# Counseling for TB Patients & Patients with TB/HIV Co-Infection, Their Families & Partners

## A Training Manual for Chest Clinic Staff

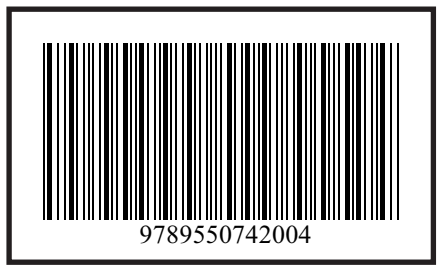

**National Programme for Tuberculosis Control & Chest Diseases**

**Ministry of Health - Sri Lanka**

**Sponsored by GFATM**

**Author :-**

National Programme for Tuberculosis Control and Chest Disease

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# Message from the Director General of Health Services

It is no doubt that thorough understanding of the patient and his psychosocial and physical background, diseases and their interrelationships are equally important contributory factors for better health outcomes.

Currently, counselling techniques are extensively integrated in management of many diseases. This is particularly relevant for the diseases such as tuberculosis and HIV which are closely related with stigma. Interventions for lifestyle modifications and behavioural changes are integral components of modern medical practice. Therefore I do highly appreciate the efforts taken by NPTCCD to develop these counseling modules in management of tuberculosis and TB/HIV co morbidity.

I am thankful to DR. Sunil De Alwis, the Director NPTCCD and his team again for their commitment and enthusiasm shown in this endeavor.

**DR. U. Ajith Mendis**
**Director General of Health Services**

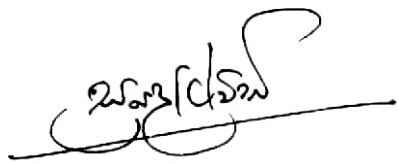
# Preface

Counselling is an essential component of modern healthcare package. It is specially relevant in chronic disease such as tuberculosis, which is closely related with considerable extent of disability and social stigma. Counselling is, therefore recommended not only for patients, but also for his/her relatives and co-workers etc.

It is well known that technically sound counseling techniques, if applied by competent, experienced and committed personnel, produce better treatment outcomes.

The NPTCCD has been paying a serious attention towards integration of counseling component in to its services. These modules in counseling are developed by the NPTCCD to train its health staff in counseling techniques, in order to achieve its national targets in tuberculosis control. This was a technically different exercise. Therefore it was necessary to obtain technical inputs from experts in this field as well.

In this context, I am sincerely thankful to DR. Neil Fernando, consultant Psychiatrist, National Institute for Mental Health, for his valuable technical guidance rendered in the process of formulating these modules. I also do highly appreciate the contribution made by DR. Thushara Ambagahage, medical officer, NPTCCD, for his direct involvement in formulating these modules and coordination throughout this exercise. I shall also be thankful to DR. G. Weerasinghe, consultant venerologist, NSACP, for his valuable advices in the initial stages of formulating this document.



**DR. Sunil De Alwis**
**Director**
**National Programme for Tuberculosis Control and Chest Disease**

# MODULE - 1: GENERAL PRINCIPALS OF COUNSELLING

## INTRODUCTION

This module addresses the elements of counselling and identifies the skills that should be developed by the counsellor.

In our set up the healthcare worker has to deal with a diverse group of patients including marginalized clients. The resources for effective counselling are also limited.

Counselling of TB patients is a new stratergy for our country. In this context it is an important fact that a health worker dealing with TB patients are familiar with principals of counselling. Counselling is considered to be an important component of modern disease management.

**OBJECTIVS**: At the end of the session trainees will be able to; understand essential elements in counselling ; identify skills to be developed by a good counsellor; understand how to establish a good relationship with clients ; importance of self awareness and self knowledge and limitations of counselling

### WHAT IS COUNSELLING?

#### History of counselling

Counselling is not a new concept for us since similar approaches are well documented in Buddhist chronicle. (E.g.Patachara story)

The relationship between the temple, community leaders and the society in our country, runs back to 2500 years, in which counselling was a fundamental feature.

In the west, counselling concept was introduced in 1905 in USA by **Carl Rogers** who is considered as the father of modern counselling.

**Definitions of counselling**

There are several definitions for counselling adopted in different settings;
"Counselling is a particular way of helping people with psychological problems by relating and responding to people who are temporarily in the role of client"
**(Rowan Bayne)**

"A positive relationship built up between two persons aiming at an optimistic outcome"
**(Carl Rogers)**

Whatever the definition, counselling is based on some key concepts;

- It helps the client to identify choices for future and support their implementation.
- Helps the client to recognize how he would like to see his life in a realistic way and then help him to actualize his aims or to adjust to new circumstances.
- Counselling is not advising
- It is not giving solutions to problems of the client by someone else

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- It is not forcing the client to do things.
- It is not mere health education
- **It supports client to solve his/her problems on his/her own**

**COUNSELLING AND PSYCHOTHERAPY**

These two terms are used interchangeably. It is difficult to draw a line between two, since, these differences range from the degree of disturbance in the client, type of problem and techniques used.

