

Under prepared, Under taught and Overwhelmed – HIV counsellors as ARV stewards



In dealing with the groups of lay counsellors we have been training, I have realised that they are in no way prepared for the problems they encounter at their facilities, yet they are expected to deal with these issues and get defaulters back on track.

Very often, if the patient shared their problems the Lay counsellors were totally overwhelmed as to how to deal with them, as any training they had had didn't prepare them to deal with such a wide range of issues, such as alcohol & drug abuse, domestic violence, family issues, Biological problems, and so on.

They are finding their skills very limited

When the question was asked
“Can people in Africa adhere?, the answer is
Yes - if patients are properly prepared and are
exposed to various adherence interventions”
She goes on to say “Adherence counselling
should further not be seen as a once-off event.
Regular counselling to address problems and to
counter treatment fatigue is extremely
important.”

*Professor Alta van Dyk in her paper on “Antiretroviral adherence in South Africa
are we burning our bridges”*

The experience in the field of those we are training is

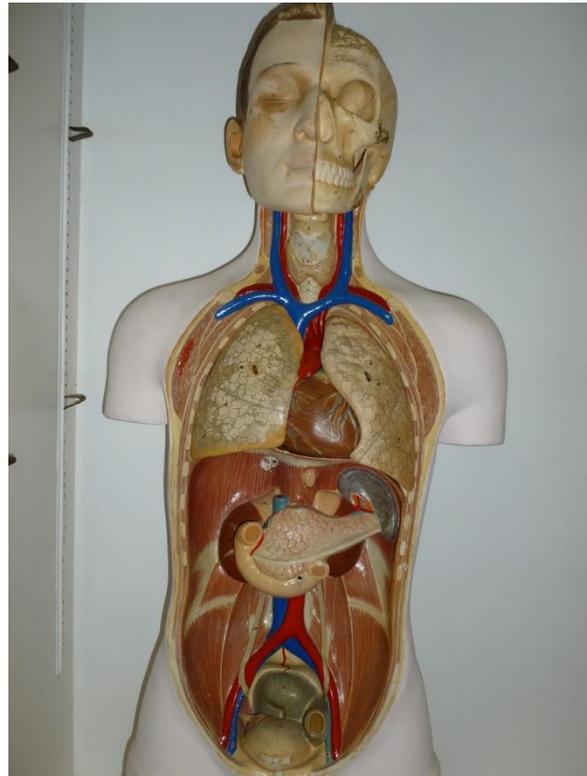
- They need to keep their sessions brief, so as to see as many patients as possible,
- This does not allow them time to look into the problems and issues lying behind the defaulters,
- Or to truly prepare the patient to begin ART.
- They also very seldom got to see the same patient more than once, as allocation of counsellors was random.

The general feeling of the lay counsellors was 3 fold

- They were very unprepared to deal with the range of problems presented to them by the patients
- They needed to be up skilled in many areas, not only their counselling skills, but in the treatment processes, and other chronic diseases that affected HIV patients
- They wanted recognition as to the value of the contribution they could make in the patients' lives and in their adherence to their treatment

Health Literacy – Fiona Mendelson

In terms of health literacy: the counsellors we encounter have extremely poor knowledge of human biology, health and disease.



Counsellors learn about HIV/TB and the drugs, it is learnt in a vacuum and they may describe parrot fashion how ARV's operate in a cell but without knowing what a cell is or even what a virus is.

The upshot is they do not have the knowledge and critical skills to apply to different situations and feel professionally unprepared and professionally isolated from the team.

Health literacy is broadly defined as -

The degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.

We apply this in two steps:

- 1. to the counselors and**
- 2. from counselors to clients. (they need the skills themselves before they can pass them on)**

We emphasise broad concepts.

For example, understanding risk factors and individual responses in disease is crucial in combating myths around causes of illness and in explaining why you should take a drug even though your neighbour died when he took it.

In terms of antiretroviral therapy, They are taught by pharmacists and ID physicians pharmacists so they also learn basic concepts around clinical pharmacokinetics to apply in various situations



Health Literacy Curriculum

- Human biology,
- Foetal and child development ,
- Nutrition,
- Common non-communicable diseases, infectious diseases (focus on HIV and TB),
- pharmacology,
- microbiology,
- genetics and environment,
- health literacy in patients: promotion, prevention and management.

