



ماری اسٹوپس  
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MARIE STOPES  
SOCIETY



# Counseling Protocols



**Behtar Kal Program, Pakistan.**

A joint project of Marie Stopes Society and Ministry of Health, Govt. of Pakistan.

*Developed By:*

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The development of counseling protocols for Behtar Kal Program is an ongoing process and further comments and inputs are invited from professionals to improve it.

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## PREFACE

HIV/AIDS is a rapidly growing public health problem of major significance worldwide especially in the developing countries. By the end of year 2003, around 40 million people were estimated to be living with HIV/AIDS in the world. In year 2003 only, 5 million new infections occurred, while 3 million deaths were estimated because of it.

At present, Pakistan is considered to be a low prevalence but high-risk country for spread of HIV/AIDS. Till June 2004, total 2240 HIV infected cases have been reported to the National AIDS Control Program, but the WHO/UNAIDS estimates around 78,000 people would be living with the virus in the country.

The project aims to supplement national efforts to prevent HIV from becoming concentrated epidemic in vulnerable populations and spreading to the general adult population while avoiding stigmatization of the victims and people at risk. It also intends to augment existing national programs by concentrating additional efforts on youth.

The objective of the program is to provide quality VCT services to high-risk individuals and bridging populations in large cities. Sixteen counseling and testing centers will be established in major cities of Pakistan to provide services to People Living with HIV/AIDS (PLWHA) and their families, youth, men on move, STI patients, industrial labor and general adult population.

These counseling protocols are designed for use as part of the comprehensive quality counseling services at Behtar Kal centers in Pakistan. These service delivery protocols 'Manual' contains standard counseling procedures to be followed in delivering counseling services on behalf of HIV/AIDS program, Marie Stopes Society.

All the procedures have been developed in accordance with international and national counseling standards/guidelines and best-established practices. It is an important controlled document of MSS quality management system that supports the counseling process descriptions.

These protocols are designed to be used by counselors (The term Counselor is used to include Clinical Psychologists, field counselors and/or any other person involved in counseling) to put the theoretical background and training of counseling, HIV and other Behavioral related health issues into step by step practical session.

These protocols will be used in light of the counseling curriculum, ethical guidelines and training provided to the counselors. The main objectives of developing these protocols are to:

- Provide counselors with a solid foundation in the form of practical steps of counseling services
- Enable counselors to take theory into direct counseling and clinical practice.
- To ensure delivery of standard quality services at all VCT centers established under GFATM & MOH supported MSS project.

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## **About the Author**

Ms. Batool Fatima is Clinical Psychologist / Manager Counseling services of HIV/AIDS Program, Marie Stopes Society. On her credit, she has Masters in Clinical Psychology with Post Magistral Diploma and internship for M. Phil/PhD in Psychology from Karachi University. She has an experience of working as Consultant Psychologist and Professional Counselor/Psychotherapist in some of the well-reputed institutions.

To make these protocols HIV specific and community oriented, these were reviewed thoroughly by the Program Committee comprising of Dr. Abdul Khaliq Ghauri, Program Manager, HIV/AIDS Program (Medical Doctor & Public Health Consultant having 12 years experience of working in the fields of HIV/AIDS and STIs), and Dr. Syed Hedayatullah, Manager Training & Monitoring, HIV/AIDS Program, MSS (Medical Doctor & Public Health Specialist with 8 years experience of working on Community Development, RH, Adolescent and Youth Development)

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# **Protocol 1: General Counseling**

## **Behtar Kal Program Marie Stopes Society**

### **1.1 Attend**

- 1.1.1 Receive the client from waiting area.
- 1.1.2 Greet client in a pleasant manner and direct him /her to counseling room.
- 1.1.3 Seat the client (Make comfortable)
- 1.1.4 Introduce yourself by telling name and designation (and give visiting card to client if appropriate).

### **1.2 Orientation to the Session and rapport building**

- 1.2.1 Discuss reason for visit (Presenting complaint in brief)
- 1.2.2 Explain his/her (counselors) role
- 1.2.3 Explain counseling process to client (Confidentiality)
- 1.2.4 Indicate the duration of the session

### **1.3 Assess Client's Needs (Listen- Collect Information) few questions to ask:**

- 1.3.1 Who referred to the center/ How did he/she come to know about the center?
- 1.3.2 Who else Knows?
- 1.3.3 What concerns him/her?
- 1.3.4 How does it affect their life?
- 1.3.5 Encourage catharsis

### **1.4 Get in-depth information (History of the problem)**

- 1.4.1 Since when client is going through that problem?
- 1.4.2 Explore immediate fears and concerns.
- 1.4.3 Any prior treatment / Counseling received for that problem?
- 1.4.4 Did client follow the recommendation or treatment plan?
- 1.4.5 If yes, their effect on the problem (Improvement / deterioration?)
- 1.4.6 Explore present behaviors
- 1.4.7 Evaluate consequences of present behaviors
- 1.4.8 Any other medical, psychological or psychosocial problem? And steps taken for it?
- 1.4.9 Family History-Any pathology or medical problem in family?
- 1.4.10 Work history
- 1.4.11 Friendship history
- 1.4.12 Check for psychosomatic, psychosexual or hypochondria or any personality problems