**THEORIES OF COUNSELLING**

Counsellors need to be familiar with theories of counselling. These theories provide new perspectives on client's problems and suggest different approaches for the counsellor to help the client. There are several theories of counselling. Most widely used ones are described here.

## I. Psychoanalytical Theory

This theory explains that our behavior is governed to a large extent by our unconscious needs and conflicts in mind and by the interaction of three mental agencies:

**1) Id** **:-** Constantly striving for the satisfaction of basic instincts.
**2) Super Ego** **:-** Represents parental and moral influences.
**3) Ego** **:-** Tries to satisfy ego but using reality principals. It is the executive agency.

Thus, Ego is trying to find a balance between Id, Super ego and External world.

Thus, psycho analytical theory explains how our childhood experiences influence our present life. By psycho analysis, we lift up childhood repressions and strengthens ego. In psychoanalysis, unconscious level conflicts are brought under conscious control. Thereby we empower client to make judgments with his present strengths. This is done by;

***Free association*** : Encourage client to tell freely whatever the things coming in to his mind.

***Interpretation of Dreams :*** Dreams are interpreted to analyze psyche.

***Transference:*** Analysis of patient's emotional responses.

## II. Behavioural Theory (Ivan Pavlov)

In this theory, it is assumed that maladaptive behavior is a learned behavior. Therefore knowledge on learning techniques can be used to modify or change that behaviour.

There are two learning theories;

### 1) Classical Conditioning :

This theory was suggested by Pavlov and Watson. According to this theory, response to a stimulus can be learned when that stimulus is repeatedly present till the response become automatic; i.e. learned behavior.
Therefore to change maladaptive behavior some form of 'unlearning' is necessary.

Classical conditioning is widely used in the treatment of alcoholism and neurosis.

### 2) Operant Conditioning:

When the action of a person 'operates' on the society to produce a reinforcement or a reward, it is likely for that action to be repeated. Using this principle, a psychotherapist tries to minimize factors that reinforce or reward a client's undesirable behavior.

## III. Cognitive Theory

This is based on a humanistic theory of the person. It emphasizes that much of his behavior can be brought under conscious control and his freedom of choice. Recognition given to one's interaction with others and his perception of himself.

### 1) Client Centered Counselling:

Client explains and interprets his current attitudes and behavior with the help of counselor who neither judge nor criticizes the client, but helps him to clarify issues. Counsellor does not give advices. Interview is directed by the client himself.

Here, one can understand own difficulties. An atmosphere is created to make him realize actual situation.

### 2) Rational Emotive Therapy. (RET)

In this approach, the counsellor attacks and counter the irrational and emotional ideas held by the client. e.g. “It is essential to be loved by everyone at the same time”. Rational thinking is made equal to happiness and competency. There by client is helped to get rid of irrational thought patterns.

### 3) Transactional Analysis.(TA)

The aim of Transactional Analysis is to help people to understand the intent behind their behaviour and communications. Thereby make them realize what their behaviour is really for. Deceit is eliminated. This theory is mainly used in group counselling.

**4) Reality Therapy.**

In reality therapy, it is assumed that human behavior is solely for gaining recognition from society. It helps to clarify values, evaluate current behaviour and decide on realistic plan for future action.

These are the major theories of counselling. There are many more counselling theories which are less frequently used and not mentioned here.

**ELEMENTS OF COUNSELLING**

Counselling is made easy by looking in to the personnel characteristics of the counselor and then learning the skills in counseling. But these two components often shade in to one another and complement each other. However according to Tyler, an eminent counsellor, successful counsellors show some distinctive personality characteristics. These characteristics are;

**1) Accurate Empathy**

The counsellor is trying to understand what client feels from client's frame of reference. It may not what cousellor feels in a similar situation. (Perception of the same event is different from person to person)
This is ***not*** sympathy. (Feel sorry for the others)
It is important to convey the empathy to the counselee. Otherwise client may feel that cousellor neither cares nor understands him.

*E.G. We convey the client that, his fear for TB is recognized.*

**2) Unconditional positive regard**

Counsellor must regard for client's values and humane aspects. This is a genuine effort to understand the client in a comprehensive way.
It is essential to convey this to client. Through this, the courage of the client to change is reinforced.

**3) Genuineness**

To be genuine to client, cousellor must be genuine to himself. This is personnel development of the character. Understanding our own emotions and reactions in crisis situations enable us to be receptive and open.

**4) Self awareness**

Self awareness is important to enhance the qualities mentioned above. It helps us to know our own strengths and weaknesses; to know when our client needs assistance beyond our capacity .It enables us to stabilize ourselves.

**5) Imagination and Creativity**

It is a great advantage to the counsellor which should be improved through both study and experience.

**6) A sense of Humor**

Valuable quality for both parties. We must attempt some relief in tears and depression.

**7) Simplicity**

Avoidance of Jargon and scientific words.

**8) Patience**

The phase of counselling must be in the hands of client. Any attempt for hurrying and moving ahead can be considered as pressurizing the client.

