HIV/AIDS Related Group Counseling in Botswana: Trainee Attitudes

ABSTRACT

No region of the world has been spared by the scourge of HIV/AIDS, but Africa and in particular Botswana has perhaps been hit hardest. Despite increased funding and political commitments to promote HIV prevention and treat-ment, the AIDS epidemic continues to outpace the global response. In the effort to promote culturally appropriate and financially viable prevention methods, the I-CARE project (International Counseling, Advocacy, Research, and Education), was initiated to train human service personnel working with those living with HIV/AIDS in group counseling interventions in sub-Saharan Africa. Since 2003, I-CARE has expanded into an interdisciplinary research and educational effort which has conducted training of several groups of professional counselors and paraprofessionals in both Botswana and Kenya.

In 2006, seventeen school counselors in Botswana were selected to attend a group counseling workshop; the participants were primarily from remote rural areas such as the Kalahari Desert, although a few were from urban university settings. At its conclusion, the trainers administered an evaluation which asked twelve of the remaining participants to reflect broadly on their general counseling efforts and the challenges facing them in their work. The resulting feedback provides a window into the attitudes and perceptions of a segment of counselors not only concerning the impact that HIV/AIDS has had on themselves, their work, and clients, but also on the general barriers that inhibit their effectiveness in this Sub-Saharan country. In this study we used content analysis to evaluate the data; through counting and categorization, counselor attitudes were quantified and salient themes were identified.

The results revealed the following themes. The respondents described the dramatic impact HIV/AIDS has had on their clients and community, although the majority also expressed an optimistic belief in the potential promise of group counseling in reducing risk-taking behavior and in dealing with their clients' numerous school-related, behavioral, and interpersonal struggles. However, this strong sense of efficacy was made contingent on first addressing several barriers to counseling efforts. In particular, there was an emphasized need for training materials, as well for more frequent and in-depth training workshops. Materials such as more office space and transportation were also stated as needed. Another significant barrier to counseling in Botswana described by the respondents was the dual responsibilities of teaching and counseling; many of these teacher-counselors reported feeling overwhelmed due to a lack of time and support from other counseling professionals. When asked about their expectations of success in using newly acquired group counseling skills, the respondents again expressed optimism although they emphasized the need to persuade their clients and community members of its value. Lastly, a pervasive influence from local cultures became apparent, especially in regards to the participants' conceptualizations in how to implement group counseling techniques in a culturally appropriate manner.

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The I-CARE Project

In the effort to promote culturally appropriate and financially viable prevention methods, the I-CARE project (International Counseling, Advocacy, Research, and Education), was initiated to train human service personnel working with those living with HIV/AIDS in group counseling interventions in sub-Saharan Africa. The President of the African Association of Guidance and Counselling (AAGC), Dr. Dan-Bush Bhusumane contacted Rex Stockton, Chancellor's Professor in the Department of Counseling and Educational Psychology at Indiana University, and requested assistance with training those working with people affected by HIV/AIDS in Africa, starting in Botswana. Since 2003, I-CARE has expanded into an interdisciplinary research and educational effort which has conducted training of several groups of professional counselors and paraprofessionals in both Botswana and Kenya.

The long-term goal of I CARE is to develop an international training and research center to be located at Indiana University. In addition to sponsoring continued initial training workshops in Botswana and other African countries, the center will develop a train-the trainers program to allow former participants to train others in their localities. The center will also engage in ongoing research into the effectiveness of such training and the development of best practices in the field and aims at serving as a resource hub for other professionals interested in engaging in this important work.

METHODS

Participants:

In the summer of 2006, seventeen school counselors in Botswana were recruited and sponsored to attend a group counseling workshop by the Ministry of Education; the participants were primarily from remote rural areas such as the Kalahari Desert, although a few were from urban university settings. Among the participants, two of them had worked as teacher counselors up to a decade; two participants worked as HIV/AIDS coordinators; one participant was a MA student in counseling by the time the survey; Two other participants identified themselves as performing "pseudo counseling" and an individual-focused counselor, respectively.

The training was held at the University of Botswana. Twelve participants filled out the survey; the missing participants had already began the long trek home to their rural homes and were unable to participate.

