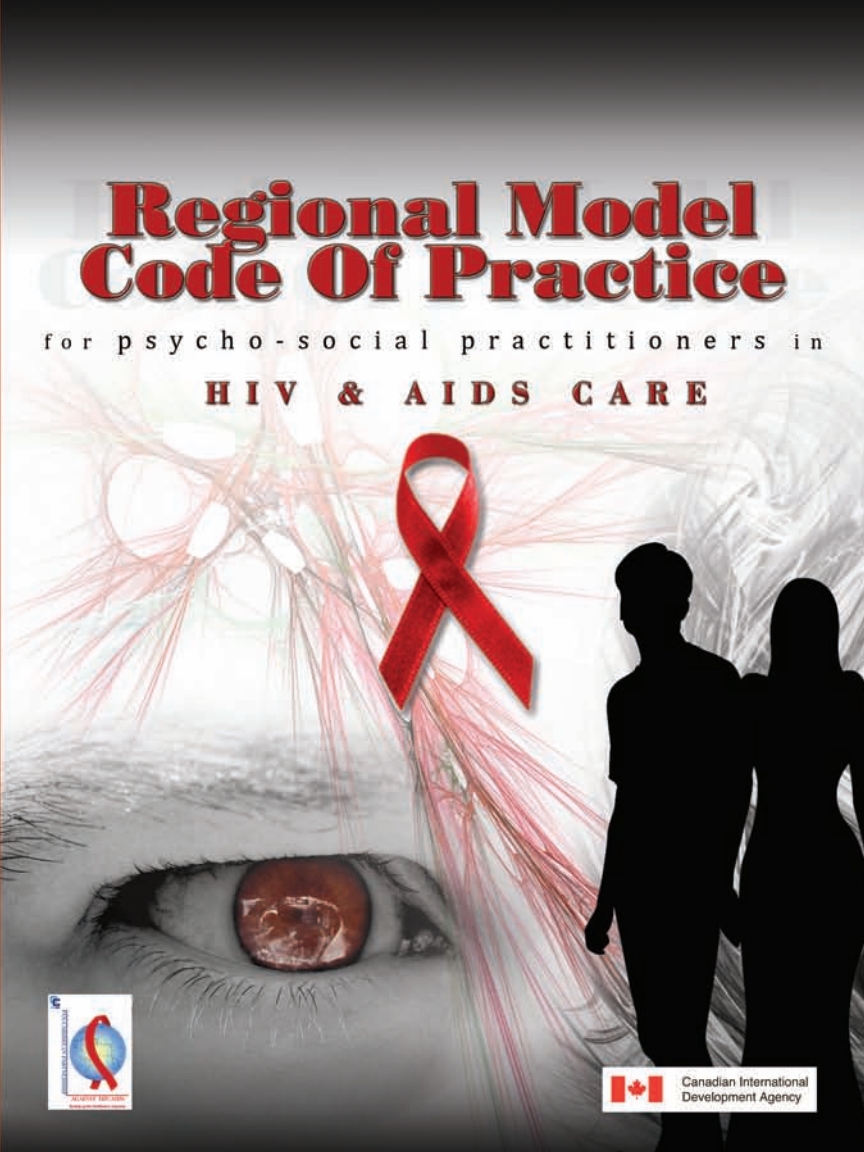
Regional Model Code Of Practice

for psycho-social practitioners in

HIV & AIDS CARE



Canadian International Development Agency

Regional Model Code of Practice for Psycho-Social Practitioners in HIV & AIDS Care

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Acknowledgements
We would like to acknowledge the support of the psycho-social practitioners and other stakeholders who participated in the consultations and gave feedback on the document and Volderine Hackett who gave special support during the publication phase.

This publication is a product of the Law, Ethics and Human Rights Project of the Pan Caribbean Partnership against HIV/AIDS (PANCAP). Funding support was provided by the Canadian International Development Agency (CIDA) as part of its Enhanced Support for HIV/AIDS in the Caribbean (ESAC) programme.