**COUNSELLING SKILLS**

The strict meaning of the word 'Skill' is 'Practiced ability' (Pocket Oxford Dictionary: Tenth Edition, 2005). This definition may be too technical in the context of counseling.
But there are some practiced abilities to be developed in counseling;

I. Establishing relationship
II. Responding to client
III. Encouraging the client for change

These are the basic skills to be developed through effective communication.

***How to develop effective communication?***

**i. Acknowledging:**

Counsellor must be ready to accept the client in a respectful and cordial manner.

**ii. Attentiveness:**

The counsellor must entirely focus on the client. If full attention not paid, stress will be added to both parties.
Total focus on others is difficult, but counsellor must develop the following skills;

- » To keep our luggage aside.
- » To forget tiredness.
- » Avoid domestic preoccupations

**iii. Eye Contact:**

The most effective way of conveying our interest and convincing the client is to keep eye contact.

- » Even in ordinary talks not keeping eye contact damages our relationship.
- » Wearing dark glasses may pretend that we like to hide our real self.

*Eyes are the mirrors of our soul. It reflects our thinking.*

**iv. Commencement of speech**

The counsellor must be skilled enough to let the client start the conversation effectively.

**v. Active Listening**

One of the basic skills of the counsellor is his ability to listen without interruption while guiding the client in the proper track.

**vi. Encouragement**

Client should be encouraged to reveal his/her agony without hesitation. If this skill is not developed, counsellor may miss very important facts related to the problem.

**vii. Non – Verbal communication**

Body language is a set of physical signals conveying our mental state.
But often we miss this tool, either in ourselves or others.
We are less able to disguise body language compared to what we talk. Therefore it is an important source to glean information from client.

*Question*: What are the well known body language signals?

When there is contradiction between what is talked and what is on body language, the latter may be conveying the truer massage; because body language is less immediate to our conscious control and therefore more difficult to disguise.

**viii. Silences**

In our day to day conversations silences hardly occur. But when it occurs it looks somewhat emberracing.
Dealing with silences is the hardest part in counselling settings. Nevertheless, if handled correctly, they can be very yielding.
When a client pauses for a while to think over what he said, it is very easy for us to interrupt, but it is often wrong. If we hurry to deny or affirm what he said, his thought pattern is disturbed and the positive progress of the conversation is damaged.
We must encourage our client to come up by own self, breaking the silence.

**ix. Effective questioning**

It is important to ask open questions and they must not be emberracing to the client.

**x. Recognizing and Clarifying**

Counsellor must be able to identify the real intent of the client, because some individuals come with hidden agendas. Therefore it is essential to clarify what he really means.

**xi. Confrontations**

This skill is very important for a counsellor since it is useful as a therapeutic approach as well as an information gathering method.
Counsellor must be able to challenge the extreme and irrational ideas, prejudices etc. Here it is very important to counter those ideas only. Counsellor must not confront emotionally with the client.

**xii. Interpreting**

Individuals may express their thoughts very vaguely. In this occasion it is the duty of the counsellor to interpret 'pieces' and make a clear picture for the cleft.

**xiii. Summarizing**

The conversation may be dragged for even one hour. But at the end of the session the counsellor must be able to summarize the core problem.

**xiv. Beyond spoken words**

It is the right of the client to decide the extent of the conversation. We may illuminate areas he kept dark, but is his choice to examine the areas left.

Some clients expect only nodding the head and smile at the appropriate time. This kind of inert listening may be helpful sometimes, but it is not effective counseling as no effective relationship develops there.

## SOME IMPORTANT ISSUES IN COUNSELLING

### 1) Meanings of words

Different words have different meanings to people; not merely dictionary sense. Those words should be interpreted from client's frame work.

### 2) Repetition

If word or a phrase continuously repeated, it is helpful to look for clarification. Invite for clarification. e.g. ”I am not quite sure of the word 'tough' you mentioned several times, what do you mean by that?”

### 3) Listening to ourselves

Need to listen to ourselves as counsellors;

- Our own body language
- Our own responses
- Our own words

As counsellors, we must be alert to 'filters'.

Question: What are the filters that could inhibit the counsellor?

### 4) Establishing Relationships

Establishing Relationships is highly dependent on the counsellor. It is not possible to say “This is the right way and right thing. No other way to do this”
However the initial steps in counseling are very important, because, final outcome depends on how we initiate it.
Our attitude towards particular client develops even before we meet. But it is dangerous to have preoccupations. The initial encounter must be very opening minded. Otherwise, we never can see the whole picture of the problem.

### 5) Practical Aspects of Counselling

The place we choose to counsel may be hospital clinic, consultation room, office room, home etc.

Whatever the place may be there are some basic requirements.

1. **Privacy :-**
   It is essential that client is facilitated to express his views freely and privately. By this, client is ensured that full attention is paid on him.

2. **Comfort:-**
   Comfortable chairs, adequate space, a satisfactory surrounding is required.
   It is very important not to have a table between the counsellor and the client.

3. **Time Frame:-**
   It is very important to be punctual. Tell about it to the client at the beginning itself.

4. **Note taking:-**
   Since total concentration and interest produce a very accurate recall, recording best is done after a session.
   Immediately after a session take five minutes to take note with important points highlighted.