Procedures:

Workshop procedure:

Group counseling was anticipated as a more effective intervention compare to individual counseling considering the limited mental health resources and unique culture in Botswana. The group counseling training was implemented through three phases. During the first phase, one and half days as devoted to didactic instruction about group development stages and process. Participants viewed instructional videos, participated in lecture/discussion, and were given a great variety of printed materials and access to web-based resources in the group therapy area. During the second phase, participants practiced in small groups, focusing on the development of trust and cohesion. Lastly, participants discussed how to incorporate traditional practices and rituals into groups, practiced leading groups in their native languages, and role-play of specific difficult situations.

Data collection:

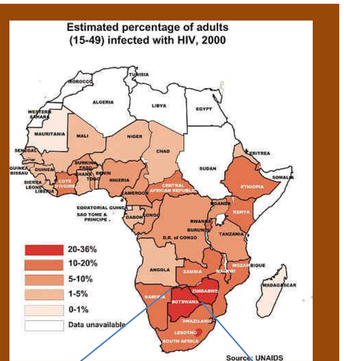
At its conclusion of the workshop, the trainers administered a survey of twelve open-ended questions in English which asked participants to reflect broadly on their general counseling efforts and the challenges facing them in their work in an anonymous and voluntary manner. Each participant received a paper copy of the survey and was given sufficient time to complete it.

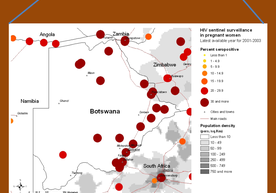
Data Analysis:

Raw survey data were first transferred into electronic version. Content analysis was applied to analyze the data. Through coding, categorization and counting, salient themes were identified and summarized. Both authors of this study independently analyzed the data using the same procedure as described above to establish reliability. Due to the limited sample size, our analyses were refrained from systematic statistical analysis.

HIV/AIDS in Sub-Saharan Africa

- By 2007 Sub-Saharan Africa remains the most affected region in the global AIDS epidemic. 68% of all people HIV-positive live in this region where 76% of all AIDS deaths in 2007 occurred.
- Botswana has a population of 1.8 million and it gained its independence in 1966 and it is a unique country in Africa with the lowest infant mortality rate, the highest economic growth and the strongest democratic political system. However, following Swaziland, Botswana ranks second (**37.3%**) in terms of estimated average adult HIV prevalence rate world wide.
- The first case of HIV/AIDS in Botswana was diagnosed in 1985. Major urban areas in Botswana include Gabarone, Francistown and Selebi-Phikwe.
- Key determining factors driving the HIV/AIDS epidemic include Stigma and denial, the vulnerability of women, the incidence of unprotected sex, poverty and demographic mobility.
- The principal mode of transmission in heterosexual. The highest age-specific prevalence in the 2005 HIV sentinel survey was among women aged 30-35 years, at 49%.
- A routine offer of HIV testing was introduced in hospitals in 2004. National guidelines for voluntary counseling and testing have been developed. Botswana was one of the first countries in Africa to establish a national antiretroviral therapy programme.
- The government of Botswana has adopted a long-term vision to have no new HIV infection by 2016.





HIV/AIDS Counseling

Physiological, psychological, social, spiritual, and financial stressors affect almost every aspect of the HIV/AIDS patients' lives while they are simultaneously coping with chronic and terminal AIDS related illnesses. The common responses to HIV infection include denial, self-blame, fear, anxiety, anger, feeling of losing control, isolation, loss and ambivalence (Andrews & Novick, 1995).

Nichols (1986) developed a three-stage model to explain diagnosed HIV positive persons' adjustment to their HIV status: 1) the crisis stage with denial and anxiety; 2) the transition stage, when people come to face their HIV status; and 3) the deficiency stage, when people adjust to being HIV-infected.

The primary goal of HIV counseling is to reduce HIV infection by providing information on HIV transmission, various HIV tests and their meanings, and the prevention of infection. Pre-test and post-test HIV test counseling are the two core components in the protocol of the Voluntary Counseling and Testing (VCT).

However, the extensive needs of supports for existing HIV-infected individuals and AIDS patients are overlooked and masked by the emphasis of the importance of test in HIV prevention. The ongoing counseling services for clients with a positive HIV-diagnosis or progressing AIDS may play an important role in promoting healthy attribution and self-justification, improving clients' ability to cope with ongoing symptoms and the chronic threat of AIDS.

