BULLETIN

Voluntary counselling and testing: From Theory to Practice

Expert centre on mental health and HIV/AIDS
Serbia, Belgrade

August 2007

1. Voluntary Counselling and Testing

Many approaches to HIV prevention and care require people to know their HIV status. HIV voluntary counselling and testing (VCT) has been shown to have a role in both HIV prevention and, for people with HIV infection, as an entry point to care.[1]

Voluntary HIV counselling and testing (VCT) is the process by which an individual undergoes counselling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential.[2]

VCT has a vital role to play in HIV prevention because it helps people to change their sexual behaviour in order to prevent HIV transmission to their sexual partners if they are HIV-positive, or to stay HIV-negative if they are negative. The other significant role of VCT is in motivation of early and appropriate access to the services for both those tested as HIV-positive and HIV-negative, including medical care, family planning, and on-going emotional and social support, legal advices and counselling for positive way of living. VCT is also essential for women and their families which may use interventions to prevention of mother-to-child transmission.

The importance of voluntary counselling and testing (VCT) has brought about the wider promotion and development of VCT services. However, since the majority of countries where HIV has a major impact are also the poorest, the lack of resources has meant that VCT is often still not widely available in the highest-prevalence countries.

Increasing the availability of VCT might also be important in fighting against stigma and as support to human rights (UNAIDS). Although there are important benefits to knowing one's HIV status, HIV is, in many communities, a stigmatizing condition, and this can lead to negative outcomes for some people following testing. Stigma may actively prevent people accessing care, gaining support, and preventing onward transmission. That is why UNAIDS stipulates testing should be voluntary, and VCT should take place in collaboration with stigma-reducing activities.

2. Client-centred counselling as theoretical back - ground of voluntary counselling and testing

From the beginning of the epidemics in 1980s it was known that HIV is a virus which transmission depends on risk behaviour. It means that in order to decrease epidemics rate, it is of highest importance to change human behaviour related to HIV.

In the beginning it was naively believed that people will change their risk behaviour if they have information on HIV, and this belief defined VCT, and counselling as technique of giving information to the client about HIV, transmission routes, and protection. When it became clear that counselling which implies just giving information and emotional support does not lead to risk behaviour change, inquiry for techniques that could bring to this change began. Very soon, it was understood that personalized approach has most advantages, and that counselling addressing specific circumstances of each client must be key point in risk behaviour change.

Picture 1: Counsellor demonstrates the use of condom to the client

[1] UNAIDS (2000): Voluntary Counselling and Testing (VCT)
[2] Ibid.

Rogers' client centred theory provided theoretical framework for counselling on HIV testing. Despite distinctiveness of VCT, knowing the theory basis for techniques, main hypothesis and assumptions, opens the door for better understanding and greater efficiency in work.

Client centred therapy originated from humanist tradition in psychology. Humanistic psychology derived its name from belief in true kind nature of people and respect for human kind. Two American psychologists Abraham Maslow and Carl Rogers were beginners in this approach to human psychology.

Client centred therapy was developed by Carl Rogers in 1940s. Rogers himself preferred expression "client centred counselling". He believed that client-counsellor relationship is not the same as patient- doctor relation, where the patient is passive and dependent on the doctor. In contrary, he believed that relation between counsellor and client should be person-to person relation, in which counsellor is having conversation with a client. Using the term "client" Rogers wanted to emphasize that the client is not diseased in organic terms.

According to Rogers, in the base of humanist model of counselling is assumption that each individual is endowed with an organic capacity for growth and change. The counsellor's role, according to Rogers, is not to assess or evaluate the client, but to feed this natural capacity for change. Client-centred counselling hinges on the development of a counsellor-client relationship based on unconditional regard, often over multiple hour-long sessions. This relationship enables the counsellor to clarify the client's feelings without imposing external assessments or values. The counsellor encourages client to express, explore and understand feelings, and make decision about change.[3]