5. **First Encounter:-**
   All manners of misunderstanding can flourish in the first ten minutes. Therefore the counsellor must formulate his own style to cushion the initial meeting. But following aspects must be considered;

   - ✓ **Greeting** - "Hello, good morning" etc. Adding a friendly comment may be useful
   - ✓ **Handshaking** - With eye contact.
   - ✓ **Encouraging starting** - Many clients actually do not know what their real problem is. Therefore the initiation is difficult. A minimal invasive and open attentive listening paves the way for strong and friendly beginning.

If these aspects are considered, it is a genuine effort to understand the client.

# MODULE -2: COUNSELLOR IN THE ROLE OF COMMUNICATION FOR BEHAVIOURAL IMPACT

## INTRODUCTION

Tuberculosis had been a dreaded disease in Sri Lanka for centuries. Traditionally, it is known as “Kshaya Rogaya”(Tamil - Kasa Rogam). This name aptly describes the disease as being associated with cough and, especially, wasting. Early days, TB was considered as a hereditary disease and families who had a member affected by TB were partitioned from society due to the stigma attached to TB. However, the improvement in awareness about its communicable nature and better health facilities has brought about a radical change in this situation.

Despite the effectiveness of antimicrobial chemotherapy, tuberculosis (TB) remains a leading infectious cause of death worldwide. Tuberculosis is nowadays known as one of the most common co morbid diseases associated with HIV infection (TB/HIV co infection).

Due to strong social stigma associated with tuberculosis, it is widely recognized that, the integration of a counselling component is vital for successful tuberculosis control in any country.

Tuberculosis control is a multidisciplinary exercise. It is not only case detection, and providing medication (DOTS). Healthcare worker involved in tuberculosis control activities, should also focus on the improvement of quality of life of the tuberculosis patient.

Addressing the psychosocial problems of the tuberculosis patient is the cornerstone of improving his/her quality of life. Yet, to address this issue successfully, TB healthcare worker must be able to provide instruction, education and other necessary guidance and support from a counsellor's point of view.

**Be a better counsellor by providing TB health education as a counsellor and not by counselling as a health care worker !**

## A COUNSELLING TOOL KIT OF COMMUNICATION FOR BEHAVIOURAL IMPACT

When you conduct a communication session on TB, ***as a counsellor***, there are certain issues and points that are to be covered.

**1. Tuberculosis is one of the most common infectious diseases in the world and the co morbid infection in HIV.**

TB has infected one third of the global population, i.e., every third person in the world has been infected with tuberculosis microorganism. The patient should be made aware that millions of people are diseased with tuberculosis.

**2. TB is an airborne infection, caused by a germ - Mycobacterium tuberculosis.**

Mycobacterium tuberculosis is a bacterium. It can be dormant in the body for a long time. There are several microbiological factors that make the bacteria a successful infective organism. (Elaborate if needed depending on the client)

**3. A person contracts TB infection from an open case of TB (a sputum smear positive pulmonary TB case).**

However infection with TB does not necessarily mean that the infected person would develop TB disease. An infected person develops disease when his/her immunity declines.

However conditions such as HIV, chronic disease as malignancies, renal disease, diabetes, chronic lung diseases, alcohol tobacco and drug abuse and malnutrition increase the risk of progression from TB infection to TB disease.

**4. Cure from TB can only be ensured by taking complete and regular treatment.**

Only by taking the complete course of medication (DOTS) will cure the disease. Bacteria population dramatically reduces with the initiation of DOTS. Patient feels better even in few doses of taking anti-TB treatment.

**But that does not mean that the disease is completely cured.**

5. **Prolonged cough, for 2 weeks or more, can be TB disease and therefore it is essential to consult a doctor and get investigated for Tuberculosis.**

Various other symptoms are associated with TB.

- ✯ Unusual fatigue
- ✯ Tiredness
- ✯ Malaise
- ✯ Anorexia
- ✯ Pyrexia
- ✯ Weight Loss
- ✯ Night sweats
- ✯ Heamoptysis

6. **Treatment services for TB (DOTS) are available free of cost through the chest hospitals and chest clinics all over the country.**

N.B. -

- ✯ 3 sputum smear examinations are necessary for the diagnosis of pulmonary TB. During the course of treatment the progress is monitored by means of follow up investigations.

- ✯ **DOTS (Direct Observation Treatment Short Course)** is freely available to every patient through DOTS centers.

- ✯ Treatment is provided at a place close to the patient's home which is convenient and acceptable to the patient and accountable to the system.

7. **In Sri Lanka, NPTCCD (National Programme for Tuberculosis Control and Chest Disease) bears the responsibility over provision of all services towards TB patients.**

8. **An individual who has HIV with Tuberculosis as co-morbidity can still have a productive life in the context of modern treatment and management practices.**

The quality of life and the life span of an HIV patient are much more improved compared to past, with the modern HIV treatment and management strategies. The management of patients with tuberculosis is also

improved significantly.

The strong collaboration between TB and HIV control campaigns in managing patients has brought in drastic changes to the quality of life of a TB/ HIV co-infected patient also.

