AIDS Counselling Courses
What is their Value?

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AIDS counselling courses are run in many centres around the country and they vary in length and content. Although the courses are different there are many issues which are common to all of them. This paper will highlight some of these commonalities, drawing on the independent evaluation of the Community AIDS Information and Support Centre (CAISC) course as an example. The CAISC is run by the Johannesburg City Council. The paper is intended to stimulate discussion around counselling and the training of counsellors and we would encourage everyone to think critically around these issues.

Selection of Counsellors

Many of the courses do not select people for training but accept all interested people. The people who are trained are usually healthworkers, personnel officers, community workers and a variety of other people. In the CAISC experience, two thirds of the people trained either worked for a local authority or a large company like South African Airways (SAA).

When people are selected for the courses, we do not set unrealistic standards. Most of the present courses attempt to meet the need for as many people as possible to understand the basics of counselling. Many healthworkers are seeing people with HIV and AIDS in their work and report that they feel unsure about how to work with HIV positive people. Other trainees have had no exposure to AIDS and are hoping that the courses will give them an insight into the problems that they might experience. Still others are required to attend courses as part of their in-service training and may not be interested in counselling at all.

Furthermore, the courses are seen as a crash course in counselling and not as an introduction to counselling principles and HIV issues. As a result there are unrealistic expectations of both the course and the trainee. Some trainees are even expected to offer a course to their colleagues when they return to their organisations.

Most lay counsellors at other organisations, like Lifeline, are carefully selected for their suitability as counsellors, undergo months of training by

skilled facilitators and are required to be evaluated at the end of the training. When no selection has taken place, it is not always reasonable to evaluate trainees.

In the CAISC evaluation it was repeatedly stated that the mix of people on the course was stimulating and interesting. On the other hand, some participants felt that the diversity of people held them back and that there should be separate courses for health professionals. One interesting comment was that the doctors were "too cynical".

Bearing in mind the urgent need for AIDS counsellors, coupled with the need for effective counselling, training organisations need to pay more attention to the selection of suitable people for training - these people also need to be evaluated and supervised.

Course Content

At present, there is some variation in the length of courses, ranging from 3 days to 2 weeks. While the content is fairly similar there are regional and other differences in emphasis. For example, some courses will spend more time on counselling theory and skills, while others will emphasise aspects like pre- and post test counselling.

