.
- Fear of stigmatization.

These are very real and difficult issues. It takes great courage for a woman to step forward for testing, knowing that the results may have devastating consequences for her marriage and her life. Rejection by her spouse could mean being put out of the house, having her children taken from her, having no place to turn, and no financial means of survival.

Understanding potential consequences helps us understand a woman's reluctance to be tested.

Counselors should explore whether the woman intends to tell her partner if the outcome of the test is positive and what effect this might have on their relationship. The thought of her spouse, partner or family finding out may be scarier to her than the actual news of her positive status.

5. Reducing the Risk of Mother-to-Child Transmission

Counseling for pregnant women should include all that was mentioned in earlier chapters. In addition, review proper nutrition and explain how to obtain antiretroviral drugs. When women take measures to protect their health during pregnancy, they help reduce the risk of transmission to their baby.

Antiretroviral medication given at birth may prevent a baby from becoming infected with HIV!

Nutritional information to be included in pre-test education

When a woman lives in poverty, the food available to her may be limited. Families affected by HIV may not be able to produce the food they need to properly feed themselves.

Some cultures have taboos against foods that pregnant women can eat. Unfortunately, these taboos may eliminate nutritious foods that would be good for the pregnant woman and her unborn baby. It is important to address these issues during the counseling session.

An HIV-positive pregnant woman should eat a well-balanced diet containing vitamin A and iron. She should also take a daily vitamin supplement. This helps to keep the mother strong, and can also improve the birth-weight of the baby (World Health Organization 2004).

Vitamin A is found in 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 the woman's diet does not include enough food containing the vitamin.

Anemia occurs when a person doesn't consume enough iron in his or her diet. Anemia in a pregnant woman may lead to an early delivery. The woman may develop AIDS and die more quickly than a woman without anemia. 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.

Early treatment of infections

Infections other than HIV can increase the risk of transmitting HIV to the baby and cause the mother's health to deteriorate more rapidly. This is especially true of sexually transmitted infections such as gonorrhea, chlamydia, and syphilis. These infections weaken the placenta and decrease its ability to protect the baby. It also increases the risk of HIV transmission during the birth process. Open

sores in the genital area expose more of the virus to the baby when passing through the vagina during the birth process.

Symptoms of sexually transmitted infections, such as genital sores, vaginal discharge, pain in the lower abdomen, and fever should be discussed during counseling. Women should be directed to seek medical care if they have sores on the genital area, lower abdominal pain, vaginal discharge, and/or fever.

Sexually transmitted infections should ALWAYS receive medical treatment!

Antiretroviral drugs

Prenatal teaching and counseling for pregnant women should include information about antiretroviral drugs. Many countries have access to ARVs that are 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.

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 important to stress that even though the drug may protect the baby, it will not cure or help the mother.

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

Doctors and researchers are studying the best ARV treatments to prevent mother-to-child transmission. At the time of writing, two commonly used medications are Nevirapine and AZT. Both the woman and the infant receive doses of the medication. The use of ARVs has been shown to reduce the risk of transmission by about fifty percent (Chigwedere et al. 2008).

Half of all children with HIV infection will die from an HIV-related sickness before their second birthday (UNAIDS, 2009). However, early diagnosis and treatment can greatly improve the life expectancy of newborn babies exposed to HIV. This is another important reason for all pregnant women to know their sero-status, so treatment for the baby can begin as soon as possible.

6. Breast-Feeding Advice

Not all babies born to HIV-positive women will be infected with the virus. If a baby is spared from HIV during birth, there is still a risk that the baby will be infected through breast milk. An estimated 5–15 percent of babies will be infected this way, if their diet is composed exclusively of breast milk, without any other liquids or foods (Coovadia, Rollins, Bland, Little, Coutsoudis, & Bennish et al.

2007). 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 certain conditions can be correctly and consistently met. Replacement feeding is recommended when it 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 shows that unless all of these conditions can be met, it is better and safer for the mother to exclusively breast-feed 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).

Whenever proper alternative feeding cannot be guaranteed, a mother with HIV should breast-feed her baby for the first six months.

Breast-feeding gives the baby natural protection against a number of diseases, which is another advantage of exclusive breast-feeding. If a mother has adequate breast milk, it 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 also need to know the facts since decisions are often made, not only by the pregnant mother but by her husband or the extended family. Knowledge is empowerment, and factual information about the important decisions to be made during pregnancy needs to be as widespread as possible.