ISSN 2070-2787

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
CARICOM	Caribbean Community
CBO	Community Based Organizations
CIDA	Canadian International Development Agency
CRSF	Caribbean Regional Strategic Framework
FBO	Faith Based Organizations
HIV	Human Immuno Deficiency Virus
MSM	Men who have Sex with Men
NGO	Non-Governmental Organizations
OVC	Orphaned and Vulnerable Children
PANCAP	Pan Caribbean Partnership on HIV & AIDS
PLWHA	People Living with HIV & AIDS
PMTCT	Prevention of Mother to Child Transmission
PSP	Psycho-Social Practitioners
SW	Sex Workers
VCT	Voluntary Counselling and Testing

PREFACE

Challenges of Psychosocial Providers in the Caribbean

Persons providing psycho-social services in the Caribbean face the following challenges in their effort to provide good service to their clients:

- Infrastructural problems: many public health settings used for counselling are not sufficiently private and as such, limit the level of confidentiality that can be achieved
- Limited supervision in the execution of their function
- Limited continuing education in the area of speciality
- Cultural resistance to counselling fearing that information disclosed will find its way into the public domain
- The widely-held view that only mentally-ill persons seek counselling
- Non-recognition of the professional counsellor as an important and equal member of the treatment and care team
- Perceptions that anyone can counsel and that special training is not required

Definition of Code of Practice

Encarta defines a code of practice as: professional rules; a set of rules according to which people in a particular profession are expected to behave.

Benefits of Codes of Practice

Codes of practice can provide the following benefits

- Increased client satisfaction
- Improved public perception of good practice, professionalism and confidentiality in the system
- More streamlined procedures
- Clarity for client's expectations of the relationship
- Helps to marginalise or weed out poor practice and practitioners

Consequences of not having a Code of Practice

Any service provided without a Code of Practice in place can expect to experience and see the following:

- Overall erosion of the quality of practice
- Unclear definition of what is counselling and who should counsel
- Non-adherence to process and procedure resulting in behaviour change for persons testing positive for HIV not being addressed
- Persons testing positive for HIV going underground and not receiving follow-up
- Inconsistent adherence to medication regimen resulting in possible resistance to such medications

The following document has been prepared as a template for use within the region. This code of practice provides a set of common principles and standards to guide the provision of psycho-social support for HIV & AIDS.

While it attempts to address the many issues and circumstances counsellors, the individuals and populations they serve may encounter during service delivery, it is by no means exhaustive and will require periodic review and revision.

Introduction

HIV & AIDS in the Caribbean - Brief Issues

The first case of HIV & AIDS was isolated in Jamaica in 1982. In that same year cases were isolated in Trinidad and Tobago, The Dominican Republic and The Bahamas. By the early nineties, the Caribbean had become the region with the second largest prevalence rate after sub-Saharan Africa. From then to now AIDS cases have climbed steadily in the Caribbean – with reported cases from every Caribbean territory. The countries in the region which are the main contributors to this high rate include Haiti, Dominican Republic, Bahamas, Guyana, Jamaica and Trinidad and Tobago. Additionally it is important to note that the rates in the smaller territories are viewed by epidemiologists as being too high for their population size.

Because the early years underscored the fact that there was no cure for AIDS, education was seen as the key to prevention. Caribbean countries and territories developed comprehensive national responses focusing on prevention education.

In the year 2000, the health benefits of Anti-Retroviral Therapy (ARV) were recognized and Caribbean countries began to focus on increasing access to these medications. The World Health Organization's initiative to put three (3) million people worldwide on Anti Retroviral therapy by the year 2005, accelerated the issue of access to treatment in the Caribbean, and precipitated the very important process of HIV & AIDS care in the sub-region. The Caribbean has since adopted the programme of universal access, along with prevention of mother-to-child transmission interventions and the scale up of voluntary counselling and testing sites in order to forecast HIV & AIDS numbers and to begin the preparation of AIDS cases for uptake of ARV.