Table 1. General Principles of Client-Centred Counselling

1. **Client-centred counselling**: The clients we see will be best served by client-centred counselling, where the focus is on the client's concerns and interests. These techniques explore the personal meaning a client gives to the issues being discussed.
2. **Context**: The impact of counselling will be enhanced when counsellors are able to explore and assess the physical and emotional circumstances under which clients' lives, and consequently their HIV risk behaviours, take place.
3. **Individualized sessions**: The impact of counselling will be enhanced when counsellors tailor sessions based on the specific needs and unique situations of individual clients.
4. **Information alone does not lead to behaviour change**: Behaviour change is a complex process that requires interventions based on a client's personal circumstances. Providing information as the sole, or main, intervention generally is not sufficient to lead a person to change behaviours.
5. **Neutral stance**: It is appropriate for counsellors to take a neutral stance when addressing ambiguous information with clients and to maintain a non-judgemental manner when discussing sexual practices, substance use, and other personal behaviours.
6. **Limited role**: It is important for HIV counsellors to recognize the limitations of the counsellor role.

Source: Ed Wolf. UCSF Enhanced Counselling Skills Training: The Single Session Risk Assessment and Test Disclosure. 2003.

[3] Sheon, Nicolas (2004): Theory and Practice of Client-Centered Counseling and Testing, HIV InSite Knowledge Base Chapter

3. VCT in Serbia

In Serbian society counselling is not recognised as a skill of its own right. First counselling centres in our country provided counselling related to pregnancy and main activity was medical follow up of the pregnancy. Staffs of those centres were medical doctors and nurses in their standard roles.

There are different interpretations among the decision makers and wide public related to techniques and aims of the counselling processes, but the most common is that "counselling is giving advice". Another prejudice is that only psychologists and psychiatrists can do psychological support and counselling. This misunderstanding has influenced the development of VCT in Serbia, leading to the development of **vcT** (emphasising the role of testing compared to counselling), as opposed to **VCT**. VCT is recognized in National Strategy for HIV as a surveillance tool due to the fact that Serbia has a lowest number of tested people per capita in Europe.

The benefits that people who come to the VCT centres could have from HIV counselling for decreasing stress around HIV testing, HIV status, sexual orientation, disclosure of HIV status and other stressful issue connected to HIV, are not recognized. The role of VCT in support to PLHIV is neglected. The government and the Ministry of Health usually support VCT development in order to finance HIV test kits. The majority of finances for education of counsellors and their support are spent by international agencies (CAFOD, UNICEF and GF).

VCT in Serbia is still underdeveloped in its ability to offer proper on going counselling and support for people who test HIV positive. There are two VCT centres in Belgrade and 12 more in the provinces of Serbia. There is no standardized education for VCT counsellors, and VCT counsellors from different centres attended different education programs on pre- and post-test counselling, which do not usually include a component addressing on-going support or counselling for PLHIV. This leads to the situation in which counsellors at different VCT centres have different (very low) levels of knowledge and skills for psychosocial support.

In these centres, PLHIV are able to get support from the moment of revealing the HIV positive results to getting the person in touch with the HIV Clinic, but follow up and ongoing counselling is still lacking. [4]

One of the most developed VCT centres that could offer good quality ongoing counselling and support is VCT centre at the Institute for Students' Health. This centre was developed through the joint project of NGOs IAN and ISH during the last 3 years.

4. VCT centre at Institute for Students' Health - an example of good practice

CAFOD (Catholic Agency for Overseas Development), NGO IAN and Institute for Students' Health in Belgrade worked jointly on the project "The best practice in pre and post- test counselling on HIV'' from 2004-2007. It is an example how three different organizations jointly succeeded to change the common thinking and work around HIV testing in Serbia.

In time when project started comprehensive approach was rare and dominant theme among actors in response to HIV epidemics was just HIV testing.

Serbia was at that time at the bottom of European scale by the number of tested people per capita. Over 60% PLHIV discovered their status in the stage of AIDS. The poor and overloaded health monitoring and surveillance system on HIV epidemics relied on harsh estimations. Within this context VCT was not recognized as preventive method in response to HIV, and the process of counselling and HIV testing

[4] Expert centre on mental health and HIV/AIDS (2007): Mental Health and HIV/AIDS Structure in Serbia

put HIV testing on the first place. There was not much story about importance of counselling for risk behaviour change and benefits of knowing HIV status for a person.

The idea of joint project was to work on developing counselling and HIV testing practice following recommendations of UNAIDS and WHO.

The way that project was designed reflected commitment to partnership of all three organizations. Strengths and experience of all partners were used.