**9. Genuineness of the patient is highly expected.**

Patient should provide correct information to the health personnel. Patients must disclose their correct contact details to the staff providing treatment for tuberculosis.

**10. Confidentiality of the patient is assured.**

TB health care providers never divulge the personnel information of a patient. Patient's confidentiality is highly secured.

**11. Patient should be a Volunteer.**

Patient must be volunteer to disclose his/her grievances. E.g. reveal his/ her HIV status to the healthcare provider to get benefit of treatment options available for him.

One may design his own counselling programme for the TB patient. Nevertheless, as a counsellor the above points should be included in whatever the programme designed.

# MODULE - 3 : HEALTH PSYCHOLOGY

## INTRODUCTION

Health psychology is concerned with understanding of human behaviour in the context of **health, illness, and health care**. It is the study of the psychological factors which determine;

1) How people stay healthy?
2) Why they become ill?
3) How they respond to illness and health care?

Behavioural factors such as smoking, diet and stress are now recognized as major contributory factors for the etiology and progression of diseases. The provision of health care has improved enormously. At present a better awareness, good communication, patient satisfaction and quality of life are considered as important components of any medical intervention.

Health psychology has been mainly concerned with defining health and illness-related behaviour.

### BEHAVIOURAL FACTORS INFLUENCING ON HEALTH

A wide range of behaviours can influence health. These have been classified as;

⇨ Health protective behavior- e.g. Using a handkerchief when coughing

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⇨ Health risk behavior- e.g. Smoking

### STRESS AND HEALTH

Stress is usually used to describe situations in which individuals are faced with demands that exceed their immediate ability to cope. Stressful situations are;

⇨ New situations- e.g. Being diagnosed to have Tuberculosis

⇨ Unpredictable situations-e.g. In a general health check up, you are unexpectedly diagnosed to have Tuberculosis.

⇨ Uncontrollable situations-e.g. When you are compelled to undergo general anesthesia.

⇨ Situations involving change or loss- e.g. Break of a marriage proposal due to being diagnosed as having Tuberculosis.

Above situations can give rise to physiological and psychological changes, which in turn, may result in disease.

Stress can influence health in two ways.

⇨ Direct effects -- suppression of the immune system

⇨ Indirect effects -- increasing health risk behavior

Acute and chronic stress increases the susceptibility to infectious diseases such as tuberculosis.

**PERSONALITY AND HEALTH**

Personality factors can influence health in a variety of ways;

**Hardiness** – Individuals with a high sense of personal control over events in their lives, with a strong sense of commitment or involvement, together with a tendency to see environmental demands or changes as challenges are less effected by stress

**Optimism** – This is another aspect of personality which is said to be health protective. Optmism describes a tendency towards positive expectations in life and which enables individuals to cope better with stressors and engage in healthy life styles.

**Positive or negative emotional responses** –
This can influence health. Individuals who are high in negative affect such as experiencing more negative emotions, particularly anxiety are more likely to notice bodily changes and symptoms and seek medical help more frequently.

**LIFE STYLE AND HEALTH**

The effects of some behaviour on health such as smoking and high alcohol use are well documented. Health psychology is concerned about the origin, maintenance, prevention,

and treatment of these behaviours. There are diverse determinants of these behaviours which include;

- ⇨ as ways of coping with stress
- ⇨ in response to peer pressure
- ⇨ for pleasure

Similarly, they will be maintained by a variety of psychological, social, and biological factors

**BELIEFS AND HEALTH – RELATED BEHAVIOUR**

When a person is compelled to make a decision about particular health behaviour (e.g. attend for a screening test) their decision making and behaviour can best be understood in terms of their perceptions or beliefs about the health issue and the behaviour in question.

It is important to understand the patient's state of preparedness for a particular health behaviour change intervention as well as immediate target for an intervention.

**SYMPTOMS AND ILLNESS BEHAVIOUR**

**Sick Role**

Clinical psychologist Talcott Parson in 1951 described the role played by a person when he/she is sick. The role includes,

- ⇨ Exemption from certain social responsibilities
- ⇨ Right to expect help and care from others. Because the patient is entitled to become more dependent and regression to previous levels of development.
- ⇨ Expectation of a desire to recover
- ⇨ Obligation to seek and cooperate with treatment

**Illness Behavior**

This psychological concept was introduced by Mechanic in 1978. When people become ill,

they adopt behaviours described as illness behaviours. They include,

- ⇨ Consulting doctors. This include, seeking advice, allowing to be physically examined and investigated

- ⇨ Taking medicines. Willingness to take medications despite of unpleasant effects.

- ⇨ Seeking help from relatives and friends. Because when a person becomes ill, the patient develops behaviors which resembles early stages of development (i.e. Regressive Behaviour) Making them more dependants.
  e.g. - Getting relatives to wash and feed you.

- ⇨ Giving up inappropriate activities. Activities, which the person considers detrimental to the illness concerned.
  e.g. - Giving up smoking, when they develop a chronic persistent cough.