Throughout the years a number of professionals and lay persons have been trained at regional and national levels to provide counselling and support on the many issues raised by HIV & AIDS. While the exact numbers are not known there are hundreds of persons throughout the region who have received such training. They include peer counsellors, prevention counsellors, adherence counsellors, Prevention of Mother to

Child Transmission (PMTCT) counsellors and Voluntary Counselling and Testing (VCT) counsellors to name a few. Many of these persons are health care providers, especially nurses, with additional volunteer support from Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs). They are supported by several professionally trained social workers, psychologists and psychiatrists in both the public as well as the private health care system.

This eclectic group of providers is the group which consistently intervenes on psycho-social issues on behalf of Persons Living with HIV & AIDS (PLWHA), their families and other vulnerable populations. For the purpose of this code of practice, these individuals comprise the group hitherto referred as Psycho-Social Practitioners (PSP).

This code of practice acknowledges and supports the efforts of this committed and diversely trained group.

Rationale

Counsellors, Social Workers, Psychologists and Psychiatrists have key roles to play in the response to the HIV & AIDS epidemic. They directly support individual behaviour and through the design development and implementation of community programs (in response to the epidemic), group and societal support is also achieved. Psycho-Social Practitioners also work towards establishing enabling policy environments which give right to access to services for persons infected and affected by HIV & AIDS.

With such an important role to be played by this group of persons, professional standards and practice is critical to the quality of care available to communities across jurisdictions.

As a region, the Caribbean, though supporting individual national response efforts, has also encouraged a regional approach through the Caribbean Regional Strategic Framework (CRSF) 2002 – 2006 which has expanded knowledge, enhanced competencies, mobilized and maximized resources

and has through its collective responses demonstrated international best practice through the Pan Caribbean Partnership against HIV & AIDS of the Caribbean Community (PANCAP -CARICOM).

Through this CARICOM initiative and with funding support from the Canadian International Development Agency (CIDA), an action plan on law, ethics and human rights was developed. As a major activity in this plan a working group of Psycho-Social Practitioners of good standing in the Caribbean caucused on the issues related to psycho-social support for HIV & AIDS.

This draft code of practice represents the reflections and aspirations of this working group in furthering good practice and quality care for the peoples of the Caribbean as it relates to HIV & AIDS.

The content of this code of practice is by no means law and does not bind its framers or those who will sign to it. In fact, it seeks to encourage a set of principles and practices which will ensure that those individuals, who access PSP services are treated with human dignity, not subjected to stigma and discrimination and are provided with the best care available.

It also seeks to engender a collegial culture in which the art of counselling is provided. It attempts to recognize that counselling and support is provided by lay persons and professionals, making little distinction between the two.

It signals that collective responsibility will have greater impact than individual efforts and validates past and future Caribbean efforts at regional solidarity and collective action.

More critically, the code recognizes the unique Caribbean culture that is deeply rooted in our rhythms, history, religions and spiritual values; diverse/variable family, and political and racial structures.

It acknowledges these as strengths and seeks not to judge, ridicule or to modify them in the pursuance of good practice.

Psycho-Social Support

Psycho-social support comprises a number of services delivered through a number of settings and disciplines from where the ongoing psychological and social needs of persons living with HIV & AIDS, their partners, families and caregivers are addressed.

The Impact of Psycho-Social Support

With expert counselling and adequate support, PLWHA are much more likely to maintain fair to good mental health by managing the stresses which come with the illness.

Psycho-social support is important because HIV infection ignites previously unaddressed issues and impacts on all aspects of an individual's life including but not limited to physical, psychological, social and spiritual support. Counselling therefore helps PLWHA and those with whom they are involved or associated including their caregiver, to confront each of these dimensions with the focus on effective coping. Counselling also serves to improve quality of life after diagnosis since at each stage of the disease; new and complex challenges present themselves.

In most instances worldwide, HIV stigma has impacted on the quality of life PLWHA has lived both individually and as a group. The impact of stigma has even reached beyond the PLWHA to touch peers, friends, family and caregivers. This impact has included loss of employment, housing, health care, social network and family. Psychosocial support can facilitate coping and enhance decision making around these issues, and help to minimize discrimination often associated with stigma. Intervention also helps to prevent further transmission.