CAFOD was responsible for training and supervision of counsellors. Training and supervision were adjusted to the needs of Student's Health Clinic and IAN and were on-going through the project.

Picture 2: Group supervision of VCT counsellors at supervision workshop

Institute for Students' Health (ISH) acted as the host and centre of VCT activities, providing counselling premises, counsellors, laboratory, experience, dedication of director and employees at the Centre for AIDS and STI prevention, where the VCT centre is situated.

IAN contributed with years of experience in psychological counselling with most vulnerable groups, experienced counsellors, knowledge on project management, experience in policy and procedures development, monitoring and evaluation of work.

During three years of project efforts were made to increase quality of work, efficiency of VCT centre and create conditions for its evaluation, and formalization of the procedures. The new model of VCT was promoted within community, in health care institutions, NGOs and especially to people living with HIV/AIDS (PLHIV). Also, a lot has been done on improving referral - to make easier access to services needed for those who discover HIV positive status.

"Now when I get myself together, I live an almost normal life, because I have comprehended- I must and I can go on! Because, I am just first year University student, and 20 years old! As my counsellor from Centre says: People live these days with HIV! And that is true. My doctor, counsellor and all these people from the VCT centre really helped me to feel that I can live."

(PLHIV, 20, Belgrade; taken from monograph *Counselling and HIV testing*)

Counsellor's capacities were built through basic and advanced training, through regular group and individual supervisions. Reaching people at high risk for HIV infection was important task. Some counsellors from the centre engaged in out-reach activities with sex workers and injecting drug users.

The model of cooperation between government and non government organization, as results achieved, inspired others too. Close connections were established with other VCT centres within Institute for Public Health in Novi Sad, and Podgorica, Montenegro. VCT centre in Podgorica was established as joint project of CAZAS (Montenegrin association for fighting AIDS) and Institute for Public Health. Because they followed the same model, Protocol on VCT centre by IAN and ISH, as database application, were used in work of VCT Centre Podgorica. Counsellors experienced as trainers from ISH and IAN were invited to organize training and supervision of counsellors in Podgorica. This meant that the model of good practice development in counselling and HIV testing started to be replicated in other parts of the

country, and successful replication proved one more time the success of joint efforts.

With support of National office for fighting HIV/AIDS, IAN, CAZAS (as two NGOs working in VCT development), jointly with Institute for Students' Health, Institute for Public Health Podgorica, as many professionals from the field, supported by CAFOD, organized seminar and prepared "Guide for voluntary confidential counselling and HIV testing". The guide was adopted by Republican AIDS Committee as official, national document in September 2006.

What clients said about service at VCT centre in ISH

"I liked the session because it was not doctor-patient relationship; I could ask whatever I wanted without feeling stupid. I found out all the things I was interested in. At the end I was not frightened as I was at the moment I entered counselling room."

"Counsellors are interested in your life, it's not routine work"

"My counsellor was professional, open, clear, reasonable, and careful. The fact that he is a man, and I am woman, was not a barrier; he surprised me with his openness"

"I would recommend this place to everyone. Because you feel well accepted, people working here are professionals, and I don't know any other place where you could take HIV test this way."

"VCT centre is accessible, you get test results very fast, without giving personal data. There is no judgment, you can talk openly, and the situation feels normal.'

<u>*Some results of project implementation*</u>:

a, *increase in number of clients is directly connected with quality of counselling*

The overall number of clients increased after beginning of project. After two years of work this number was twice bigger, and this increase cannot just be explained by increasing availability of the service through extending working hours but also by raising quality of counselling.

Great portion of clients came to the VCT service with recommendations of previous clients, which tells that clients have recognized the Centre at Student's Health Clinic as place of good practice.

If these results are compared with same done in South Africa, published in UNAIDS documents, it can bee seen that all refer to one thing:

Voluntariness, confidentiality, quality counselling pre and post testing to HIV, and not just testing to HIV, leads to increase in number of people who decide to discover their HIV status.

b*. Counselling must be accessible to people at risk at places where they usually gather*

Despite significant increase of high risk clients at the centre, the majority of clients are young people (84,4% under 35, out of which 59,3% university students), heterosexuals (7,1% reported homo- or bisexual orientation).

