

HIV COUNSELING AND TESTING; SERVICE PROVIDERS' EXPERIENCES OF AND ATTITUDE TOWARDS SUPPORT SUPERVISION

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Background- HIV CT

- In 1998, adopted in Kenya as a strategy for;
 - prevention of HIV infection
 - entry to care and support
- Other models of HIV CT since PMTCT, PITC, CBHCT, MVCT etc



Counseling in CT

- Important in the process of testing for HIV
- Stigma towards HIV/AIDS
 - possible loss social support.
- Aims of counseling
 - helping clients to reduce self stigma
 - Consider test results and disclosure



Counsellor burnout

- Counseling, especially for HIV CT, is bound to result in burnout
- This may be manifested as;
 - lowered energy and enthusiasm for work
 - loss of concern for the clients
 - negatively affecting counsellors' personal relationships
- Consequently;
 - clients are predisposed to receive low quality of services
 - high cost of services due to reduced performance SPs



Supervision benefits

- Supervision protects clients and allows counsellors to provide value to their clients;
 - counselors are supported to deal with stressors that lead to burnout
 - gives an opportunity to counselors to recognize and build on aspects of their lives that contribute to physical, psychological, and social well-being hence offer quality services to their clients
 - safeguards the counseling profession



Assessment backdrop

- Counselor supervision is recognized as one of the important mechanisms of monitoring and ensuring the quality of HIV CT
- But based on the premise that the counselors also appreciate the need for and importance of supervision in their work



Aim of the assessment

- This assessment sought to find out;
 - the counselors' experiences with supervision
 - whether they thought it was useful in their HIV counseling and testing work



Methodology

- Target was counselors accessing supervision by LVCT within Nairobi
- Respondents;
 - 38 counsellors drawn from nine (9) VCT sites
- Two groups identified as 'XX' and 'YY' based on alternate supervision sessions
- Instruments;
 - Two sets of questionnaires developed each with six short qualitative open-ended questions
 - self administered anonymously between Jan – March 08
- Supervisors end of contract reports and feedback during supervision of supervisors utilized



Findings 1

- 100% of the respondents agreed that supervision in the context of HIV counseling and testing is important
- About 50% of the counselors related **clients welfare** as main reason accessing supervision
- Other reasons included;
 - support on work related challenges
 - support in dealing with personal issues
 - acquisition of more skills and attaining personal and professional development



Findings 2

- Positive experiences with supervision
 - Gained insight
 - Sense of belonging
 - Increased self awareness (Me and my work)
 - Improved competence
 - learning from others' experiences
 - Gained courage to serve all clients including 'white clients'
 - encouragement & reassurance
- Negative experiences
 - High challenge with low support
 - Confidentiality broken



Findings 3

- Supervisor's observations
 - Some counsellors do not seem to appreciate need for supervision access, based on attendance trends
 - There was noted growth among counsellors under their supervision, e.g. disclosure of own HIV status
 - Counsellors need different levels support of supervision (Support/ challenge matrix) based on experience and personality
 - HIV CT has lasting impact on clients and heavily burdens counsellors (e.g. guilt, helplessness when whole family tests HIV positive, or information of death of client)



Sample responses

- **Supervision in the counseling;** *“It is a forum where clients’ issues and counselors’ issues are shared for support and gain insight to the same issues for onward progress”*
- **Supervision is important because** *“I am able to go on counseling since I got relief from burnout and overwhelming issues, I do say I got the fuel to continue”*
- **The impact of supervision on the counsellors**

Resp 1 *“Supervision has had an impact in my work because it’s like you offload your burdens so that you can give quality services. I don’t have any negative experiences about supervision”*

Resp 2 *“Positive experience- I have had support on personal and client work, capacity building. Negative experience - confidentiality being broken”*



Limitations

- Sample not form representative
- All counselors interviewed accessed supervision by LVCT hence possibility of bias
- Those who do not or may have been accessing supervision but stopped?



Conclusion

- Counselors interviewed acknowledged the importance of accessing supervision towards providing quality services
- There were both positive and negative experiences with supervision
- Supervisors' role contributes to the experiences of the counsellors
- Responses and observation by supervisors indicate a positive attitude towards supervision
- Unless counsellors have an avenue of support on their own issues (especially HIV) they cannot effectively help clients deal with implications of HIV status



Recommendations

- Need to create safety to ensure confidence in the supervision process
- Need for systems to monitor and ensure minimum professional standards in the country
- Need for a strong recognized professional body to enforce and monitor the counseling practice standards
- Research to establish wider opinions especially of those not attending supervision
- Need to extend psychosocial support to other health workers



Remember.....

.....a 'good enough mother' does not overreact when a child throws the food back at her by taking it as a personal attack, or sink under feelings of inadequacy and guilt, but can hear this event as the child's expressing its temporary inability to cope with the external world. For a mother to be 'good enough' she needs to be supported either by the child's father or another adult so that she can hold the child even when they need to express their negativity or murderous range. Like wise a 'good counselor', psychotherapist or other helping professional can survive the negative attacks of the client through the strength of being held within and by the supervisory relationship - Donald Winnicott, paediatrician and psychoanalyst. *Hawkins, P. and Shohet R. 2000)*



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