Why focus on Psycho-Social Support

There are several reasons for focusing on psycho-social support for persons living with HIV & AIDS, their families and communities. In the absence of a cure or vaccine for HIV & AIDS, most of the health determinants for individuals are vested in attitude and behaviour change at the personal and societal levels. Access to services is enhanced, encouraged, and supported

by the behaviours of service providers. Societal stigma of HIV & AIDS has resulted in discrimination which has discouraged access to treatment and to the erosion of treatment adherence. Working persons are often reluctant to continue their employment, at times abandoning jobs or sometimes "forced" out by the attitudes and behaviour of staff and management policies.

It is not only in the case of HIV that this impact is felt. Stigma and discrimination also impacts on the willingness of the population to be tested for HIV, in order that prevention practices can be explored and adopted. It also results in already marginalized populations like men who have sex with men (MSM) and sex workers (SW) going underground to avoid this debilitating impact.

Psycho-Social Practitioners

Psycho-Social Practitioners inclusive of PLWHA are among the key players in the response to the HIV & AIDS epidemic. They focus on the holistic care of the person. Psycho-Social Practitioners promote and support well being through the design, development and implementation of community programs and other forms of intervention.

Psycho-Social Practitioners also work towards establishing enabling policy environments which give right to access to services for persons infected and affected by HIV & AIDS.

When developing services for PLWHA, psycho-social providers should:

- Assess the availability of mental health services at both the governmental and the non-governmental levels. Community support groups are critical to PLWHA reclaiming their lives and addressing issues of quality through peer support. Such groups can be started and/or supported by psycho-social providers. Equally, in situations of high prevalence, groups for supporting health care providers will assist in their mutual learning, coping and avoidance of burnout or leakage of scarce personnel.

- Map existing support systems linking and coordinating with these to maximize the use of what is available and to identify gaps and possible points for redress or intervention.

- Continually develop strategies with existing services – government and NGO to build community capacity to provide counselling and support and to ensure sustainability, continuity of interventions and community development.

- Encourage and support the participation of PLWHA as service providers and ensure that adequate space is allocated for this critical intervention which demands privacy and confidentiality.

Diversity of Providers

Throughout the years a number of professionals and lay persons have been trained at regional and national level to provide psychosocial support on these many issues. They are supported by NGO, CBO or FBO based personnel and volunteers. While the exact numbers are not known there are hundreds such persons throughout the region. Practitioners may be found within the private and public sectors and may include:

- Voluntary Counselling and Testing (VCT) providers
- Nurses
- Professional Social workers
- Clinical care specialists/ physicians
- Pastoral counsellors
- Nutritionists
- Counsellors
- Peer counsellors
- Prevention counsellors
- Adherence counsellors
- Prevention of Mother to Child Transmission (PMTCT) counsellors

Training

Standardized training would facilitate the education of the different types of professionals and providers in order to address this complex problem that is HIV & AIDS.

Ongoing and updated training must be a facet of the preparation of psycho-social providers and programmes. These must be supported by guidelines for the various professionals, NGO and CBO personnel engaged in service delivery at the national and community level.

Supervision

While it is appreciated that supervision is of critical importance in the quality of services, PSP may find themselves in circumstances where they are not directly supervised. It is vital that PSP not function in insular environments and so PSP are encouraged to use the network of practitioners who have been part of the development of the code to sustain the purpose and vision and provide support.

Additionally the importance of documentation and record keeping cannot be sufficiently underscored. Wherever PSP are functioning there is always the need to ensure documentation and record keeping for accountability, continuity of service, for validation of and consistency in approaches used.

PSP must also be aware of the policy environment in which they function, especially since intervention in the lives of individuals brings several responsibilities which vary across circumstances. Most jurisdictions may have policies which outline the territories' policy approach and program direction. In addressing HIV & AIDS, it is important for PSP to be clear on these at the beginning of any helping relationship.