**THE PSYCHOLOGY OF PHYSICAL SYMPTOMS**

Psychological factors play an important role in the appraisal of symptoms and interpretation of illness. Some individuals routinely seek medical help for minor symptoms, while others with serious health problems delay or fail to seek care. Symptom perception is strongly influenced by environmental factors. When the environment is lacking in stimulation, individuals tend to pay more attention to bodily symptoms. Patients engaged in some useful activity will feel less discomfort from their symptoms.

**PATIENT DELAY**

Patient's interpretation of their symptoms can influence their help- seeking behaviour. Research studied on the stages of patient delay for medical conditions has generally found three main stages prior to entering treatment.

- ⇨ **Appraisal delay** – This is the time period from when the individual first detects symptoms to when illness is inferred. The main influences on this period are factors related to interpretation of symptoms

- ⇨ **Illness delay** – This is the period from the time the individual decides that he or she is ill until the decision is made to seek medical help.

⇨ **Utilization delay** – This is the time until the individual enters hospital 0r contact with medical personnel.

The first period of appraisal delay has been generally found to cause the largest contribution to overall delay.

**COGNITIVE MODELS OF ILLNESS.**

Patients are active in trying to understand their symptoms and illness. Patients create illness representations which provide the basis for dealing with illness.

Patients cluster their ideas about an illness around five themes, which health psychologists have called **illness perceptions**. These provide a framework for patients to make sense of their symptoms, assess health risks, and direct action in the recovery phase. I.e. how the patient perceives his illness.

The five components are;

⇨ **Identity** – To know the name and the meaning of the illness. (label of the illness) e.g. - "How and why did I develop Tuberculosis ?"

⇨ **Cause** – Reasons for developing the illness .e.g. - "How and why did I develop Tuberculosis?"(personal ideas about etiology)

⇨ **Time line** – This is patient's belief about the likely time course of the illness.

⇨ **Consequences** – This is expected effects and outcomes of the illness. e.g. "Whether I will be accepted by my work mates?" "Whether I will be able to marry and have children?"

⇨ **Cure/Control** – This is patient's belief about the extent of cure or control.

**HEALTHCARE BEHAVIOUR**

This describes the role of the psychological processes in the delivery of health care.

**THERAPIST PATIENT RELATIONSHIP**

There is considerable evidence of patient dissatisfaction and non-compliance of treatment recommendations due to poor communication. Patient dissatisfaction is usually associated with insufficient information provided by the healthcare worker and poor understanding of the medical advice.

Another source of patient's dissatisfaction is due to lack of concern and empathy on the part of the therapist.

Patient's satisfaction is higher when the therapist engage in more social conversation, positive verbal and non-verbal behaviour and partnership building.

Four distinct patterns of communication have been identified;

- ⇨ **Biomedical** – close ended medical questions
- ⇨ **Bio-psychosocial** – reflecting balance of psychosocial and biological topics
- ⇨ **Psycho-social** – Inquiring about worries, beliefs, and attitudes, achievements, assets (i.e. supportive strengths and weaknesses).
- ⇨ **Consumerist** – The information is given tailored to the needs of the patient. Here the consultation is directed by the patient.

Highest levels of patient satisfaction were found when psychosocial communication pattern was used.

Another pattern of communication is;

- ⇨ **Patient centered** - The consultation is directed towards satisfying patient's concerns and needs.(i.e. Patient friendly)

- ⇨ **Therapist centered** - The consultation is directed towards satisfying therapist's concerns and needs. (I.e. Therapist friendly!)

# MODULE – 4 : COUNSELLING FOR ANTI - TUBERCULOSIS TREATMENT ADHERENCE

Objective: Here the trainee will know how to keep the TB patient adhered for long term anti TB treatment through counselling approach.

## TREATMENT BEHAVIOUR

***Adherence***

Adherence is defined as the coincidence of patient's behaviour with the clinical prescription.

Non-adherence is defined as the contradiction of patient's behaviour with the clinical prescription which prevents achieving the therapeutic result.

The patient's adherence towards to the guidance or treatment offered in health-care consultations has been studied extensively. It has been universally observed that, many patients fail to adhere to prescribed medicines or advice.

***Non-adherence behaviour can be active or passive.***

Active non-adherence arises when the patient makes a decision not to take the treatment as instructed.

Passive non-adherence may be unintentional. It may happen due to patient's forgetfulness or ignorance to take the medicines.

***Determinants of non-adherence***

**A) Individual factors**

1. Personnel characteristics
2. Deviated behaviours
3. Co-morbid factors. E.g. presence of other diseases
4. Individual perceptions on disease and treatment.
   e.g. – Misbeliefs in side effects
5. Patient's level of satisfaction
6. Cost-benefit analysis
7. Poor understanding and recall of information presented in the medical consultation

8. Harmful properties of medicine
9. Age

**B) Social Factors**

1. Social stigma
2. Social obligations e.g. economic factors, prioritizing social or family responsibilities
3. Social status
4. Peer influence

**C) Organizational factors**

1. Attitude of staff
2. Waiting time
3. Distance to the healthcare facility
4. Physical and social environment of the setting

Assignment - Divide the group in to two: one party does an elaborative presentation on items individual factors of non-adherence; other party an elaborative presents on social and organizational factors of non-adherence.