### **1.5 Give information – Gap filling**

- 1.5.1 Check existing level of knowledge.
- 1.5.2 Identify and Clarify myths and misconceptions
- 1.5.3 Provide necessary / relevant information
- 1.5.4 Check understanding/reaction / Acceptance / Satisfaction

### **1.6 Apply appropriate therapeutic / counseling technique**

- 1.6.1** Explore possible solutions
- 1.6.2** Facilitate in Identifying priorities
- 1.6.3** Facilitate in Exploring alternatives
- 1.6.4** Discuss pros and cons of each alternative
- 1.6.5** Facilitate (Help) client to reach certain conclusion / decision
- 1.6.6** Facilitate (Help) client to make a plan and get a commitment
- 1.6.7** Role play (If applicable)
- 1.6.8** Identify other appropriate support
- 1.6.9** Encourage the client in taking charge
- 1.6.10** Summarize the session

### **1.7 Closing**

- 1.7.1** Assess the client's willingness to seek professional help or use a referral
- 1.7.2** Evaluate the types of referral the client would be most receptive to
- 1.7.3** Provide IEC material (If required)
- 1.7.4** Provide appropriate referral sent Card and Reminder for Follow-up
- 1.7.5** Review the follow-up schedule with the client
- 1.7.6** Identify ways for the client to remember follow-up events
- 1.7.7** Review contact information for client and counselor
- 1.7.8** Provide Appointment card
- 1.7.9** While leaving shake hand (If same sex) (Give open door feeling)
- 1.7.10** Leave client till outside room / reception / leaving area

### **1.8 Fill Record Form**

- 1.8.1** After the client has left. Fill out Record form completely

## **Protocol 2: Pre- Testing Counseling**

### **Behtar Kal Program Marie Stopes Society**

Responsibility: Counselor (The term Counselor is used to include Psychotherapists, field counselors and any other person involved in counseling.)

#### **2.1. Attend**

- 2.1.1. Receive the client from waiting area.
- 2.1.2. Greet client in a pleasant manner and direct him /her to counseling room.
- 2.1.3. Seat the client (Make comfortable)
- 2.1.4. Introduce yourself by telling name and designation (and give visiting card to client if appropriate).

#### **2.2. Orientation to the Session and rapport building**

- 2.2.1. Discuss reason for visit (Presenting complaint in brief)
- 2.2.2. Explain his/her role
- 2.2.3. Explain counseling process to client (Ensure Confidentiality)
- 2.2.4. Indicate the duration of the session

#### **2.3. Get in-depth information (History of the problem)**

- 2.3.1. Discuss the reasons for wanting to be tested
- 2.3.2. Check personal risk profile

- Explore the Specifics of most recent risk incident
- Explore the who, what, where, when, how of current risk
- Assess level of risk acceptable to the client
- Assess level and extent of communication about STIs and HIV with partners
- Identify circumstances or situations that contribute (d) to risk behavior
- identify vulnerabilities and triggers to the risk-behavior incident
- Assess client's patterns of risk behavior (e.g., happening regularly, occasionally, due to an unusual incident) and establish number of partners, type of partners, and number of new or different partners
- Identify successful attempts at safe practicing e.g. safer sex / safe injection practices etc.
- Identify obstacles to risk reduction
- Explore triggers and situations that increase the likelihood of high-risk behavior
- Discuss examples of conflicts between client's beliefs and behavior or examples of mixed feelings about risk reduction
- Discuss client's possible level of acceptable risk
- Provide feedback about client's risk for STIs and HIV
- Summarize the information the client has provided
- While empathizing, Convey concern and urgency about client's risks (as appropriate)

- Encourage and support the client in addressing risk issues

2.3.3. Check window period

2.3.4. Check for psychosomatic, psychosexual, hypochondria or any personality problems

#### **2.4. Give information – Gap filling**

2.4.1. Explore level of information/ Knowledge about HIV/AIDS and test

2.4.2. Clarify myths and misconceptions

2.4.3. Provide necessary / relevant information

2.4.4. Check understanding/ reaction / Acceptance / Satisfaction

#### **2.5. Information about the test Procedure**

2.5.1. Explain the blood test procedure and its interpretation

2.5.2. Inform when he/she can expect the result

2.5.3. Emphasize confidentiality – only authorized person will see the result

2.5.4. Discuss possible results- positive, negative, Indeterminate

2.5.5. Warn that, in a few people it is not possible to get a definite result from one blood sample, in which case the option of having a second test will be discussed.

2.5.6. Ensure that client is aware of all the test issues on the consent

2.5.7. Get the informed consent signed for the test

#### **2.6. Testing Issues**

2.6.1. Explore how he would feel/react to positive and negative result;

2.6.2. Discuss the potential implications of either test results. For self, partner (If applicable) and Family, finances etc.

2.6.3. Discuss the potential benefits of either test results - plan life, change life style, live positively, look after health, not to put others at risk etc.

2.6.4. Assess capacity to cope with HIV -positive result

2.6.5. Probe to find out what support systems the client has in place.

2.6.5.1. Who could he/she inform? (Stress that the Disclosure is his/her choice)

2.6.5.2. Who would he/she not inform?

2.6.5.3. What fears concerns does the client foresee? (Allow Time to think through issues)

#### **2.7. Informed Consent**

2.7.1. Discuss the decision of having the test (Ask the client if he/she is ready to have the test; he may like to go away and think about it.)