CHAPTER 7

HIV Testing and Counseling for Children

Key Points

1. **Techniques for Counseling Children**
2. **HIV Testing for Children**
3. **Informing Children About Testing**
4. **Pre-Test Counseling**
5. **Post-Test Counseling**

(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.)

Story

Margaret was worried. She just discovered that her little girl had been sexually abused by her husband's brother. 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 maybe her daughter could have it too. Her little Ana had been sick for a number of weeks. She had a fever, sweats, and diarrhea. Then Margaret thought maybe it was just normal childhood illnesses. She didn't know what to do. She wondered, "Do children get AIDS?"

- What do you see?
- What is happening?
- Does it happen in our situation?
- Why is it happening?
- 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?**

1. Techniques for Counseling Children

Counseling children is different than counseling adults. It may be difficult for children to identify their fears and emotions and even more difficult to put those feeling into words. Communication is the key to building a relationship between a counselor and a child; therefore, practical ways must be found to communicate with children.

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 may be:

- Traditions and customs pose barriers to communication. Some cultures forbid children to disagree with adults. 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 it to 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 allows children to communicate their emotions without having to put them 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," or "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 that cannot be answered with a "yes" or "no."

Story-telling

When children find it difficult to talk about sensitive or painful issues, listening to a story about someone in a similar situation can be comforting. It gives children a sense of being understood and can help them recognize that they are not

alone. A story can also serve as a useful tool for teaching them to problem solve in their own situations.

When using story-telling, 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 or saddest part of the day?"

Play

Play is an important way for children to explore their feelings and make sense of their world. When they 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."

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." This type of open-ended question encourages the child to keep talking as he or she explains the answers.

Counseling needs of children are different from adults.

2. 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.
- Learn 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

Testing children sometimes has disadvantages. Children who know they are positive might:

- Not fully understand the situation. They may only understand the negative implications without knowing that measures can be taken to help them live longer with the infection.
- 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.

3. Informing Children About Testing

Children have a right to voice their opinions about issues that affect 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 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 reason for coming to the counselor.
- Enable the child to feel in control and listened to. Give the child information appropriate for his or 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.

4. 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.
- 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 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.

Sometimes a parent may bring the child; sometimes a child may come alone.

5. Post-Test Counseling for Children

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 8

The Church and Voluntary Counseling and Testing

Key Points

1. **The Role of the Church in the HIV/AIDS Crisis**
2. **Church-based Voluntary Counseling and Testing**
3. **Beginning a Voluntary Testing Program**
4. **Needs Assessment**

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 it's unreasonable to suggest 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!*

- What do you see?
- What is happening?
- Does it happen in our situation?
- Why is it happening?
- 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?**
- **If you were HIV positive, could you share this with your pastor? Why or why not?**

1. The Role of the Church in the HIV/AIDS Crisis

The church has an important role in teaching people how to avoid HIV infection.

With its 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).

At the beginning of the HIV/AIDS crisis, local communities were at the forefront of responding to the disease. The church, however, was often silent and inactive in dealing with the crisis. This silence may have stemmed from the many implications of transmission and the confusion, uncertainty, and suspicion that have surrounded the AIDS epidemic.

In recent years the church has realized both 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 2001), over 80 percent 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 on a regular basis. It exists at every level of society: rural and city communities, locally, and nationally. The church is present at the grass roots level in the places most affected by the crisis, and has a unique capacity to address the problems related to the epidemic.

Many national governments recognize the importance of the churches 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. This resulted 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. Biblical teachings concerning sexuality—abstinence from sexual relations before marriage and faithfulness in mar-

riage—provide the moral fiber of AIDS prevention training, and are taught from the pulpit, in the Sunday school classroom, and in youth services.

If pastors lack awareness or training on issues concerning HIV/AIDS, or consider the issue too sensitive to address in public, they may not be dealing with HIV in their churches and communities. Unfortunately, when the church is silent there may be an assumption that the crisis is not a church issue. People with HIV may not consider the church to be a safe place to find help with their personal issues regarding HIV/AIDS.

Examples from Scripture

If the church is to be truly Christlike, it will note that Jesus never missed an opportunity to reach out to touch those who were suffering and sick. Matt. 9:36, (NIV 1984) 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 restrict His ministry to those who were like Him. He reached out to social outcasts, to sinners, and to all who were in need. Discrimination was not a part of His ministry. This is evident by the way He ministered to the woman at the well who was of a different caste, a different social status, and was living in sin (John 4:1–42).