Psycho-Social Issues

Over those twenty (20) odd years of the epidemic, the psycho-social issues facing persons living with HIV & AIDS and their families expanded, and include:

- Workplace intervention
- Post exposure prophylaxis
- Counselling and testing
- Disclosure treatment: workplace, families etc
- Treatment decisions: and compliance
- Treatment of chronic illness and pain treatment
- Stigma
- Death, dying and bereavement
- Adjusting to living with HIV
- Access to psycho-social support: intangible and tangible
- Disability
- Disability and work-related issues
- HIV and substance abuse
- HIV and dementia
- HIV and depression
- Child bearing and parenting
- Nutrition and diet
- Psychosocial issues relating to psychological intervention
- Gender relations
- Spirituality
- Traditional healers and alternative medicine
- Forming relationships
- Economic and financial issues
- Orphans and Vulnerable Children
- Issues relating to adolescent and youth,
- Issues relating to adults, the aging and the aged
- Legal issues

Special Populations

While these are the general issues faced, there is a need to distinguish that there are special populations with needs peculiar to these groups which must be attended to as well. These special populations include:

- Men who have sex with men
- Prisoners
- Mobile populations (migrants, refugees, undocumented workers, sex workers
- Substance abusers
- Mentally and physically challenged persons

Care and Support for PSP

There is no doubt that the stressful implications of HIV & AIDS are felt not only by the PLWHA and their families but by care providers including PSP.

Care and support for PSP is therefore as critical as care and support for clients. PSP need to ensure they approach their lives with a level of balance (health, nutrition, recreation. spiritually). This will serve to reduce stress of work and to avoid situations of fatigue and burn out. PSP are also encouraged to use peer to peer contact and review and to develop national linkages with other PSP for professional support.

Psycho-Social interventions are often critical at the points of testing and notification of results, and the immediate months which follow. Clients will have a number of questions and concerns including

- Implications of the result (positive or negative)
- Timing and source of the infection
- Confidentially limits and disclosure
- Onward transmission
- Re-infection
- Disease onset, progression and prognosis
- Life expectancy
- Medical treatment and cure.

Counselling can help in coping and appropriately addressing these issues. At a later stage, clients may focus on dealing with relationship problems including:

- Issues of intimacy
- Parenting
- Having children
- Adoption
- Employment
- Education
- Job mobility

Even later, new issues will emerge associated with the chronic symptoms of the infection including:

- Respiratory infections
- Dermatological problems
- Treatment approaches – access, and commencement,
- Treatment termination and
- Death.

Thus, psycho-social support can be critical to treating known cases of AIDS with antiretroviral therapy as well as ensuring treatment adherence levels of individuals on ARV, thus minimizing resistance to medication and its subsequent complications.

Service Delivery

Care must be taken to avoid treating PLWHA as a homogeneous group with intervention taking on the dimension of "one size fits all". PLWHA come from many groups or sub-populations and as such, service delivery should be provided strategically to address each unique group: e.g. women, youth and adolescents, indigenous populations and migrants.

Ongoing and updated training must be a facet of the preparation of psycho-social providers and programmes, supported by guidelines for the various professionals, NGO and CBO personnel engaged in service delivery at the national and community level.

Signing on to the Code of Practice

Psycho-Social Practitioners who are signatories of this code are making a clear declaration to the general population and the clients that they serve, that they are in solidarity with their colleagues across the region in the fight against HIV & AIDS, the support and involvement of PLWHA and their families, and in the ongoing efforts to standardize and ensure quality in the delivery of psycho-social services related to HIV & AIDS.

In so doing, PSP signing to this Code of Practice will abide by the tenets of the code. Signatories further declare that they will follow the existing counselling guidelines and policies as well as subsequent approved and relevant guidelines and policies that enhance psycho-social service delivery to PLWHA in their national jurisdiction.

Implementing the Code of Practice

It is intended that the code be supported by counselling guidelines on which Psycho-Social Practitioners can base their direct interventions and approaches in support of standardization/quality.

In addition, a Community Advisory Board (CAB) comprising of persons of good standing from among the PSP community will preside on issues of breaches to plan and organize the business of the network of PSP signatories, and to settle complaints of the clients or community regarding the conduct of signatories.