RESULTS

Description of the Counselors & their Clients

Participants in the survey primarily worked in school settings such as school guidance and counseling offices, tutorials and study centers, while a few worked in non-educational settings such as in student homes, and in community, church, and work places.

Their anticipated clients' presenting issues can be categorized into three main areas: 1) social and behavioral issues including HIV/AIDS and STDS, teenage pregnancy, smoking and drinking; 2) academic and school-related issues such as career, study and organizational skills and academic performance; and 3) interpersonal relationships, primarily family-related issues such as: orphanhood, family negligence, divorce, family conflicts and financial problems, and other relational issues related to teacher/staff conflicts, relationship breakups, grief, loss and psychosocial issues.

Participants varied dramatically in terms of their individual and group counseling experiences, as well as experiences working with orphans and HIV/AIDS clients, with a range from "not at all" and "very little" up to 12 years. Survey results also indicate a disparity in their time spend on counseling. Most participants expected to do counseling work from 30 minutes to 2.5 hours per day; a few stated they intended to spend from 30 minutes a week to 3 hours a week.

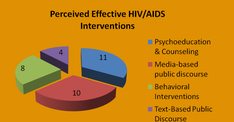
The Relevance of HIV/AIDS to Participants' Work

Most participants indicated HIV/AIDS prevention was a "critical" and "very important" component in their work at present and in the future given the HIV epidemic in Botswana and limited education opportunity for people live in rural areas. A few individuals emphasized how the disease has "crippled" their efforts and usurped their resources and focus. One participant reported "most the problems students/clients have are all due to HIV/AIDS". Participants also expressed their concern about the inadequate support that their students received with related to coping with death or impending death of family and friends. Grief is greatly unnoticed because of cultural taboo and fears of disclosure.

Counselors' Sense of Efficacy

All participants expected a positive impact with "good results" and "behavioral changes" as a result of their work, although they stressed that this was dependent upon certain contingencies, especially the need for more time and support in order to achieve success. In general, participants validated the potential benefits of group counseling in its characteristics of sharing, support and time-effectiveness in addressing the HIV and death-related issues with which they deal. Most participants stated that they gained much from the workshop and they "no longer feel lost as previous." They expressed that the training increased their counseling efficacy and skills, and that they were now empowered to incorporate group practice in their future work. In addition, participants indicated their optimism about their ability to work with diverse client populations. They overwhelmingly expressed their eager to train others; indeed some of them had planned to train their own team and colleagues and people from other organizations.

Participants listed effective interventions for dealing with HIV/AIDS, which can be summarized into three main categories including 1) verbal communication and psychoeducation including individual/group counseling, discussion, workshops, talks and lectures; 2) both media-based and textual public discourse such as talk shows, videos, music, film shows, talk back programs, and written discourse including questionnaires, HIV/AIDS scripts, pamphlets and books; and 3) Behavioral interventions related to sexual behaviors (condom use, abstain) and HIV testing services, as well as the increase of societal awareness of HIV prevention.



Cultural Considerations

When asked what cultural values could help make their counseling efforts more culturally viable , counselors heavily drew upon the values of cooperatively and the importance of family, community, and hierarchy in order to enhance their counseling effectiveness and to gain support for their activities. Several of the participants expressed a sense of optimism, empowerment and motivation in terms of adapting and modifying interventions to make them culturally-relevant. However, one participant stated that she had "no idea how" she would achieve this with her clients. Interventions identified by respondents as something they could adapt, modify or use, that are culturally sensitive included role-plays, individually-focused interventions such as increasing a client's self-exploration as well as trust in themselves and others. Lastly, one particular respondent stated that she/he feels more empowered now to form groups and is less likely to focus completely on individual counseling and seminar activities.