## HOW TO DEVELOP AND MAINTAIN A THERAPUTIC RELATIONSHIP

### I. Respect

Counsellor must learn to respect the client. Trying to understand his problems from the client's point of view is the doorway to respect him. A sense of humor and genuineness are essential components of paying respect to others. Especially, when a TB patient comes to you he/she may be having a low self estimation because of the stigma attached to TB. Sense of humor and genuineness play a major role here.

### II. Confidentiality

Confidentiality is a basic principle in counselling ethics. Not only that we must not divulge the personnel things of the client to the others, but convincing client that confidentiality is secured is also equally important.

### III. Unconditional positive regard

As mentioned before, this is the regard for client's values and humanity. We must be able, as counsellors, to pay due respect to counsellors' values and put a genuine effort to understand him. It is also essential to convey this to client. Counsellor must learn how to encourage the client to change for the desired effect.

### IV. Trust

Counsellor shall be able to convey the message that the client is trusted. This is an essential skill that should be developed as counsellors.

### V. Friendliness

Counsellor must convey to the client, that he is ready to help as a friend. This should be done through effective communication. Counsellor must develop the skills for effective communication in this regard. Attentiveness, non verbal communication, eye contact and bearing up the silences are very important in showing friendliness.

### VI. Listen to patient's concerns

Listening itself is a learned skill in counselling. It consists of several components as,

- Active listening
- Reflective listening
- Uninterruption
- Tolerance of intolerance

### VII. Allow the Expression of Emotions

It is mandatory to facilitate the emotional catharsis. Also counsellor should be able to share the emotions of the client. (Empathy)
Sometimes the client may want to express the emotion in several different ways, such as writing and drawing of his/her feelings. In such cases one must facilitate them to write and draw by providing papers and pens etc.

### VIII. Improve Morale

It is the duty of the counsellor to recognize and appraise the achievements of the client. Also the counsellor must look at the setbacks as learning opportunities.

**HOW TO PROVIDE SUPPORTIVE CARE**

- **Emotional support** - An environment of love and care must be created around the client.
- **Esteem support** - Esteem support is provided by respecting and accepting the values of client.
- **Instrumental support** -The counsellor must be able to provide practical help
- **Informational support** - The provision factual knowledge, explanation, & advice

# MODULE – 5 : COUNSELLOR SELF CARE

## INTRODUCTION

This module describes how to care about you without getting stressed and burnt out when work as a counsellor.

In our set up the healthcare worker often has to work with highly marginalized clients and often with limited resources. Especially, in the context that counseling for TB patients is a new concept, you may hardly obtain recognition and reward. Unless the counsellor anticipates stress and burn out, he/she has to pay by depriving own health status.

**OBJECTIVS**: At the end of the session trainees will be able to; understand what is meant by the concepts of stress and burnout : that nobody is immune for them ; develop an insight in to burn out and do a risk survey for own self; manage stress and prevent burnout; understand how to draw a line between professional and personnel lives.

## WHAT IS STRESS AND BURNOUT?

Stress can be defined as anything that stimulates individual to increase the alertness. Life without any stress will obviously be dull and boring while too much stress will be tiring and unpleasant damaging health and wellbeing of the individual. Too much stress will debilitate work performance.

Stress often originates from an external event or circumstance that demands the inner or external resources of an individual. If the demand exceeds the resources of the individual, the person experiences stress.

Burnout refers to a condition where the individual physically and mentally exhausts due to prolonged and excessive stress. In burnout, a person gradually detaches from work and other meaningful relationships, in response to prolonged physical, mental and emotional strain. It is gradual but a consistent process. The ultimate result is declining in productivity, confusion and a feeling of 'emptiness'.

According to WHO definition, burnout is ‘a physical, emotional, psychological and

spiritual phenomenon; an experience of personnel fatigue, alienation and failure'.

As burnout progresses many experiences changes in their day to day life and outlook. Based on the sequence of behavioral changes usually take place, WHO classifies burnout in to three stages.

*(HIV Counselling Resources training package; UNICEF East Asia and Pacific Regional Office, 2009)*

1. **Stage 1: Stress arousal stage**
2. **Stage 2: Energy conservation stage**
3. **Stage 3: Exhaustion stage**

**Stage 1: Stress arousal stage**

If somebody has any **two** of the following symptoms, he/she is experiencing stage one of burnout.

1. Persistent irritability
2. Persistent anxiety
3. Periods of high blood pressure
4. Insomnia
5. Teeth grinding at night
6. Forgetfulness
7. Heart palpitations
8. In ability to concentrate
9. Skipped beats
10. Headache

**Stage 2: Energy conservation stage**

If somebody has any two of the following symptoms, he/she is experiencing stage two of burnout.

1. Late for work
2. Need for three day week ends
3. Procrastination
4. Decreased sexual desire
5. Persistent tiredness in morning
6. Habit of turning in work late

7. Social withdrawal(from friends and the family)
8. Cynical attitudes
9. Resentfulness
10. Increased coffee, tea, beverage consumption
11. Increased alcohol consumption
12. Apathy

**Stage 3: Exhaustion stage**

If somebody has any **two** of the following symptoms, he/she is experiencing stage three of burnout.