2.7.2. Provide consent form

2.7.3. Explain that this is a formal process designed to protect their interests and ensure HIV testing is not carried out improperly

2.7.4. If client is unable to write, the client will be asked to make thumb-print and the counselor will sign to witness that he/she has given consent

2.7.5. Tear off the strip at the bottom of the record and give to the client.

2.7.6. Explain the significance of the client code and the importance of keeping the slip in a safe place.

#### **2.8. Testing**

2.8.1. Call nurse to take blood sample

2.8.2. Blood sample taken according to Blood Drawing / testing protocols

## **2.9. Risk Reduction**

- 2.9.1. Review Risk Behavior and Risk-Reduction Experiences
- 2.9.2. Provide feedback about client's risk for STD and HIV
- 2.9.3. Summarize the information the client has provided
- 2.9.4. Convey concern and urgency about client's risks (as appropriate)
- 2.9.5. Encourage and support the client in addressing risk issues
- 2.9.6. Facilitate in Identifying a reasonable, yet challenging, step toward changing the identified behavior
- 2.9.7. Negotiate Risk Reduction Plan
- 2.9.8. Document the risk-reduction plan, keeping a copy for your self
- 2.9.9. Role-play the plan
- 2.9.10. With the client's permission, demonstrate condom use and offer a supply of condoms (If apply)

## **2.10. Closing**

- 2.10.1. Provide IEC material (If required)
- 2.10.2. Review the follow-up schedule with the client
- 2.10.3. Discuss importance of Post test Counseling
- 2.10.4. Review contact information for client and counselor
- 2.10.5. Provide Appointment card
- 2.10.6. While leaving shake hand (If same sex) (Give open door feeling)
- 2.10.7. Leave client till outside room / reception / leaving area

## **2.11. Fill Record Form**

- 2.11.1. After the client has left. Fill out Record form completely

## **Protocol 3: Post-Test Counseling (Negative Results)**

### **Behtar Kal Program Marie Stopes Society**

#### **3.1 Attend**

- 3.1.1 Review the notes from the previous session.
- 3.1.2 Double check the client code on the result form with the client registration card.
- 3.1.3 Receive the client from waiting area.
- 3.1.4 Greet client in a pleasant manner and direct him /her to counseling room.
- 3.1.5 Seat the client (Make comfortable)
- 3.1.6 Renew relationship

#### **3.2 Give Result**

- 3.2.1 Quick recap of the important issues (possible results, implications of results)
- 3.2.2 Give result simply and clearly
- 3.2.3 Allow time for the result to be understood
- 3.2.4 Check for understanding

#### **3.3 Expression and Exploration phase**

- 3.3.1 Deal with immediate emotional reactions
- 3.3.2 Discuss meaning of the results for the client
- 3.3.3 Discuss implications of the result
- 3.3.4 Evaluate and Discuss the need of Re-testing (window period or any other exposure)
- 3.3.5 Explore any Misconceptions
- 3.3.6 Check understanding of HIV and testing
- 3.3.7 Clarify misconceptions
- 3.3.8 Provide relevant information (Check for understanding)

#### **3.4 Risk Reduction**

- 3.4.1 Refresh - how much the client remembers from the last session
- 3.4.2 Review Risk Behavior and Risk-Reduction Experiences
- 3.4.3 Provide feedback about client's risk for STD and HIV (Give clear message that being negative does not mean being negative for life time)
- 3.4.4 Convey concern and urgency about client's risks (as appropriate)
- 3.4.5 Encourage and support the client in addressing risk issues
- 3.4.6 Identify any barriers in following risk reduction experiences
- 3.4.7 Re-Negotiate Risk Reduction Plan
- 3.4.8 Document the risk-reduction plan, keeping a copy for your self
- 3.4.9 Role-play the plan ( If needed)

**3.4.10** With the client's permission, demonstrate condom use and offer a supply of condoms (If apply)

**3.5 Closing**

**3.5.1** If referral required

**3.5.2** Assess the client's willingness to seek professional help or use a referral

**3.5.3** Evaluate the types of referral the client would be most receptive to

**3.5.4** Provide appropriate referral sent Card and Reminder for Follow-up

**3.5.5** Provide IEC material (If required)

**3.5.6** Review the follow-up schedule with the client

**3.5.7** Discuss importance of follow up Counseling

**3.5.8** Review contact information for client and counselor

**3.5.9** Provide Appointment card

**3.5.10** While leaving shake hand (If same sex) (Give open door feeling)

**3.5.11** Leave client till outside room / reception / leaving area

**3.6 Fill Record Form**

**3.6.1** After the client has left. Fill out Record form completely

## **Protocol 4: Post-Test Counseling (Positive Results)**

### **Behtar Kal Program Marie Stopes Society**

#### **4.1 Attend**

- 4.1.1 Review the notes from the previous session.
- 4.1.2 Double check the client code on the result form with the client registration card.
- 4.1.3 Receive the client from waiting area.
- 4.1.4 Greet client in a pleasant manner and direct him /her to counseling room.
- 4.1.5 Seat the client (Make comfortable)
- 4.1.6 Renew relationship

#### **4.2 Give Result**

- 4.2.1 Quick Recap of the important issues (possible results, implications of results)
- 4.2.2 Ascertain readiness of client (If needed further counsel to put him/her at ease).
- 4.2.3 Give result simply and clearly (both verbally and show the result)
- 4.2.4 Allow the client time to absorb the meaning of the result.