Specific culturally-adapted interventions: Trainee Suggestions

- Using leading questions, capitalizing on the value of cultural collectivity that motivates individuals to "help the team."
- Showing a "willingness to help" and paying respect, especially in order to convince the community to accept their counseling efforts.
- Using the client's mother language in order to encourage open easy expression
- Using hierarchy: involving chiefs in order to underscore the importance and validity of counseling.
- Choosing the most "appropriate" subjects for open discussion also seems like an adaptive strategy; one respondent stated that "some issues are better shared, such as work related issues and terminal ailments."
- The Importance of working with Families
  - Many reflected that learning about a client's family helps the counselor form a more complete picture of the client's situation and background.
  - One respondent pointed out that knowing the family can be a window into a client's culture, which then can help create more culturally appropriat interventions.
  - In addition, a respondent stated that working with the family can help "gain more respect and trust from parents" which can in turn make work with the youth easier.
  - Also it may help improve family relationships, according to one respondent.
  - Some noted that the effectiveness of working with families depends on the needs of the client, and if one is able to gain consent.

Needs & Barriers to Success

Training

- Several participants stated that they felt they had not gained enough training, and felt further education for them in counseling was essential.
- Many participants expressed the need for longer and more regular training courses
- Participants defined the most effective counseling training as being experientially, practically, and broadly focused, with a strong processing component.
- Media resources such as videotapes and books on the theory of group counseling were requested
- Specific types of training needed: Psychological testing, various types of counseling, HIV/AIDS counseling

Support Networks

- Participants overwhelmingly expressed positive anticipation of the support that they hoped to garner from their local administrators and community. In addition, they stated they felt positive they would be able to build a support network.
- Indeed, some participants stated that support already existed , although one individual stated he/she expected no support
  - However, anticipation of positive support *upon certain conditions*, such as if they could prove their competence , after consultation and communication of what they've learned and of the potential benefit of the modality, especially with administrators from the start
- Participants reiterated the need to be well-connected to colleagues and the importance of networking

Time & Dual Roles

- *A reigning theme was "Yes good results will come, but with time"*
- Increased time needed:
  - for the group therapy to work
  - to do counseling out of their busy day
  - in general time for their program to develop and take hold
  - for their student clients and communities to "buy into" group counseling.
  - For them to gain the experience to become an effective counselor
- Dual Roles
  - Participants complained about the time conflicts between their teaching and counseling practice and conveyed their need for a reduction in their workload and more time to focus on counseling and guidance.
    - Some asked help from the Ministry of Education to define their roles more clearly

Material Resources

- Office Space
  - Participants expressed a general need for enough office space for both individuals and groups, which can protect confidentiality
- Counseling-related books, documents and materials, particularly video tapes and cassettes
- Furniture in general and especially for group meetings and resting
- Transportation for home visits
- Staff needs:
  - Additional staff and group co-leaders to address shortages in personnel

Conclusions & Future implications

Conclusions

❖ Group counseling was perceived as an effective and promising practice by training participants and they were willing to apply it in their future practice, and to train their colleagues and collaborators.

❖HIV/AIDS is a salient issue in school counselor's work in Botswana however participants stated a lack of enough resources and time for them to sufficiently support their students in coping with death related issues.

❖ Participants expressed their confidence about the positive impact of their work and they suggested effective strategies with related to HIV/AIDS prevention and interventions.

❖Several categories of needs and barriers to success were identified, including: the need for more frequent and in-depth training with an experiential focus, a need for support from the community and colleagues which may be limited by a lack of faith by community members in the power of group counseling, as well as networking opportunities. Two other categories included restrictions of time and of dual roles, as well as a need for additional resources such as confidential office space, transportation, and staff.

❖Participants expressed optimism that group counseling techniques may be adapted in a culturally-sensitive manner, and gave suggestions for how this may be achieved.

Future Directions & Limitations

◆ Although the results and conclusion from this pilot study provide us with valuable information from the lens of indigenous school counselors in Botswana, this study is limited from further generalization due to the small sample size and the specificity of the participants. It should be noted that the counselors were however, selected from all over the country. Further scaled-up studies are needed to unfold the current status of HIV/AIDS counseling in Botswana.

◆ Built on the implications from the current studies, multiple new studies have been proposed and planned including:

1) Conducting focus groups with various HIV/AIDS mental health practitioners;

2) Extensively survey frontline HIV/AIDS related mental health workers, counselor and practitioners, focusing on the definition of HIV/AIDS counselor, their efficacy, needs, training and supervision.

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