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.

Many churches across the globe are now actively responding to the crisis. The local church can:

- Offer AIDS awareness for all levels of the congregation and the community: adults, youth, and children.
- Welcome persons living with HIV into the church and encourage involvement in activities and ministry.
- Support widows, orphans, child-headed households, and struggling families.
- Develop hospice programs for those suffering from AIDS (see Butrin et al. 2003).
- Encourage voluntary counseling and testing (VCT).
- Promote mother-to-child-transmission prevention, which includes VCT.
- Develop church-based, Christ-centered VCT programs, or partner with existing centers.
- Develop income generation projects or other church-based HIV/AIDS initiatives to fund families struggling with HIV/AIDS.

2. Church-Based Voluntary Counseling and Testing

Voluntary counseling and testing (VCT) is an effective tool in behavioral change leading to HIV/AIDS prevention. The church with its influence should be a voice to encourage testing. Many pastors require couples in their churches to be tested before agreeing to perform the marriage. Pastors need to know how to counsel these couples, since many of them receive positive results.

Some churches offer VCT as part of their church outreach. For example, a church in Kenya restored a van, recruited and trained counselors from the church, recruited a physician, and now offers neighborhood testing and counseling as a Saturday outreach ministry.

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

With its powerful message of abstinence and faithfulness, the church plays an important role in helping to reduce new cases of HIV transmission. The message of grace and love can be demonstrated by the church's response to all facets of the epidemic. The church must be an advocate for VCT and can provide testing and counseling for its members and the surrounding community.

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.

HIV testing is an effective tool in the fight against HIV!

3. Beginning a Voluntary Counseling and Testing Program

Most new church outreaches begin with a vision, a burden, or a conviction that God is leading the church in a specific direction. The vision may come from the pastor, an individual, or a group of persons in the congregation. At times, the overwhelming need may demand a response from the church.

Whether by need or vision, the decision to begin an 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 supported 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.

4. Needs Assessment

Before deciding to begin a VCT program, it is important to do a needs assessment. This helps determine what is presently being done and if there is a true need to start another program. The following information should be gathered to help make that decision. It is not a formal assessment guide, but can help give the church some direction. A committee should be formed to find answers to the following questions.

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 and medical personnel?
- Is training for counseling and testing available locally and who would be trained?
- Is funding available through local non-governmental organizations (NGOs), foreign NGOs, or the government for VCT? 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 is complete and the church leadership determines there is a valid need for the church to become involved in VCT, agreement of the congregation should be sought. A proposed budget and the need for volunteers should accompany the information given to the church about the proposed ministry.

A church involved in a VCT program will become a safe refuge for those who are HIV-positive.

Counselors who agree to work fulltime will usually need to be paid, which may be the largest expense of the VCT program. This is why churches that decide to become involved in VCT do it on a part-time basis with trained, volunteer counselors.

This manual cannot provide technical assistance for setting up all aspects of a VCT program. It is strongly recommended that delegates from the church be sent to study an existing program and meet with local government officials and NGOs to find out about regulations and funding.

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

- Helping to destigmatize 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:

- It starts with someone with a vision to start a program.
- Seek the direction of the Holy Spirit.
- Assess the needs in the community.
- Assess resources available through NGOs, local governments, etc.
- Seek congregational acceptance including willingness to incorporate HIV-positive persons into the church.
- Develop the budget.
- Determine how the budget will be funded and sustained for an extended period.
- Identify who will manage the program.
- Establish the type of program. Will it be a full-time program of the church, a part-time outreach, or a partnership?
- Determine who will be trained and who will do the training.

- Develop measurable objectives for the outreach.
- Identify an evaluation process to assure that the objectives are being met.

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 body 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 Antibody Testing

Name of Testing Site: _____

Affiliated with: _____

Introduction

A virus called HIV (Human Immunodeficiency Virus) causes AIDS (Acquired Immunodeficiency Syndrome). Anyone with HIV can spread it to others. It is passed 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 during pregnancy or at childbirth, and also through breast milk.

This test does not detect actual HIV particles in the blood. It detects antibodies which the body produces to fight the virus. It takes two weeks to six months for the body to produce enough antibodies to be detected by this test.

You are not required to have the test. You should understand 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, it means the test has detected HIV in your body. 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, it means the test has not detected HIV. This can mean one of two things:

- The test did not detect HIV because you are not infected with the virus.