#### **4.3 Expression and Exploration phase**

- 4.3.1 Allow expression of emotions and deal with immediate emotional reactions
- 4.3.2 Discuss meaning of the results for the client
- 4.3.3 Reflect feelings demonstrated
- 4.3.4 Communicate about the expressed feelings, concerns or reactions.
- 4.3.5 Reflect thoughts, intentions and feelings that the client has to the type of results.
- 4.3.6 Discuss implications of the result - personal, family, social, etc.
- 4.3.7 Discuss HIV and AIDS and its difference
- 4.3.8 Discuss what difficulties client foresees

#### **4.4 Disclosure**

- 4.4.1 Discuss possibility/importance of disclosure , particularly partner notification
- 4.4.2 Discuss and facilitate for disclosure (How to break the news?)
- 4.4.3 Disclosure to whom and its implications

#### **4.5 Resolution Phase**

- 4.5.1 Acknowledge and address the client's immediate concerns
- 4.5.2 Assist the client to prioritize them
- 4.5.3 Assist by helping the client to break them down to manageable parts
- 4.5.4 Give relevant information – Safer sex, Living positively, diet recommendation rights and responsibilities etc.

#### **4.6 Ensure Social Support**

- 4.6.1 Explore and Ensure that support structures are available
- 4.6.2 Inform client about any support groups / social NGOs / help line,/ spiritual / religious support etc.

#### **4.7 Risk Reduction**

- 4.7.1 Refresh - how much the client remembers from the last session
- 4.7.2 Review Risk Behavior and Risk-Reduction Experiences
- 4.7.3 Provide feedback about client's risk for STD and infection of HIV to others and re infection to self
- 4.7.4 Encourage and support the client in addressing risk issues
- 4.7.5 Facilitate Identifying any barriers in following risk reduction experiences
- 4.7.6 Negotiate Risk Reduction Plan
- 4.7.7 Document the risk-reduction plan, keeping a copy for your self
- 4.7.8 Role-play the plan ( If needed)
- 4.7.9 With the client's permission, demonstrate condom use and offer a supply of condoms (If apply)

#### **4.8 Referral**

- 4.8.1 Assess the client's willingness to seek professional help or use a referral
- 4.8.2 Evaluate the types of referral the client would be most receptive to
- 4.8.3 Provide appropriate referral for Anti retroviral, prophylactic treatment or any other referral as per need
- 4.8.4 Give sent Card

#### **4.9 Closing**

- 4.9.1 Provide IEC material (If required)
- 4.9.2 Review the follow-up schedule with the client
- 4.9.3 Discuss importance of follow up Counseling
- 4.9.4 Review contact information for client and counselor
- 4.9.5 Provide Appointment card
- 4.9.6 While leaving shake hand (If same sex) (Give open door feeling)
- 4.9.7 Leave client till outside room / reception / leaving area

#### **4.10 Fill Record Form**

- 4.10.1 After the client has left. Fill out Record form completely

## **Protocol 5: Post-Test Counseling (Indeterminate Results)**

### **Behtar Kal Program Marie Stopes Society**

#### **5.1 Attend**

- 5.1.1 Review the notes from the previous session.
- 5.1.2 Double check the client code on the result form with the client registration card.
- 5.1.3 Receive the client from waiting area.
- 5.1.4 Greet client in a pleasant manner and direct him /her to counseling room.
- 5.1.5 Seat the client (Make comfortable)
- 5.1.6 Renew relationship

#### **5.2 Inform about the Result**

- 5.2.1 Quick recap of the important issues (possible results, implications of results)
- 5.2.2 Inform client about the non-clarity of result simply and clearly
- 5.2.3 Provide necessary / relevant information
- 5.2.4 Check for understanding
- 5.2.5 Deal with immediate emotional reactions
- 5.2.6 If re testing needed :
  - 5.2.6.1 Evaluate and Discuss the need of Re-testing (window period or any other exposure)
  - 5.2.6.2 Call nurse to take blood sample (If re sampling needed)
  - 5.2.6.3 Blood sample taken according to Blood Drawing / testing protocols (If re sampling needed)
- 5.2.7 Inform client about the date and time when he can get result

#### **5.3 Risk Reduction**

- 5.3.1 Refresh - how much the client remembers from the last session
- 5.3.2 Review Risk Behavior and Risk-Reduction Experiences
- 5.3.3 Provide feedback about client's risk for STD and HIV ( Give clear message that being negative does not mean being negative for life time)
- 5.3.4 Convey concern and urgency about client's risks (as appropriate)
- 5.3.5 Encourage and support the client in addressing risk issues
- 5.3.6 Identify any barriers in following risk reduction experiences
- 5.3.7 Re-Negotiate Risk Reduction Plan
- 5.3.8 Document the risk-reduction plan, keeping a copy for your self
- 5.3.9 Role-play the plan ( If needed)
- 5.3.10 With the client's permission, demonstrate condom use and offer a supply of condoms (If apply)