The code will be supported by a review process, guided by operations research and the practical experiences of signatories in its application. This review will see the convening of Psycho-Social Practitioners meetings/ conferences on a biennial (every two years) basis to inform the wider Caribbean on psycho-social issues and research, to strengthen the PSP network, to contribute to the greater body of knowledge related to HIV & AIDS, and to elect the Community Advisory Board members for the ensuing 2-year period.

Our Commitment

Caribbean PSP are committed to the eradication of HIV & AIDS from our region and the world. As science continues to address this multifaceted problem, PSP position themselves to ensure that knowledge of human behaviour and people's understanding of themselves and their environments are central to the efforts of reducing the spread and impact of HIV & AIDS among individuals, communities and the society of the Caribbean.

Caribbean PSP at the forefront of our understanding place a deep and unwavering respect for our unique culture. We recognize that the history, religions, spiritual values and rhythm of the Caribbean allows us to see ourselves as individuals as well as one people regardless of which country we were born in, or of our sovereign nationality.

PSP believe in the human rights of all people, respect and encourage all aspirations as long as they pose no threat to others and encourage human inquiry which will further HIV & AIDS knowledge and dissemination.

This code of practice provides a set of common principles and standards to guide the provision of psycho-social support for HIV & AIDS. While it attempts to address the many issues and circumstances PSP and the individuals they serve and populations they may encounter during service delivery it is by no means exhaustive and will require periodic review and revision.

1.0 General Principles

The code refers to the following general principles and standards in so far as its framers are not from a homogeneous professional group, are not all professionally trained and for those who are of specific professions are themselves bound by the ethics of that profession.

A. Ensuring well-being and avoiding harm
B. Integrity
C. Social justice and responsibility
D. Promoting human rights and respecting dignity
E. Celebrating diversity
F. Spirituality and religion
G. Training

1.1 Principle A: Ensuring Well Being and Avoiding Harm

1.1.1 PSP strive to work for the benefit of those persons living with and affected by HIV & AIDS and to take sufficient care as to ensure that no harm is brought to these persons.

PLWHA have not been treated well by most sectors of the human family, whether in health care, in accessing academia, education, social service and the like. PSP in their action will seek to change this norm by providing and advocating for the well-being of their clients, making sure that by their efforts clients are not exposed to or subject to harm.

They avoid provider/practitioner conflict which may harm each other or the respective professions to which they belong.

They further seek to guard against personal, financial, social, organizational or political factors that might lead to misuse of their influence by individuals or groups.

PSP are ever mindful that they are seen as exemplars among the PLWHA populations and must safeguard against the impact of their behaviour on their ability to keep faith with and help those with whom they work.

1.2 Principle B: Fidelity and Responsibility

1.2.1 HIV & AIDS PSP by establishing trusting relationships with their clients signal their intention to fight for social justice in all forms as they relate to the many vulnerable populations which they serve as well as advocate for equality of status and opportunity and against stigma and discrimination for at risk/vulnerable populations including men who have sex with men, mobile populations, orphan and vulnerable children (OVC), sex workers (SW) and institutionalized populations.

They are mindful of their responsibilities to their society and the vulnerable communities in which they work. They uphold the standards of this code, clarify their specific roles, training, obligations, accept responsibility for their behaviour and seek to minimize conflicts of interest that might lead to exploitation and/or harm.

PSP consult, refer or cooperate with other practitioners, health care providers, agencies organizations or institutions addressing HIV & AIDS only to the extent of providing good service to those with whom they work.

They recognize that PLWHA and vulnerable communities are often desperate for individuals who appreciate their circumstances and are as such vulnerable to abuse.

They remain watchful of the practices of their colleagues in the interest of PLWHA and vulnerable communities including men who have sex with men (MSM), sex workers (SW), orphan and vulnerable communities (OVC) and the wider culturally unique circumstances, and are willing to champion their cause.

1.3 Principle C: Integrity.

1.3.1 PSP appreciating these delicate dynamics, seek to operate at the highest levels of integrity grounded in truth, honesty and fairness.