OR

- You might have the virus, but it hasn't been in your body long enough for the test to detect it. It takes from two weeks to six months 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 the test results. He or she will teach you how to reduce the chance of spreading HIV, and explain the dangers of HIV infection. Then they will either take a small amount of blood for the HIV test from your vein or stick your finger.

After the blood is tested, you will receive your results. With some tests, the results will be ready in less than 30 minutes. With other tests, you will have to return at a later date to learn your results.

The person who explains the test result will also discuss 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 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 a test if you have no risks of infection. 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? YES ❑ NO ❑

   If yes: What type of sex have you had: (circle) anal vaginal oral

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

   YES ❑ NO ❑

   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? YES ❑ NO ❑

   All the time or sometimes? _____

3. Have you ever been diagnosed with or treated for sexually transmitted infections? YES ❑ NO ❑
4. Have you ever been treated for tuberculosis (TB)? YES ❑ NO ❑
5. Have you ever received a blood transfusion? YES ❑ NO ❑
6. Have you ever been given a shot with a needle or had your skin cut by a medical instrument that had been used on another person without being properly cleaned? YES ❑ NO ❑
7. Have you injected drugs or steroids or shared equipment (such as needles and syringes) with others? YES ❑ NO ❑
8. Have you had sex with someone who could answer yes to any of the above questions? YES ❑ NO ❑

APPENDIX C

HIV/AIDS Voluntary and Confidential Counseling and Testing Guidelines

by Cynthia Calla, M.D., M.P.H. and Jenny Pandolfo, R.N.

Essential Elements of the Counseling Process

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

Most Significant Emotions

- Fear/anxiety
- Shame/guilt
- Anger/betrayal
- Denial
- Helpless/victimized
- Hopeless
- Aloneness/isolation

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?

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 10 minutes while you wait.	
Voluntary	What does the term "voluntary" 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.	
Confidential	What does the term "confidential" 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" mean to you?	If test is positive, you have the disease.	
	What does the term "negative" mean to you?	If negative, you do not have the disease.	
What do you know about HIV/AIDS?			
Cause	What can you tell me about the physical cause of HIV?	It is caused by a virus.	
		It weakens the body's immune system (defense agaiinst infectious diseases).	
	What do you think about spiritual causes of HIV?		Fallen world
			Ignoring God's principles of morality (1 Corinthians 6:18)

Primary Areas	Questions	Information	Spiritual Concepts
Transmission	What do you know about how HIV is transmitted?	Through infected blood, semen, or vaginal fluids.	
		Sexual relations. You or your spouse or with someone else before marriage or outside of marriage.	God's principles of mortality, sanctity of marriage (Hebrews 13:4).
		Women are more at risk than men.	Victim of another person's sin.
		IV drugs; sharing needles.	Mind controlled by God (Romans 8:6; 1 Peter 4:7).
		Blood transfusion	
		Homosexuality	God's principles of morality (Romans 1:24, 26–27).
		Mother-to-baby in the womb, through the birth process, or through breast-feeding.	
Not Transmitted	What do you know about how HIV is not transmitted?	Casual contact (shaking hands, kiss on the cheek, touching or hugging).	
		Breathing, coughing, or sneezing.	
		Contact with everyday objects such as telephones.	
		Sharing food or eating utensils.	
		Mosquito or other insect bites.	

Primary Areas	Questions	Information	Spiritual Concepts
Prevention	Can you tell me some of the ways HIV is prevented?	Abstinence	God's principles of morality (1 Corinthians 6:18).
		Faithfulness	God's principles of morality; sanctity of marriage (Hebrews 13:4).
		Condoms 1) Not 100 percent effective 2) Also protect against pregnancy and other STDs.	
		No vaccine	
Course	Can you tell me about the course of HIV disease?	May be a long time between infection and feeling sick, and getting symptoms. The average is 10 years.	Address truth and denial.
	What are some symptoms that someone with HIV shows?	Fatigue, fever, weight loss, ("wasting"), diarrhea.	
Treatment	Can you tell me some of the ways HIV is treated?	No cure. Chronic, worsening course until death.	Hope in the Lord if have a relationship with Him; restoration, healing (2 Corinthians 4:16).
			Salvation; eternal life (Matthew 10:28; John 3:16).
		Drug treatments 1) Antiretroviral medicines (ARV) help extend life, but may not be available or affordable. Other drug treatments to accompany disease.	