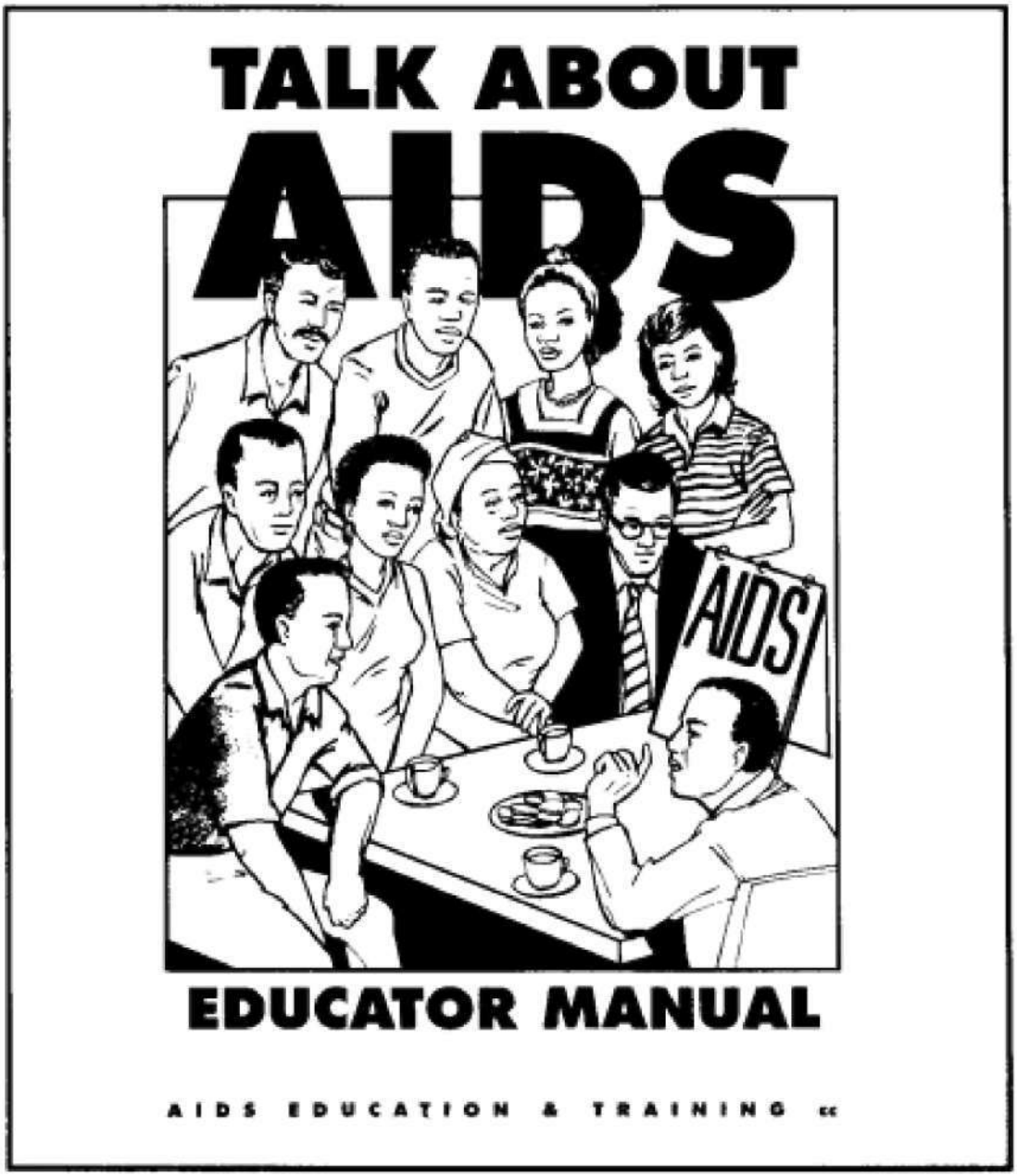
In general, the courses cover information about AIDS; counselling theory, skills and practice; pre- and post test counselling; attitudes and self awareness; death and dying; and sexuality (including safer sex). They tend also to use interactive teaching methods, which involve exercises and group work to draw out important themes. There is some debate about how to make counselling appropriate to South Africa and whether a non-directive approach to counselling is the most useful one. For example, many healthworkers are trained to tell their patients what to do rather than to spend time listening to their real needs. Courses aimed at them will need to challenge the traditional healthworker/patient relationship.

To what extent is counselling an existing part of people's lives and how can we make HIV counselling more accessible and less intimidating? Does it serve a purpose? Can it help to prevent new HIV infections? These are some questions which are being asked at the moment.

In the CAISC context, teaching methods were described as "marvellous" and "excellent" and "with the atmosphere that is created, you feel free with your instructors, and to air your views". While trainees often felt that they had personally grown through this course, more than 50% of problems experienced by CAISC trainees were related to lack of counselling skills. Some problems

experienced were"how to get through to reserved people","how to handle denial and resistance" and "moving beyond empathy and reflection". One interviewee also expressed the need for more discussion on"secrecy"and"morality"and saw the course as only"pushing condoms". It seems clear that issues like confidentiality and sex need a lot of healthy debate. In this way counsellors are able to enter the counselling situation having had a chance to"work through"their feelings about these issues properly.

It appears that what is needed is longer courses which are able to tackle issues in more depth. Perhaps courses which offer intermediate and advanced skills will also help to upgrade skills and bridge the gap between introductory courses and real life counselling situations. It is always important to remember our most important goal - are the needs of the client or patient being met?