PSP will not engage in cheating or stealing, fraud or subterfuge or the intentional misrepresentation of facts.

PSP strive to be realistic in their commitments, avoiding circumstances in which promises to their clients are outside of their control and remit, ever mindful of the impact of these on their colleagues and clients.

1.4 Principle D: Justice

1.4.1 PSP recognize that justice entitles all persons to access and benefit from services provided in the public and private domain and that once access is achieved the same quality to process, procedure and services must be assured.

1.4.2 PSP will take precautions to ensure that their potential biases, the boundaries of their competencies, and the limitation of their expertise and experience do not lead to or condone unjust practices and will speak up and advocate against stigma and discrimination of PLWHA wherever it may be recognized.

1.5 Principle E: Promoting Human Rights and Respecting Dignity

1.5.1 Recognizing that high levels of stigma and discrimination associated with HIV & AIDS has stunted and eroded the potential of PLWHA, PSP value all peoples and recognize and promote the rights of confidentiality and equality within the law and policy.

1.5.2 PSP will support and promote the rights of PLWHA to work, to form unions and marry, to rear children and to associate in groups of their own choosing.

1.5.3 PSP recognize the need for safeguards of these rights for all persons but that special consideration must be required for vulnerable communities and/or individuals who may be impaired from autonomous decision making e.g. OVC, institutionalized persons especially prisoners, migrant and indigenous populations.

1.6 Principle F: Diversity

1.6.1 PSP celebrate the cultural diversity of the Caribbean, appreciate the majesty of the original inhabitants (indigenous peoples) and the deep contributions of the many diasporas in the Caribbean sub-region, these include African, Indian, Europeans, Chinese, Lebanese and Syrians.

1.6.2 PSP are aware of and respect cultural, individual and role differences, appreciating that these may include age, gender, gender identity, race or ethnicity, religion, national origin, sexual orientation, disability, language capacity and social and economic status.

1.6.3 PSP respect that these cultures remain deeply rooted in our psyche as well as profoundly expressed in our political systems, indigenous rhythms, family life, commercial endeavours and education.

2.0 Ethical Standards

2.1 Competencies

2.1.1 PSP provide services in public and private institutions including health service delivery settings, workplaces, schools, prison services, NGO, FBO and CBO. PSP conduct research and teach and train lay-persons and professionals in the delivery of services related to HIV & AIDS. In these many areas PSP pledge to work only within the boundaries of their competence, based on their education and training and/or supervised or professional experience. Competencies include awareness, cultural sensitivity, knowledge of HIV & AIDS and training and skills in providing counselling and support.

2.1.2 PSP undertake to engage in ongoing efforts to develop and maintain their competencies keeping pace with the new technologies, theories, knowledge and approaches relevant to HIV & AIDS psycho-social care and support, and in keeping with relevant national bodies, standards and certification. Competency standards are to be developed by the Community Advisory Board of PSP and influence the relevant ministries and PSP, and through advocacy and partnerships with tertiary institutions and regional agencies will influence competencies, curriculum and training.

2.2 Human Rights and Conflicts

2.2.1 PSP shall not engage in any form of unfair discrimination of the client whatsoever including age, ethnicity, race, culture, religious belief and practice, gender, gender identity, HIV and health status, country of origin, socio-economic status, and disabilities – both mental and physical.

2.2.2 PSP shall provide care, support services and referrals respecting the rights of the client.

2.2.3: PSP should make all efforts to resolve conflicts with clients through acknowledgement and mutual respect for the rights and responsibilities of both. If unresolved the immediate supervisor shall intervene.

2.3 Harassment

2.3.1 PSP will not engage in any form of harassment to service users, work colleagues, or service providers including fellow PSP.

2.3.2 Harassment includes sexual harassment, and verbal or non-verbal conduct - sexual in nature.

2.3.3 The affected client or colleague should have access to some form of redress

2.3.4 PSP will not engage in hostility which endangers the workplace or service delivery environment, or engage in personality assassination or defamation of character of clients or colleagues.

