

# I-CARE:

International Counseling, Advocacy, Research, and Education

INDIANA UNIVERSITY

## I-CARE Background



### What is I-CARE

The International Counseling, Advocacy, Research, and Education (I-CARE) project is a multi-disciplinary effort that addresses the mental health aspects associated with HIV-Aids, particularly in sub-Saharan Africa.

### The Problem of HIV/AIDS in Africa

Globally, approximately 40.3 million people were living with HIV/AIDS in 2005. Of that group, 25.8 million lived in sub-Saharan Africa (UNAIDS/WHO, 2005). Thus, over 64% of the people in the entire world living with HIV/AIDS are in one region: sub-Saharan Africa. This region has an extremely high proportion of individuals dying from AIDS; 77% of all individuals who died in 2005 due to AIDS were in sub-Saharan Africa. This translates into 2.4 million adults and children dying that year (UNAIDS/WHO, 2005). In this region, without medicine HIV-Aids is a death sentence and even with the medicine dramatic life changes have to take place. Either of these incidences have significant social, mental, familial and employment consequences.

In Africa, HIV/AIDS impacts economic, social, and political spheres of society. One damaging aspect of HIV/AIDS is that it affects the most productive section of the population, those people between the ages of 15 and 45 years of age (Tripodi & Patel, 2002). HIV/AIDS causes a severe decline in health workers, teachers, and creates millions of orphans; causing an economic and social crisis which can lead to threatening political instability (Henderson, 2001).

### How I-CARE Began

The I-CARE program was initiated in response to a request to train human service personnel in group counseling interventions in sub-Saharan Africa. The President of the African Association of Guidance and Counselling (AAGC), Dan-Bush Bhusumane, contacted Rex Stockton, Chancellor's Professor in the Department of Counseling and Educational Psychology at Indiana University. Dr. Bhusumane requested assistance with training in counseling



procedures for those who were doing frontline work with people living with HIV/AIDS in Africa, starting in Botswana. This country was selected for the initial trainings because there was already a group of individuals who expressed interest in receiving training in group work. Additionally, it was hoped that group work could help address the difficulties caused by Botswana having one of the highest HIV/AIDS prevalence rates in the world (UNAIDS/WHO, 2005).

Stockton and his wife, Dr. Nancy Stockton, Director of the Indiana University at Bloomington Counseling Center responded to Dr. Bhusumane's request. This first training for those doing frontline HIV-Aids work in prevention, treatment, or after care (survivors families, orphans etc) was completed in Botswana. It was judged to be very helpful by the participants and was followed up with a teleconference training some months later. This model of training has been replicated for five years now. Training has again taken place in Botswana, and Kenya and we have consulted in Senegal which is on the list for additional efforts. Additionally efforts related to prevention, research, and evaluation have been added to the services provided.

## **Need for Improved and Additional Counseling**

One way to address the impact of HIV/AIDS is through counseling. Unfortunately, current methods of individual counseling for people living with HIV/AIDS in sub-Saharan Africa are not meeting the demands from communities. Typical counseling consists of a pretest counseling/informational session, testing for HIV, and a posttest session; often each session is only 15-20 minutes long (Pronyk et al., 2002). Counseling in this short duration, with no follow-up cannot begin to address needs such as stigma and discrimination (UNAIDS/WHO, 2003). It is important to keep in mind that the individuals with AIDS have just listened to either a death sentence or if the medication is available that their lives will change dramatically and they are apt to be rejected by their society. Current forms of individual counseling are not dealing with ways in which HIV/AIDS tears the social fabric of communities. Thus, the need for improved counseling and public health training is imperative. I-CARE was developed to meet that need. The applied research that I-CARE is doing should result in more effective counseling and prevention strategies; in particular how to best provide information about the disease and how it is transmitted in order to change behavior, compliance with medications.