Training involves interactive teaching methods. ***From Educator Manual of AIDS Education & Training cc***

Evaluation

Evaluation of counsellors, both after courses are completed and through ongoing supervision, is important. This evaluation maintains standards and supports the counsellors. One problem is that if many people are trained, follow up becomes very difficult. However, networking can allow appropriate referrals to take place and encourage counsellors to offer each other support. For example, while many counsellors find the work satisfying, a significant proportion of those interviewed by CAISC find it painful, emotionally draining or very sad.

It is also important to evaluate the trainers and the training courses themselves. This helps to ensure that training standards are met and that the courses are relevant. The ultimate goal must always be appropriate, to achieve meaningful counselling in institutions and in the community.

Organisational Issues

Organisational issues are often a barrier to the implementation of counselling. In CAISC's experience, half of the trainees contacted after completion of the course had not done any counselling since then. The most common reason given was a lack of opportunities to counsel. One trainee commented "the council sends us on courses, but we never get a chance to practice our skills, it then loses meaning."

Another organisational problem is the expectation that counselling can happen in a few minutes in crowded places. These are unrealistic demands to place on a counsellor and they reflect a disrespect for the counselling process and the needs of clients, such as confidentiality. Organisations sometimes do not recognise that counsellors need to have time for supervision, further training and support. If this is not built into work time, counsellors will become burdened by their work and will burn out.