#### **5.4 Closing**

- 5.4.1 If referral required
- 5.4.2 Assess the client's willingness to seek professional help or use a referral
- 5.4.3 Evaluate the types of referral the client would be most receptive to
- 5.4.4 Provide appropriate referral sent Card and Reminder for Follow-up
- 5.4.5 Provide IEC material (If required)
- 5.4.6 Review the follow-up schedule with the client
- 5.4.7 Discuss importance of follow up Counseling
- 5.4.8 Review contact information for client and counselor
- 5.4.9 Provide Appointment card
- 5.4.10 While leaving shake hand (If same sex) (Give open door feeling)
- 5.4.11 Leave client till outside room / reception / leaving area

**5.5 Fill Record Form**

- 5.5.1 After the client has left. Fill out Record form completely

## **Protocol 6: STI Counseling**

### **Behtar Kal Program Marie Stopes Society**

#### **6.1 Attend**

- 6.1.1 Receive the client from waiting area.
- 6.1.2 Greet client in a pleasant manner and direct him /her to counseling room.
- 6.1.3 Seat the client (Make comfortable)
- 6.1.4 Introduce yourself by telling name and designation (and give visiting card to client if appropriate).

#### **6.2 Orientation to the Session and rapport building**

- 6.2.1 Discuss reason for visit (Presenting complaint in brief)
- 6.2.2 Explain your (Counselor) role
- 6.2.3 Explain counseling process to client (Ensure Confidentiality)
- 6.2.4 Indicate the duration of the session

#### **6.3 Get in-depth information (History of the problem)**

- 6.3.1 Discuss the reasons for wanting to be tested
- 6.3.2 Check personal risk profile

- Explore the Specifics of Most Recent Risk Incident
- Explore the who, what, where, when, how of current risk
- Assess level of risk acceptable to the client
- Assess communication about STDs and HIV with partners
- Identify circumstances or situations that contribute (d) to risk behavior
- Identify vulnerabilities and triggers to the risk-behavior incident
- Assess client's patterns of risk behavior (e.g., happening regularly, occasionally, due to an unusual incident) and establish number of partners, type of partners, and number of new or different partners
- Identify successful attempts at safe practicing e.g. safer sex / injecting
- Identify obstacles to risk reduction
- Explore triggers and situations that increase the likelihood of high-risk behavior
- Discuss examples of conflicts between client's beliefs and behavior or examples of mixed feelings about risk reduction
- Discuss client's possible level of acceptable risk
- Provide feedback about client's risk for STD and HIV
- Summarize the information the client has provided
- Convey concern and urgency about client's risks (as appropriate)
- Encourage and support the client in addressing risk issues

- 6.3.3 Check window period
- 6.3.4 Check for psychosomatic, psychosexual, hypochondria or any personality problems

#### **6.4 Give information – Gap filling**

- 6.4.1 Check existing level of information/ Knowledge
- 6.4.2 Clarify myths and misconceptions
- 6.4.3 Provide necessary / relevant information
- 6.4.4 Check reaction / Acceptance / Satisfaction

#### **6.5 STI Management**

- 5.5.1 Send to Nurse for STI management

#### **6.6 Risk Reduction**

- 6.6.1 Review Risk Behavior and Risk-Reduction Experiences
- 6.6.2 Provide feedback about client's risk for STD and HIV
- 6.6.3 Summarize the information the client has provided
- 6.6.4 Convey concern and urgency about client's risks (as appropriate)
- 6.6.5 Encourage and support the client in addressing risk issues
- 6.6.6 Facilitate in Identifying a reasonable, yet challenging, step toward changing the identified behavior
- 6.6.7 Negotiate Risk Reduction Plan
- 6.6.8 Document the risk-reduction plan, keeping a copy for your self
- 6.6.9 Role-play the plan
- 6.6.10 With the client's permission, demonstrate condom use and offer a supply of condoms (If apply)

#### **6.7 Closing**

- 6.7.1 Provide IEC material (If required)
- 6.7.2 Review the follow-up schedule with the client
- 6.7.3 Discuss importance of Post test Counseling
- 6.7.4 Review contact information for client and counselor
- 6.7.5 Provide Appointment card
- 6.7.6 While leaving shake hand (If same sex) (Give open door feeling)
- 6.7.7 Leave client till outside room / reception / leaving area

#### **6.8 Fill Record Form**

- 6.8.1 After the client has left. Fill out Record form completely

## **Protocol 7: Family Counseling**

### **Behtar Kal Program Marie Stopes Society**

#### **7.1 Attend**

- 7.1.1 Receive the clients from waiting area.
- 7.1.2 Greet clients in a pleasant manner and direct them to counseling room.
- 7.1.3 Seat the clients (Make comfortable)
- 7.1.4 Introduce yourself by telling name and designation (and give visiting card to client if appropriate).

#### **7.2 Orientation to the Session and rapport building**

- 7.2.1 Discuss reason for visit (Presenting complaint in brief)
- 7.2.2 Explain their role
- 7.2.3 Explain counseling process to clients (Emphasize Confidentiality )
- 7.2.4 Indicate the duration of the session

#### **7.3 Get in-depth information (History of the problem, remaining and relevant information only)**

- 7.3.1 Since when family is going through that problem?
- 7.3.2 Any prior treatment / Counseling received for that problem?
- 7.3.3 Did family follow the recommendation or treatment plan?
- 7.3.4 If yes, their effect on the problem (Improvement / deterioration?)
- 7.3.5 Asses each individual's immediate concerns and fears
- 7.3.6 Explore present behaviors
- 7.3.7 Evaluate consequences of present behaviors
- 7.3.8 Any other medical, psychological or psychosocial problem? And steps taken for it?