- Self-awareness
- Man in context
- Ethics of counselling
- Different types of behaviour
- Different stages in counselling
- Counselling skills
- Coping skills
- Communication Verbal & non verbal
- Different models of counselling

- Stress
- Bereavement
- Crisis & Trauma
- HIV and people with disabilities
- Addictions
- Depression and Anxiety
- Children & Adolescents
- Disclosure
- Relationships
- Parenting

It was interesting to see that all the students, regardless of whether they had any previous counselling training (and some had) all had a dramatic increase in their test results post the skills training modules.

The course impacted their work and confidence in their own capabilities and were more confident in using the skills, they were also able to participate in clinical meetings more as they now understood the technical language used by the clinical staff.

- I think it is worth noting that when we discuss the patients needs and the expectations of the counsellors, it re enforces (because it has been said many times) that there is a significant gap in skilled counselling.
- Where the facility is fortunate enough to have a psychologist is one thing but it is unrealistic to expect the nurse or doctor to identify those who are not psychiatrically ill but require more intensive counselling.
- No-one else is performing that role.



Another impact of the course was the fact that they were able to recognise underlying barriers to adherence more quickly.

Able to recognise that defaulting was not only related to the taking of ARVs or HIV, but often more of a Social / Psychodynamic problem.

They were able to get the problems out of the patients more easily, using the skills and models they had learnt.

- They also valued learning about Children and Adolescents developmental processes both physical and emotional





- Recognition,
- Space (counselling rooms) and
- time to engage with the clients (eg min ½ hr) and
- to see the patients repeatedly.

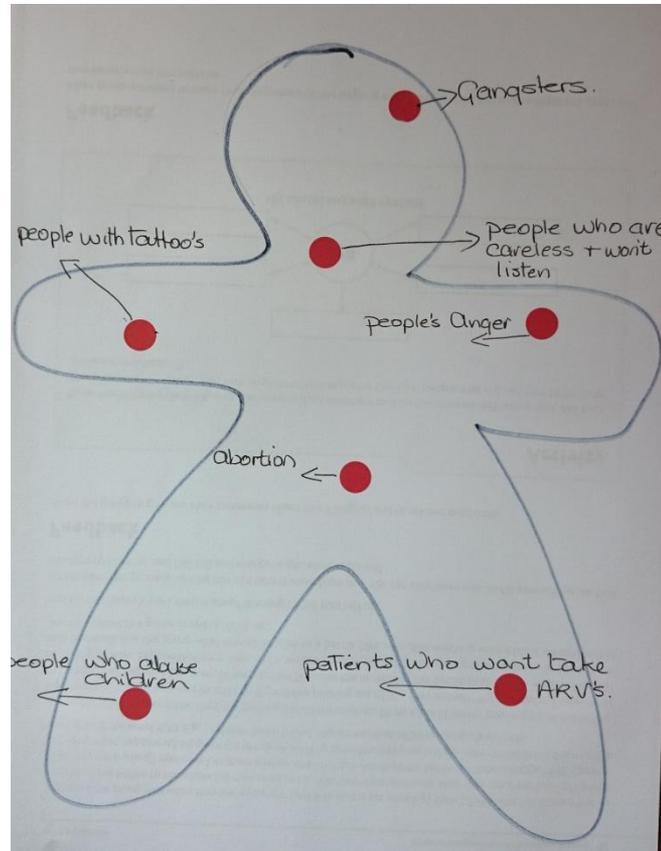
They felt they needed only to see Non-compliant patients or do preparation for ART, as they recognised that unless the patients were properly prepared there was a higher risk of defaulting down the line.

They have found you cannot just tell a patient to take their medication, they need education and the Counsellors need to understand what the barriers are or could be in the future or the resistance.

The impact of this counsellor training on the counsellors, was that they felt more equipped, they learnt how to do case study presentations in front of their peers and other Clinicians



In the Self awareness sessions, they were helped to understand their own issues and how they impacted the counselling, how they caused different reactions in themselves to clients



- Counsellors are not equipped for the job although they are often unaware of the training they lack
- In our experience: the most important features have been understanding that what they have been doing is not actually counselling and acquiring those skills, dealing with their own issues before attempting to interact with those of the clients and in terms of health literacy, acquiring a firm knowledge base and critical skills that allow them to create solutions
- Lastly, adherence issues can be extremely complex and apart from facilities fortunate enough to have psychologists, we are generally poorly resourced to manage them. There is really no-one else who is fulfilling this vital role
- In our course, lay counsellors respond well to an extended/expanded counselling and health literacy role and there is no reason for this not to fit with the new PHC model and a career advancement programme for lay health workers. Hopefully, this will in turn lead to increased recognition and organisational strengthening to allow them to carry out the work

All these impacts, help the counsellors to no longer feel

Under taught,

Under prepared or

Overwhelmed

Thank you