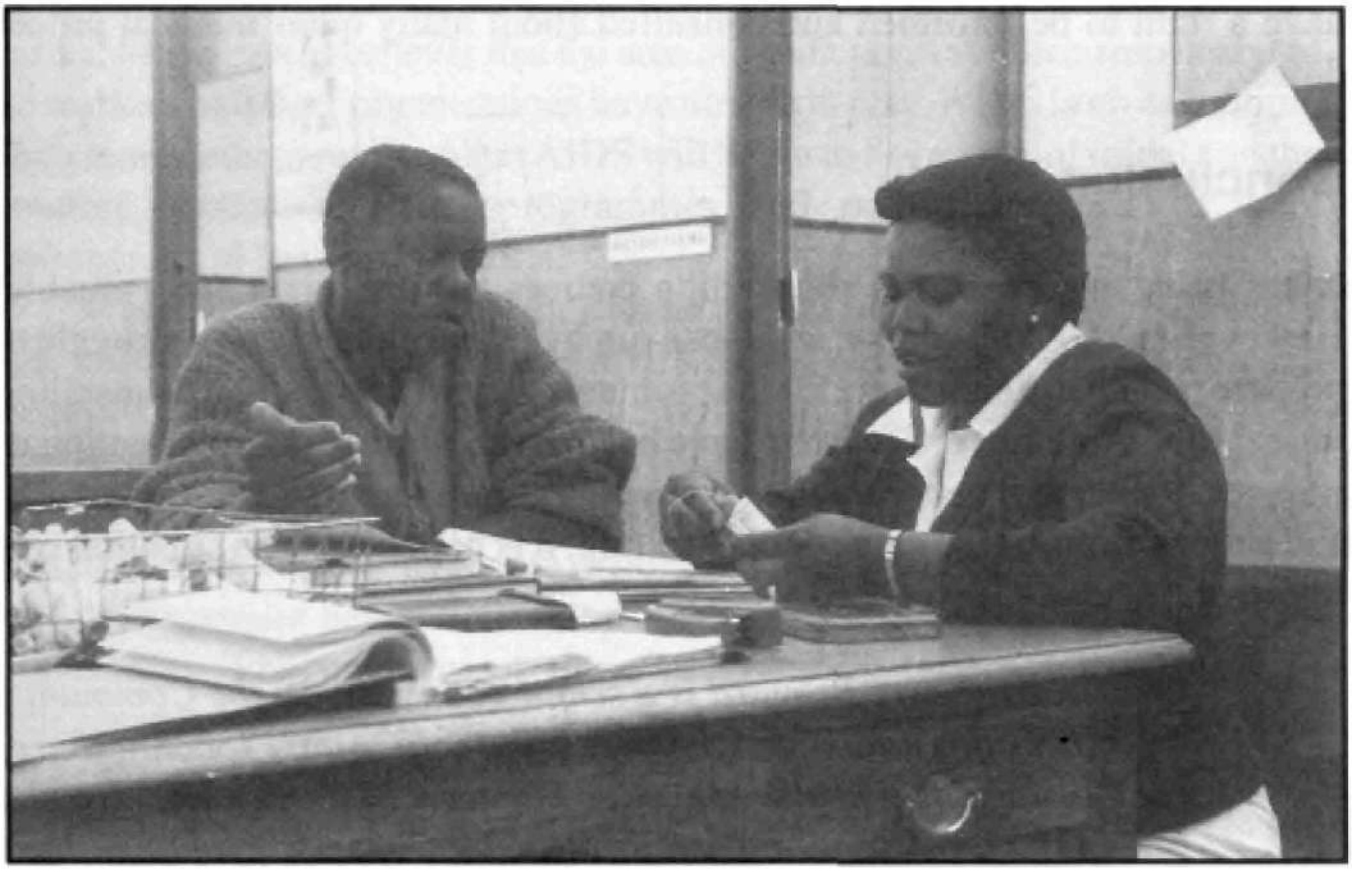
Clients

We also need to recognise that a counsellor may face a large number of different clients, with varying problems and situations. A lot of these situations confront counsellors' own attitudes towards sexuality, death and dying, and abortion. Some of these situations are unique to South Africa, and the question to be asked: can a short course fully prepare a counsellor for all these situations and challenge counsellor prejudice? In the CAISC evaluation, for example,

some comments were: "The course helped change my attitude from negative to positive"; "I got greater insight" and "This training should be given to all student nurses, everyone should have counselling skills and AIDS knowledge". While these comments show that the trainees were helped to see HIV and AIDS differently, their other comments quoted in this discussion show that they do not always feel equipped to deal with all the clients they see. Counsellor training, therefore, needs to challenge prejudice and must also locate HIV and AIDS issues in the real lives of all South Africans. This requires very skilful and sensitive training.

Controlling Bodies

Should all HIV/AIDS counsellors be required to join a professional body which would maintain standards and organise the counsellors? While there is no agreement at the moment on this issue, it is important that existing professional bodies (like the Medical and Dental Council) should maintain standards. A recent development has been the National AIDS Co-ordinating Committee of South Africa (NACOSA) initiative which is developing an AIDS strategy for South Africa. The counselling policy being developed by the NACOSA



Many healthworkers still need to be trained to counsel patients.
Photo: Ismail Vawda

delegates may also have suggestions about how HIV/AIDS counsellors maintains minimum standards.

What is the Value of Counselling Courses?

There are problems with counselling courses at present. But their value is in helping people with HIV or AIDS to be treated with compassion, sensitivity and dignity. Because the courses challenge prejudice, the person with HIV or AIDS is hopefully not also burdened with guilt and blame. Healthworkers are also more equipped to deal with the issues that their clients or patients feel, and are encouraged to be critical about the healthworker/patient relationship. Good counselling can help people to prevent HIV infection, it can assist people to negotiate safer sex and it can help those living with HIV or AIDS to live productive lives. It also reinforces the rights of people with HIV or AIDS and helps to develop a culture of human rights.

For example, many healthworkers question the need for pre- and post test counselling - they say no other tests require counselling. What counselling courses show is that people need to be prepared for a potentially terminal disease which has many social consequences. Also, they suggest that patients have a right to be informed and consulted about many other medical procedures.

Conclusion

It has been suggested that counselling courses are important and valuable. However, the CAISC course, and those run by other organisations, struggle to prepare people in a short time for the problems they will face when counselling in real life. A number of reasons have been given for this. With selection of trainees, longer and better training courses, a commitment to good standards, and a recognition of the value of counselling, it is hoped that this situation will improve.

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