1. Chronic sadness or depression
2. Chronic stomach or bowel problems
3. Chronic mental fatigue
4. Chronic physical fatigue
5. Chronic headaches
6. Desire to drop out of society
7. Desire to move away from friends, work, and perhaps even family.
8. The desire to commit suicide

The above WHO guideline can be used to assess yourself and see whether you are experiencing a burnout. Anyone can experience stress and burnout. It can affect any individual irrespective of age, sex, social class and socio demographic characteristics. However some are more prone to get burnouts than others in the society.

1) Front line workers in jobs (e.g. Interns rather than consultants)
2) Highly committed individuals for their job
3) Counselors dealing with difficult situations
4) individuals who have been promoted their current position recently

**Causes for counsellor burnout**

Anyone can face following problems in the career as a counsellor. Counsellors must be aware for these to combat burnouts.

1) A strong sense of commitments
2) Job stress
3) Lack of adequate support
4) Isolation and alienation
5) Fear of having TB infection

6) Stigma
7) Excessive work
8) Increasing responsibilities
9) Political/ top management pressure
10) Diminishing resources
11) Boredom
12) Client related issues

Question: What are the client related issues that can burnout the counsellor?

Recognizing burnout symptoms as Physical, Behavioral and Cognitive is a skill development of the counsellor.

☛ **Relationship between physical, behavioural and cognitive components**

| Physical | Behavioral | Cognitive |
|---|---|---|
| Exhaustion | Irritability or frustration | Exasperation |
| Lingering minor illness | Quickness to anger or irritability | Rumination |
| Frequent headaches and Back aches | Tendency towards prejudice | Emotional numbness, impoverishment |
| Sleeplessness | Substance abuse | Emotional hypersensitivity |
| Gastrointestinal disturbances | Marital or relationship problems | Over identification |
| Chronic and vague physical pains | Rigidity in problem solving | Pessimism, helplessness, hopelessness |
| General malaise | Impulsiveness or acting out | Grief and sadness |

Question: What is meant by the term 'Exasperation' and 'Rumination'?

## *Occupational stress and burnout*

Occupational stress and burnout is a common phenomenon among professionals including counsellors. Responding to unique workplace stressors is a skill that must be developed by the counsellor. This is done by using multiple strategies to protect oneself.

Activity: Divide the trainees in to two groups. One group must do a brief presentation on strategies used to combat work place stressors. Other group must critically discuss the applicability of those strategies presented with new suggestions.

## *Stress management and prevention of burnout.*

Stress management refers to efforts taken to control or reduce the tension felt, when a situation is perceived to be difficult or beyond one's resources.

There are several strategies to combat stress and burnout. The techniques selected by the counsellor depend on the cause for the stress and burn out and the situation in which they occur. Counsellors should ask the question “where the stress comes from?”

Whether it is from events or relationship difficulties or arising within the self.... etc

**1. Adopting a healthy life style.**

Talking to the members of one's community (colleagues, friends, family members, and neighbors) is a useful strategy. They can broaden the focus, interests and activities of the counsellor and safeguard from boredom. A common stress reaction is burying oneself in work. This can be self defeating physically and mentally. Therefore counsellors should try to get a good rest whenever possible.

**2. Managing time.**

Counsellors can be better time managers by working more efficiently rather than harder. A range of skills must be developed for successful management of time.

Activity 2: Divide the group in to two. One group does a presentation on "What are the skills you should have for good time management?"

### 3. Changing the way one thinks

Sources of stress can sometimes be recast by transforming negatives in to positives. For example welcoming changes, recognizing and changing irrational beliefs, not generalizing bitter experiences and not focusing on unimportant details may bring about significant positive changes to the personality. Counsellors should not jump in to conclusions or take things too personally.

Apart from being realistic, counsellor can use imagery method too. In this a person substitutes actual experience with scenes from imagination. The body will react to the imagined scenes as if they were real. Imaging pleasant scenes can reduce stress.

### 4. Using relaxation techniques.

Meditation is one of the best methods for relaxation. Meditation focused on breathing (Aanapana Sathi Bhavana) for about 30 minutes can help greatly in relaxing mind and calming stress.

Yoga exercises can also be employed for relaxation of tense muscles and calming stress.

### 5. Set a boundary between professional and personnel lives.

It is critically important that a counselor should draw a margin between professional and personal lives. There must be a balance between professional and personal lives so that all of the time is not eaten by the profession. Several techniques can be employed to draw this margin.

**Activity 3:** The group left over in activity 2 does a presentation on "What are the techniques employed to draw a margin between professional and personnel lives?"

*It is important to know about yourself. Everybody has his own characteristics and counsellors are not an exception. So the responses to each situation are highly personality dependant. Developing an insight to the own character will help you out here. 'It is not a sign of a bad counsellor to acknowledge limitations. Rather, it will help you to minimize undue stress and do a better job.*

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