The need for organizing counselling outside official health institution, at places where most-at risk-population gather, is completely justified. Advantages of outreach work can be easily seen on data from VCT centres database. In regular work of VCT centre 0,6% clients get HIV positive result, in comparison to 2,9% clients who participated in research with injecting drug users and sexual workers.

What experience shows, and numbers confirm is that:

-VCT must be equally fostered in all its aspects,
-people have the right to freely decide whether they want or not to have HIV test,
-people have the right on counselling where they can build relation with a counsellor in atmosphere of unconditional acceptance,

-VCT gives opportunity for person to understand how to protect from HIV.
-people have the right on reliable and fast HIV test result.

"One of the reasons I think that Centre is a good example of VCT and role model for similar centres is the thing that it addresses the needs of clients. Every client gets kindness and respect, true support and service. Pleasant atmosphere, working hours adjusted to client's needs and possibility to getting service without giving personal data all contribute client's feelings of safety and their belief in information, as service given."

(Silvia Koso, Health consultant, Canadian International Development Agency CIDA)

5. Development of VCT service-challenges

Although the advantages of developing good practice of counselling and testing are clear and promoted through years, there can be obstacles which linger development of these kind of services.

There are several challenges related to the establishment and expansion of VCT services[5]:

1. *Limited access to VCT*

In many countries VCT has not been seen as priority and it is not widely accessible. The reasons may be different:

a. Complexity of intervention;
b. Relatively high cost
c. Lack of knowledge about VCT's role in prevention of HIV

Sometimes it is hard to measure impact of VCT on change behaviour because of complexity of sexual behaviour and connections, and factors which interact, as gender inequality. Also, in countries where decision makers do not recognize importance of VCT there won't be enough support for its establishment. Many of the countries most severely affected by HIV are also among the poorest countries. Establishing VCT services is often not seen as a priority because of cost, lack of laboratory and medical infrastructure and lack of trained staff. This has resulted in VCT being unavailable to most people in high-prevalence countries.

2. *Improving the effectiveness of VCT*

Even when VCT is recognized as priority, lack of funds, infrastructure, educated counsellors and clear procedures can linger opening and development of VCT services. VCT development will depend on prevalence, available resources, the way decision makers see VCT, as from health and other supporting systems in a country.

Counsellors usually have other role within institution which shortens the time they can dedicate to counselling. Without procedures and trained counsellors who enable good practice of counselling, the effects of counselling won't be the same. Education and care for counsellors is vital for quality counselling, in order to have HIV prevention role.

Picture 3: Group supervision at VCT centre: counsellors read case-study

Inadequate setting organization may also be a problem. It can result in insufficient privacy

[5] UNAIDS (2000): Voluntary Counselling and Testing (VCT). Geneva:UNAIDS Technical update

during counselling, inappropriate working hours and might be hard to reach for clients.

Emotional exhaustion and stress for counsellor, as unrecognizing of profession from side of authorities can lead to counsellor's burn-out. This is especially case in high prevalence countries where counsellor may have several positive clients during the day. Good VCT service should provide constant support and supervision for counsellors and help them to cope with stress and remain motivated.

Innovative ways can be developed to reduce the costs of VCT by using cheaper and more efficient HIV testing methods and strategies. Improving information and education on counselling and testing benefits may lessen the time required for pre-test counselling. Integrating VCT into other health and social services may also improve access and reduce cost.

3. Overcoming barriers to testing

Although VCT becomes available in developed and developing countries, there are still reasons why people don't want to get tested. There are several possible reasons for that:

a. Stigma

HIV is highly stigmatized in many countries and people with HIV may experience social rejection and discrimination. In low-prevalence countries, like Serbia, HIV is seen as a problem of marginalized groups, and rejection by families or communities may be a common reaction. This fear of rejection or stigma is a common reason for declining testing.

b. Gender inequalities

The need for protection and support of vulnerable women who test seropositive must be considered when developing VCT services. Many studies have shown, especially in Africa, that one of the main reasons why women are reluctant to test is the fact that they are disempowered in relation to men, and under risk for rejection by family, loosing children or violence.

c. Discrimination

People living with HIV are often subject to discrimination at work or in education. Not-existing legislation which would regulate PLHIV' rights to education or work, prevents some people to undergo VCT. People are reluctant to discover their status because they may be frightened of loosing a job if they have HIV, or being expelled from schools and universities.

