



# I-CARE

The International Counseling, Advocacy, Research, & Education Project

## Winter 2009 Report November 9<sup>th</sup>, 2009

It is time for a winter report on our I-CARE activities; as usual there are many activities on which to report. First, let me say that our study of Botswana HIV/AIDS counselors is finally underway. It has taken a very long time to get permission from the Ministry of Health in Botswana and the IU use of human subject bureaucracy. To further complicate matters, after having the project approved in Botswana at the Ministry level, we had to get permission to go to the various regional centers in order to interact with the counselors and secure their answers to our survey. We are fortunate in having our Botswana colleagues at the Institute for Development Management (IDM) collaborating with us. Remember this organization is very much like the junior college system in the US. They have already identified research assistants and will begin training them this week so that data collection can occur the third and fourth week of December.

Since this is a country wide project; we could not begin to pay for the research effort if we had to provide all of the logistical support. However, IDM doesn't have the staff capacity to develop the questionnaire and analyze the data. So it makes for a good partnership. There are almost no studies in the literature related to the psychological and emotional impact on counselors who work with HIV/AIDS clients or of their perceptions of their training, in-service support, or effectiveness. Additionally, there are many issues such as stigma and non-compliance to medication etc. that we need to tap into. I like to think that our study will provide useful information for training programs, not only in Botswana but throughout Africa. Since this project is now close to the data collection stage, we are planning the next study which will survey the client's who undergo counseling after learning they have HIV or full blow AIDS. Their perspectives are, of course, highly important. This will be the first of several studies examining client issues in regard to their counseling and to HIV/AIDS.

We have another interesting new project that builds on the work that we have been doing with the blind adolescent girls who have made such dramatic progress as a result of group counseling. We have sent a proposal entitled "Implementing a Group Counseling Response to Trauma Among Adolescents in Dukwi Refugee Camp (Botswana)" to a foundation called "Psychology beyond Borders". If we get the funds, we will also be able to do research on this project. We have secured

permission from camp officials to carry on the program and have lined up our African colleagues at the HIV/AIDS Centre and Counseling Department at the University of Botswana (UB) as collaborators. The counselors will be Botswana natives who were trained last year by Professor Amy Nitza using our group counseling model. We are fortunate in having a cadre of trained counselor's available to assist in the project. The camp has several thousand inhabitants, they would not be there were it not for the fact that they have escaped from a very traumatic environment. A majority of them are from Zimbabwe, which you will know from the news is in a state of political and economical near collapse. The adolescent girls in the camp are very much marginalized and subject to sexual harassment and other negative things in a hazardous environment. I very much hope we can receive the funds to start our project as our early work with adolescent girls has demonstrated how important and useful the right kind of intervention is. I will keep you posted on developments.

We have been invited to bring our expertise to Zimbabwe and we have decided that it is important to at least have a fledging effort there. This will not be without concern because the country is in such a deplorable condition. However, our colleague, Professor Lisa Lopez-Levers at Duquesne University will journey to Zimbabwe this week. You will recall that we have also provided services to the Rehabilitation Center in Mahalapye, Botswana. Professor Lopez-Levers among her other areas of expertise works with the disabled and is our lead person in the area. She will participate in a study that will help the government determine priorities for how funds from a large European Union grant can best be utilized to develop a disability social protection system. Lisa will also help us determine whether it will be possible for us to work effectively in the country given the political conditions there.

The staff at IDM is so pleased with our collaboration that they wish to broaden their contacts with Indiana University. As you will recall, we have a formal agreement ratified by President McRobbie and the Director of IDM in Botswana. As a two year college, IDM has many other programs for which they wish to establish collaborative relationships. A delegation from IDM will be here in early March and I will be facilitating their contacts with other areas such as Public Health, Information Technology and Public Administration. I am pleased that the success of our collaboration has motivated them to seek out more potential partnerships programs at IU.

The HIV/AIDS Centre has also expressed interest in a more formal arrangement with IU. As you will recall, Professor Amy Nitza was assigned to the Centre as well as the Counseling Program during her Fulbright program last academic year. We have of course worked with Botswana counseling department colleagues since our earliest days with the project. Dr. Mercy Montsi (PhD at the University of Massachusetts) a long time head of the department that the counseling faculty has been supportive throughout our time there. Sadly, she is seriously ill in a hospital in South Africa. We hope that she will be able to recover soon. We continue our activities with Dr. Dan-Bush

Bhusumane of the UB Counseling Department. Thus in addition to our informal arrangements, I will be working with our administration and the International Program's Head at the University of Botswana in order to formalize an official status with the University.

I haven't commented yet on the activities of several other colleagues but since this letter is getting longer than you might want to read let me just say that everyone has been active. I will highlight some of these activities in a later letter. As can be seen, we continue to fulfill our mission of providing counselor training for those who are on the frontline of work with HIV and other social problems. Because of the severe need, we also at times provide a group experience for those who desperately need immediate attention. However, we strongly believe that we should also concentrate our efforts on the training of individuals who can then become trainers as well as highly qualified counselors. Additionally, we believe that it is critically important to provide answers to important questions relating to the treatment of individuals with HIV/AIDS or who are in other traumatic situations. Thus, our research efforts will likely accelerate as funding permits.

Having said this, I have to also be truthful and say that addressing the plight of those who have been traumatized has for me the most immediate appeal. I still have a picture in my mind of the blind adolescent young girls in Botswana who were able to have a greatly enhanced sense of themselves. I think our work there has been life changing for them. It is that kind of feedback that enables those of us involved in I-CARE to go on with our work despite the red tape and the many other challenges that we encounter along the way.

Your support of I-CARE is greatly appreciated.

Cordially,

Rex

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