## **Building A Collaborative Effort**

After the first training, the Stockton's along with Dr. Dan-Bush Bhusumane later teamed up with professor's Michael Reece from the IU-Bloomington public health program and Keith Morran from the IUPUI campus along with Amy Nitza from the Ft Wayne campus. More recently Professors Lisa Lopez Levers of Duquesne University and Dennis Kivlighan at the University of Maryland and Dr. Mercy Montsi of the University of Botswana have joined the I-CARE team. All of the members of the I-CARE project are familiar with basic counseling research and prevention strategies and can provide appropriate training and research. However, the members also specialize in discrete areas such as prevention, research procedures, and assessment methodology, childhood including orphans, early and late adolescence and college age, and adults.

## **I-CARE's Research and Assessment Focus**

It is imperative to address the abundance of needs which includes the most efficacious training procedures in order to better prepare human service workers for their tasks including prevention strategies, how best to provide information about the disease and how it is transmitted in order to change behavior, compliance with medications. Additionally I-CARE actual or potential studies include effective culture specific strategies for dealing with issues of depression, fear and stigma, family dynamics, specific emotional and behavioral problems, such as grieving, living with HIV/AIDS and its circumstances, and addressing issues of the quality of life.

## **The Benefit of HIV/AIDS Counseling**

The applied research that is being done or scheduled should result in more effective counseling. Counseling encompasses two major components, the first is prevention strategies. These strategies include instruction and discussion on the importance of condom use, the need for medication compliance and how the disease is spread. Secondly, productive change in clients through such things as: helping clients identify what they need to be productive and happy, challenging clients to look critically at their current behaviors and strategies in life, helping clients assess how effective their current strategies are and what needs to be changed, helping clients establish specific goals and intervening with the client to accomplish those goals.

## **How I-CARE is Funded**

Much of the work has been financed out of the personal resources of those involved with the help of some small grants. Also, individual donors have been very helpful in providing funds that have been used for graduate student support and supplies necessary for training. It will take many intellectual and financial resources to continue moving this project forward.

# Goals of the I-CARE Project

1) The I-CARE project focuses on counselor training of human service personnel; providing the necessary skills and tools to conduct individual and/or group counseling to those dealing with HIV/AIDS. Thus, the goal is to enhance the ability of those trained to become trainers themselves. Training of mental health professionals and paraprofessionals has taken place in Kenya and Botswana.

2) Research and assessment projects include studies that investigate important research topics and provide insights into best practices for workers in this field. Several studies under the direction of Michael Reece were begun last year in Kenya and assess the nature and rate of psychological distress of individuals with HIV/AIDS. Additionally, the psychometric measures that can be used to monitor psychological distress over time are being examined.

Currently we are studying the results of training program evaluations for the Botswana training done to date. Results from this effort should yield important issues that can be comprehensively examined in future studies. Additionally, in collaboration with the Institute of Development Management in Botswana, research studies will be implemented in program areas where most of the mental health counseling work has been focused. In collaboration with colleagues at the University of Botswana, a focus group designed to assess and describe the perceptions of mental health workers in Botswana concerning their role as counselors for HIV/AIDS clients is underway.

3) A team of graduate students has been reviewing the research literature and preparing a series of best practice papers for HIV prevention and counseling interventions for people living with HIV/AIDS and their families. Additional papers will be provided regarding the integration of mental health and public health program given their demonstrated efficacy, as well as best practices for counseling orphans and those who work with them.

4) Also, I-CARE plans include bringing human service personnel from African countries to complete a training program at Indiana University for one to nine months (starting with personnel from the Institute for Development Management in Botswana). This will allow for a more in-depth training sequence that would further enhance the ability of those trained to become trainers or evaluators themselves.

5) Another goal is to partner with undergraduate and graduate students interested in service projects addressing the needs of those with HIV-Aids. Interested students are able to conduct fundraising projects benefiting the project (e.g. school supplies, aid to orphans, etc.) and too in some cases, accompany project individuals as they journey to Africa for more hands-on field experiences.