4*. Publicizing the benefits of VCT*

One of the possible difficulties to establish effective VCT service might be lack of understanding benefits that this kind of service has for individuals, couples, families and community. That is why it is important to explore possibilities and ways of VCT benefits promotion. This promotion should be addressed to potential clients but also policy makers and donors.

5. *Understanding the needs of specific client groups*

HIV does not affect all society groups equally, nor does same way affect all regions in one country. In addition, there are people who are particularly vulnerable to HIV. This facts should be considered while establishing VCT service and organizing it so that the service can answer the needs of most vulnerable people. For example, in the region of NIS the greatest number of PLHIV are injecting drug users, while the prevalence in general population is low. That is why, it is much better to organize VCT service for injecting drug users then for general population. And, we must have in mind that centres which are appropriate for one group of people (for example, sex workers) can be unacceptable to some other group.

6. Lessons learned

After three years of joint efforts to establish VCT centre in Serbia staff of both organizations implementing the project came to certain conclusions. Here are presented some of them, which can act as guidelines for future initiatives:

Lessons learned from the joint VCT project

- Although necessary, **knowledge alone does not lead to sustainable changes in behaviour and practice**. In order to create sustainable changes, there **must be continuing work on changing attitudes and beliefs** resulting in improving practice

- In general, **holistic approach is not recognized as the key principle** in providing treatment and care. Therefore there are no solutions for referral in our health system. Although many changes have been made in treatment and care of PLHIV in Serbia, development of isolated components of care continuum is limited by lack of progress in other components. Because of that, there is a **great need to work more on introduction of benefits from holistic approach** in fighting HIV

- **Partnership and close cooperation between NGOs and GOs lead to sustainable changes**, great capacity building for both and, at the same time, this cooperation could result in decreasing stigma and discrimination towards PLHIV through transferring attitudes NGO staff has towards vulnerable groups

- **Building partnership** between all organisations, institutions and individuals active on the HIV field by exchanging experience **could have great impact to efficient HIV response**

- The key component in successful advocacy for creating and developing VCT Guidelines was educating and involving key stakeholders in the process. After demonstrating that VCT model is viable and applicable in Serbia we have made an effort to inform and educate other professionals of our practice. Following this we have lead and facilitated the process of developing the Guidelines stressing the participation of relevant actors which resulted in adopting the Guidelines as National paper

- The key component in **ensuring high quality service** is **continuing care and support for service providers**. Besides improving the knowledge and skills they need for providing high quality service, there must be continuing supervision to prevent burnout and to work on counsellors attitudes towards clients from different background. At the same time, **importance of caring carers is not priority in this field**

- The importance of **proactive approach** for success **in reaching** the clients from the most **vulnerable populations**. Those clients are not approaching the services and effort has to be made to support them, by approaching them and getting their trust, to use referrals and to be active in seeking assistance

- VCT should **develop together with appropriate support systems**, and there should be connection with community HIV education programmes. If there is dominant belief among people that »HIV=AIDS=death», and that «there is nothing you can do» and «HIV is disease of promiscuous people», interest in VCT services within community will be low. People base their decision on HIV testing on balance between advantages and disadvantages of knowing HIV status

- VCT service **should be built on the fact that HIV and HIV risk behaviour are topics which can be discussed**. If society accepts that knowing HIV status has benefits for an individual, for couples and community, VCT services will be more accepted.

REFERENCES:

1. UNAIDS (2001): The impact of Voluntary Counselling and Testing, a global review of the benefits and challenges. Geneva:UNAIDS Best Practice Collection

2. UNAIDS (2000): Tools for evaluating HIV voluntary counselling and testing, Geneva:UNAIDS Best Practice Collection

3. UNAIDS (2000): Voluntary Counselling and Testing (VCT). Geneva:UNAIDS Technical update

4. Cvetkovic-Jovic N. i sar. (2007): Savetovanje i HIV testiranje- Dobra praksa u dobrovoljnom savetovanju i HIV testiranju, Beograd

5. Nicolas Sheon, PhD (2004): Theory and Practice of Client-Centered Counselling and Testing, HIV InSite Knowledge Base Chapter