Primary Areas	Questions	Information	Spiritual Concepts
		STD treatment helps reduce transmission.	
		Palliative care	
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 (if married) or sexual partner?		
	Can you tell me about your children? How many young children do you have?		
Profession	What is your 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 10 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.
	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 will support you emotionally?		
	Can you tell me about your relationship with God?		Repentance and salvation

Primary Areas	Questions	Information	Spiritual Concepts
			Receive forgiveness, acceptance, love, compassion and 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.	
	What changes will you make in your relationship to God?		
Share test result and reaction	With whom among your family and friends will you share this information?		
Spouse or sexual partner(s)	How will you share this information with your spouse or partner(s)?		Issues of truth and integrity (Zechariah 8:16; 1 Corinthians 13:6).
	What do you think your spouse's reaction will be?	Possibility of abuse or abandonment.	Address emotions. See list of Bible verses.
	How will you encourage your spouse to get tested?		
Children	How will you share this information with your children?		
Support	Who will support you if you start getting sick?		

Primary Areas	Questions	Information	Spiritual Concepts
Support	How do you see God as a support to you?		Relationship with God and concept of God as provider and protector (1 Peter 5:7).
			Prayer and reading the Bible.
	How do you plan to become more involved in a church?		
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 and protector (1 Peter 2:24).
			Hope for healing, restoration in the Lord (Malachi 4:2; 1 Peter 2:24).
	Who will care for your children if you get sick? If you die?		
	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?		
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.	

Primary Areas	Questions	Information	Spiritual Concepts
		Disinfect surfaces contaminated with blood or body fluids containing blood with a 5 percent bleach solution.	
		Soak bloody cloths (such as menstrual cloths) or bandages in 5 percent bleach solution for 10 minutes prior to handling and reusing or disposal.	
Sexual relations—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 or to prevent mother-to-baby transmission?	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?	Neviripine (or other antiviral medicine) and no breast feeding; 30 percent transmission without treatment. One dose Neviripine to mother in labor and one dose to baby, and no breast feeding, decreases transmission in half.	
Having had this test, what are your next steps in regard to your health?			
Additional medical care	What symptoms are you having from HIV at present?	Fatigue, fever, weight loss, (wasting), diarrhea.	

Primary Areas	Questions	Information	Spiritual Concepts
	Given that your test is positive, regardless of your symptoms, what other medical care do you need to seek at this time?	Blood test (whole blood count, for CD4 count, if available, hepatitis B).	
		Evaluation and treatment for STDs	
		Evaluation and treatment for tuberculosis	
		Prevention of opportunistic infections	
		Treatment with antiretrovirals (ARV), if available.	
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 turning positive. Explain negative test in window period of 4–6 weeks after infection.	
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 or sexual partner(s)	How will you share this information with your spouse?		Issues of truth and integrity (Zechariah 8:16; 1 Corinthians 13:6).

Primary Areas	Questions	Information	Spiritual Concepts
	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	Scripture Reference	Text
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 sanctified; 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, not in passionate lust like the heathen, who do not know God; 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, as we have already told you and warned you."
Emotions—Denial	2 Thessalonians 2:10	"They perish because they refused to love the truth and so be saved."

Spiritual Concept	Scripture Reference	Text
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 the needy from death."
Emotions—Victimized	Psalm 94:21–23	"They 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; the LORD our God will destroy them."
Emotions—Hopeless	Jeremiah 29:11–13	"'For I know the plans I have for you,' declares the LORD, 'plans to prosper you and not to harm 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; Hebrews 13:5	"Be strong and courageous. Do not be afraid or terrified because of them, for the LORD your God goes with you; he will never leave you nor foresake 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, he leads forth the prisoners with singing; but the rebellious live in a sun-scorched land."
God's principles of sexual morality	1 Corinthians 6:18, 19	"Flee from sexual immorality. All other sins 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."
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 is 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	Scripture Reference	Text
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. Because of this, God gave them over to shameful lusts. 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."
	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."
Truth and integrity	Zechariah 8:16	"These are the things you are to do: Speak the truth to each other, and render true and sound judgment in your courts."
	1 Corinthians 13:6	"Love does not delight in evil but rejoices with the truth."
God as care provider	1 Peter 5:7	"Cast all your anxiety on him because he cares for you."
Faith supersedes emotions in suffering	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."
Hope for healing	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	"It always protects, always trusts, always hopes, always perseveres."
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 faith. Take hold of the eternal life to which you were called..."

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