#### **7.4 Family Dynamics**

- 7.4.1 Family History-Any pathology or medical problem in family?
- 7.4.2 Who makes up the household (including adults and children)? What are the relationships among family members? What are the ages of children and adolescents?
- 7.4.3 Assess family configuration, functioning, and existing social support as part of the routine evaluation of patients (who are primary caretakers?)
- 7.4.4 Aware of the impact of single parent homes, same sex parent homes, and teenage parent homes where there is little to no adult presence.
- 7.4.5 How do the patient's children and adolescents function? Are there problems at home or at school or during times of parent's illness?
- 7.4.6 Are there people in the patient's extended families or social networks who can be called on during times of crisis?

### **7.5 Family reorganization & recovery**

- 7.5.1 Facilitate family identify and alter dysfunctional patterns
- 7.5.2 Engagement of family members as optional extra treatment team
- 7.5.3 Focus is on new family stability, new roles.
- 7.5.4 Focus to resolution of family difficulties
- 7.5.5 Improved relationships between all family members
- 7.5.6 Redefining of client's role in family
- 7.5.7 Resolution of unfinished family business and decreasing distance between family members
- 7.5.8 Facilitates support stabilization in the family as well as support change-making in the family.

Some of the factors with which counselors might be of value in working with families include: *power hierarchy, roles, rules, alignments, and communication patterns*

### **7.6 Referral**

- 7.6.1 Assess the client's willingness to seek professional help or use a referral
- 7.6.2 Evaluate the types of referral the client would be most receptive to
- 7.6.3 Provide appropriate referral for Anti retroviral, prophylactic treatment or any other referral as per need
- 7.6.4 Give sent Card

### **7.7 Closing**

- 7.7.1 Provide IEC material (If required)
- 7.7.2 Review the follow-up schedule with the clients
- 7.7.3 Discuss importance of follow up Counseling
- 7.7.4 Review contact information for client and counselor
- 7.7.5 Provide Appointment card
- 7.7.6 While leaving shake hand (If same sex) (Give open door feeling)
- 7.7.7 Leave clients till outside room / reception / leaving area

### **7.8 Fill Record Form**

- 7.8.1 After the client has left. Fill out Record form completely

#### **Termination of counseling**

- Serious problems have been replaced with new family rules, roles, and interactional patterns
- Adequate change has occurred and is being maintained
- Client and family express satisfaction with services and desire to get on, on their own.

## Protocol 8: Group Counseling

### Behtar Kal Program Marie Stopes Society

#### 8.1 Initial Stage

- 8.1.1 Introduce yourself
- 8.1.2 Introduce co-leader if any
- 8.1.3 Introduction of participants (Activity based, e.g. participants pair in groups, introduce themselves to partners and their partners can introduce each other to rest of the group.
- 8.1.4 Discuss fears about the groups
- 8.1.5 Discuss expectations of the group. (What do you most want from a group experience?)
- 8.1.6 Set rules of discussions, norms confidentiality etc.

#### 8.2 Transition stage

- 8.2.1 Facilitate members in recognizing the value of dealing fully with conflict situations.
- 8.2.2 Assisting members to recognize their own patterns of defensiveness

Fear of making a fool on oneself, Fear of rejection, the fear of emptiness, Fear of losing control, Fear of self disclosure, Silence and lack of participation, Monopolistic behavior  
Story telling, Giving advice, Hostile behavior, Dependency, Acting Superior, Socializing, Intellectualizing, Emotionalizing, Some other fears

- 8.2.3 Facilitate members to respect resistance and to work constructively with the many forms group counseling takes.
- 8.2.4 Providing a model for members by dealing directly and tactfully with any challenges, either personal or professional.
- 8.2.5 Facilitate for positive involvement in the group through genuine, empathic, and caring interactions with the members.
- 8.2.6 Assisting members to become autonomous and independent
- 8.2.7 Provide opportunities for all members to make maximum use of the resources within the group by teaching them skills of active participation in the group process.

#### 8.3 Working Stage

- 8.3.1 Explore common themes that provide some universality and linking one or more members' work with that of other in the group.
- 8.3.2 Provide a balance in support and confrontation.
- 8.3.3 Facilitate deeper level of self exploration so that they can consider alternatives.
- 8.3.4 Focus on the importance of translating insight into action; encouraging members to practice new skills.

8.3.5 Manage therapeutic factors that operate to produce change and intervening in such a way as to help members make desired changes in feelings, thoughts and actions.

- Encourage the members to assess the group as a whole and its time being used.
- Facilitate members how to assess their individual progress so that they have a basis for determining the degree to which they are accomplishing their goals.
- Facilitate members how to assess their own progress.

#### **8.4 Ending Stage**

8.4.1 Provide referral sources for members who want or need further consultation.

8.4.2 Facilitate members to develop contacts that will enable them to make use of support systems among the group members and outside the group.

8.4.3 Administer post group assessment to determine the long-range impact of the group.

8.4.4 Administer end evaluation (Termination form)

8.4.5 Conduct follow-up evaluations.

## **Protocol 9: Counseling for Psychosexual Disorders**

### **Behtar Kal Program Marie Stopes Society**

#### **1.9 Attend**

- 9.1.1 Receive the client from waiting area.
- 9.1.2 Greet client in a pleasant manner and direct him /her to counseling room.
- 9.1.3 Seat the client (Make comfortable)
- 9.1.4 Introduce yourself by telling name and designation (and give visiting card to client if appropriate).

#### **1.10 Orientation to the Session and rapport building**

- 9.2.1 Discuss reason for visit (Presenting complaint in brief)
- 9.2.2 Explain his/her (counselors) role
- 9.2.3 Explain counseling process to client (Confidentiality)
- 9.2.4 Indicate the duration of the session

#### **9.11 Asses Client's Needs (Listen- Collect Information) few questions to ask:**

- 9.3.1 Who referred the client to the center?
- 9.3.2 Who else Knows?
- 9.3.3 Questions and concerns about sexual relationships?
- 9.3.4 How does it affect their life?
- 9.3.5 Encourage catharsis (expression of feelings)

#### **9.12 Get in-depth information (History of the problem)**

- 9.4.1 Since when client is going through that problem?
- 9.4.2 Any prior treatment / Counseling received for that problem?
- 9.4.3 Did client follow the recommendation or treatment plan?
- 9.4.4 If yes, their effect on the problem (Improvement / deterioration?)
- 9.4.5 Explore myths and misconceptions and address them
- 9.4.6 Assess sexual experiences (Current, first, important)
- 9.4.7 Assess sexual partners (no. and type)
- 9.4.8 Assess communication with partner/(s) about sexual experiences.

#### ***Points to Explore:***

Past surgery or disease relevant to sexual functioning  
Sexual dysfunction in client or partner  
Pain during sex  
Lack/ increase of desire, orgasm or sexual desire  
Insufficient lubrication  
Age at first intercourse  
Experience of recent or past sexual coercion or violence  
Impact of medication, drug or illness on sexual activity and risks

Partner's use of, support of, and communication about contraceptive use or disease prevention  
Questions regarding what might happen to body during sex  
Family History-Any pathology or medical problem in family?

**9.13 Give information – Gap filling**

- 9.5.1 Identify myths and misconceptions
- 9.5.2 Identify expectations from self and perceived expectations from others
- 9.5.3 Where do these messages come from and are they reasonable messages or do they need modifying?
- 9.5.4 Clarify misconceptions, Provide necessary / relevant information
- 9.5.5 Check reaction / Acceptance / Satisfaction

**9.14 Apply appropriate therapeutic / counseling technique**

- 9.6.1 Remove underlying situational / psychological cause (anger directed toward the partner; fear of the intimacy, of losing control, of dependency, or of pregnancy; guilt after a pleasurable experience; depression; anxiety due to marital discord; stressful life situations, fear of failure, demand of performance etc.)
- 9.6.2 Facilitate (Help) client to make a plan and get a commitment
- 9.6.3 Break it into steps to reach the goal (Apply desensitization or any other behavioral technique as and when required)
- 9.6.4 Role play (If applicable)
- 9.6.5 Try to get the involvement support of partner
- 9.6.6 Encourage the client in taking charge

**9.15 Closing**

- 9.7.1 Assess the client's willingness to seek professional help or use a referral (If required)
- 9.7.2 Evaluate the types of referral the client would be most receptive to (If required)
- 9.7.3 Provide IEC material (If required)
- 9.7.4 Provide appropriate referral sent Card and Reminder for Follow-up
- 9.7.5 Review the follow-up schedule with the client
- 9.7.6 Identify ways for the client to remember follow-up events
- 9.7.7 Review contact information for client and counselor
- 9.7.8 Provide Appointment card
- 9.7.9 While leaving shake hand (If same sex) (Give open door feeling)
- 9.7.10 Leave client till outside room / reception / leaving area

**9.16 Fill Record Form**

- 9.8.1 After the client has left. Fill out Record form completely

## **Protocol 10: Crises Counseling**

### **Behtar Kal Program Marie Stopes Society**

#### **10.1 Attend**

- 10.1.1 Receive the client from waiting area.
- 10.1.2 Greet client in a pleasant manner and direct him /her to counseling room.
- 10.1.3 Seat the client (Make comfortable)
- 10.1.4 Introduce yourself by telling name and designation (and give visiting card to client if appropriate).

#### **10.2 Asses Client's Needs (Listen- Collect Information):**

- 10.2.1 What concerns him/her now?
- 10.2.2 How does it affect his/her life?
- 10.2.3 Acknowledge and address the client's immediate concerns (Make him/her feel understood)

#### **10.3 Explore the Dimensions of the Problem: (History of the problem)**

- 10.3.1 Explore what were the events leading up to the crisis? Especially the specific event that triggered the crisis and their possible resolutions.
- 10.3.2 Who, what, when, where, how? Have the person tell the story
- 10.3.3 Communicate concern -use reflective statements so the person knows you have really heard what he/she said
- 10.3.4 Explore fantasies
- 10.3.5 Re-evaluate unrealistic beliefs about current situation?
- 10.3.6 What are the likely future difficulties that might be impacted?
- 10.3.7 Check for psychosomatic, psychosexual or hypochondria or any personality problems

#### **10.4 Explore Possible Solutions**

- 10.4.1 Check what has been tried already
- 10.4.2 Facilitate him/her to consider the idea that a possible solution exists.
- 10.4.3 Facilitate the client to generate alternatives
- 10.4.4 Discuss pros and cons of each alternative
- 10.4.5 Examine obstacles to implementation
- 10.4.6 Consider/Discuss getting social support (find a significant person who can help)
- 10.4.7 Facilitate (Help) client to reach certain conclusion / decision
- 10.4.8 Facilitate (Help) client to make a plan and get a commitment

## **10.5 Apply appropriate therapeutic / counseling technique**

### **10.5.1** Implement the agreed upon immediate solutions(s).

Depending upon two major factors [lethality and capability] the helper takes either a facilitative or directive stance.

The facilitative stance is one in which

- (1) The helper and person in crisis talk about the situation, but
- (2) The person takes major responsibility for any action. Further,
- (3) Any contract regarding action is a matter involving only the helper and the person.

Facilitative approaches may range from active listening to advice.

The directive stance is different. Though the

- (1) Talk is again between the helper and the person in crisis, the
- (2) Action part may include the helper as well as the client. Similarly, the
- (3) Contract for action might involve others. Directive action ranges from actively mobilizing

resources to controlling actions.

### **10.5.2** Role play (If applicable)

### **10.5.3** Identify other appropriate support

### **10.5.4** Encourage the client in taking charge

## **10.6 Follow up**

### **10.6.1** Determine whether or not goals have been met

### **10.6.2** Help the client decide exactly what s/he is going to do when they leave the room

### **10.6.3** Try to get a contract (Seek involuntary commitment if the client expresses intent and refuses to go along with a plan to prevent any fatal action. Involve other supports for yourself and the client)

## **10.7 Closing**

### **10.7.1** Assess the client's willingness to seek professional help or use a referral

### **10.7.2** Evaluate the types of referral the client would be most receptive to

### **10.7.3** Provide IEC material (If required)

### **10.7.4** Provide appropriate referral sent Card and Reminder for Follow-up

### **10.7.5** Review the follow-up schedule with the client

### **10.7.6** Identify ways for the client to remember follow-up events

### **10.7.7** Review contact information for client and counselor

### **10.7.8** Provide Appointment card

### **10.7.9** While leaving shake hand (If same sex) (Give open door feeling)

### **10.7.10** Leave client till outside room / reception / leaving area

## **10.8 Fill Record Form**

### **10.8.1** After the client has left. Fill out Record form completely

## **Protocol 11: Follow Up Counseling**

### **Behtar Kal Program Marie Stopes Society**

#### **11.1 Attend**

- 11.1.1 Review the notes from the previous session.
- 11.1.2 Receive the client from waiting area.
- 11.1.3 Greet client in a pleasant manner and direct him /her to counseling room.
- 11.1.4 Seat the client (Make comfortable)
- 11.1.5 Renew relationship
- 11.1.6 Discuss reason for visit / Quick recap of the important issues of previous session.

#### **11.2 Assess Client's Needs (Listen- Collect Information) few questions to ask:**

- 11.2.1 What concerns him/her now?
- 11.2.2 How does it affect him/her life?
- 11.2.3 Encourage catharsis

#### **11.3 Get in-depth information (History of the problem, remaining and relevant information only)**

- 11.3.1 Since when client is going through that problem?
- 11.3.2 Any prior treatment / Counseling received for that problem?
- 11.3.3 Did client follow the recommendation or treatment plan?
- 11.3.4 If yes, their effect on the problem (Improvement / deterioration?)
- 11.3.5 Explore present behaviors
- 11.3.6 Evaluate consequences of present behaviors
- 11.3.7 Any other medical, psychological or psychosocial problem? And steps taken for it?
- 11.3.8 Family History-Any pathology or medical problem in family?
- 11.3.9 Work history
- 11.3.10 Friendship history
- 11.3.11 Check for psychosomatic, psychosexual or hypochondria or any personality problems

#### **11.4 Give information – Gap filling**

- 11.4.1 Check existing level of information.
- 11.4.2 Clarify myths and misconceptions
- 11.4.3 Provide necessary / relevant information
- 11.4.4 Check understanding/ reaction / Acceptance / Satisfaction

#### **11.5 Apply appropriate therapeutic / counseling technique**

- 11.5.1 Facilitate in Identifying priorities
- 11.5.2 Facilitate in Exploring alternatives
- 11.5.3 Facilitate (Help) client to reach certain conclusion / decision

- 11.5.4** Facilitate (Help) client to make a plan and get a commitment
- 11.5.5** Role play (If applicable)
- 11.5.6** Identify other appropriate support
- 11.5.7** Encourage the client in taking charge

**11.6 Closing**

- 11.6.1** Assess the client's need and willingness to seek professional help or use a referral
- 11.6.2** Evaluate the types of referral the client would be most receptive to
- 11.6.3** Provide IEC material (If required)
- 11.6.4** Provide appropriate referral sent Card and Reminder for Follow-up
- 11.6.5** Review the follow-up schedule with the client
- 11.6.6** Identify ways for the client to remember follow-up events
- 11.6.7** Review contact information for client and counselor
- 11.6.8** Provide Appointment card
- 11.6.9** While leaving shake hand (If same sex) (Give open door feeling)
- 11.6.10** Leave client till outside room / reception / leaving area

**11.7 Fill Record Form**

- 11.7.1** After the client has left. Fill out Record form completely