2.4 Multiple Relationships

2.4.1 Scarce resources in our small island states often results in PSP assuming multiple roles and through this, they may establish multiple relationships. If these situations are unavoidable PSP must seek to manage these relations with the client's interest at the centre of their approach minimizing risk and/or harm.

2.4.2 PSP must strive to establish boundaries and roles specific to the prevailing situation or circumstance, minimizing bias and instances of impaired judgment. PSP may wish to work with a co-partner in the delivery of the service.

2.4.3 In circumstances where boundary crossing is likely to occur the PSP should refer to his/her support system for reference and direction in handling this particular kind of situation

2.5 Exploitation

2.5.1 PSP shall not exploit clients or take unfair advantages including receiving gifts, money, services and/or sexual favours.

2.5.2 Where fees and financial arrangements exist, PSP will ensure that all fees and financial obligations are known and agreed to before service delivery is effected.

2.6 Request for Services and Collegiate Cooperation

2.6.1 People living with HVI/AIDS and vulnerable populations have a number of psycho-social issues which impact their lives often requiring the support of multiple service providers. When PSP are identified/referred to by other practitioners, care must be taken to define the services available, who is the client and the circumstance where confidentiality limits may apply for example in case of minors and where the clients will be a danger to himself/or others.

2.6.2 PSP must seek agreement with the client on issues of disclosure and to whom disclosure will be made, recognizing that HIV & AIDS stigma and discrimination is often an issue and may negatively impact the client's life.

2.7 Privacy and Confidentiality

2.7.1 Maintaining Confidentiality

PSP have a primary obligation and must take reasonable precaution to protect confidential information regarding their client. Notwithstanding this, PSP must recognize that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional and scientific relationships. Unless it is not feasible the discussion on confidentiality occurs at the beginning of the PSP-client relationship where necessary and when new circumstances may warrant.

2.7.2 Limits of confidentiality

PSP must discuss with clients as well as organizations with which they work or have established professional relations, the relevant limits of confidentiality and the foreseeable use of the information garnered or generated through their psycho-social support activities.

2.7.3 Informed Consent

Clients must be fully informed of the nature and reason for the service, in simple and understandable language and must provide consent by way of writing or by assent if literacy is in question, when PSP conduct assessments, therapy or counselling in relation to the prevention of HIV & AIDS transmission, testing for HIV, prevention of mother-to-child transmission, and as part of the work leading up to elective surgery or for purposes of research.

Informed consent must not only be related to prevention efforts but to situations of disclosure to a third party as it relates to the results of HIV tests, and issues related to risk behaviour including unprotected sex, substance use and abuse and sex work.

PSP shall engage in Pre and Post test counselling when HIV testing is involved and ensure that the client understands the implications of the test and the meaning of the results, positive or negative.

PSP shall discuss with their clients the importance of onward transmission of HIV to other parties, protection of existing and future sexual partners, protection of unborn children underscoring the need for disclosure and preventive action.

PSP are obligated to take some action when there is any suspicion or acknowledgement of harm to others or child abuse. In the case of child abuse this action must always be in the best interest of the child. Professionally trained PSP are bounded by the laws and ethical standards of their profession, always subject to the laws of the land.

PSP must obtain informed consent for adolescents and for children.

PSP have a duty to warn, in circumstances where the client poses a physical threat to themselves or a third party. This does not relate to what many believe to be wilful transmission. In this instance the issue is principally addressed in who needs to know and forms part of the supportive counselling to PLWHAs.

PSP are obligated to support the empowerment of clients through the provision of education associated with any action taken during the counsellor/client relationship

2.7.4 Record Keeping and Reporting

Record Keeping

PSP must obtain permission from all persons or their legal representatives before PSP can record the voices or images of individuals to whom they provide services.

The use of these approaches must be made known to the client or service user including the fact that the PSP have to maintain records of time spent with clients as well as the nature and content of the sessions.

If these notes, tapes or video are for research purposes, signing of informed consent will be mandatory.

Reporting

PSP will include in written or oral reports and consultation, only information relevant to the purpose for which the communication is made and will divulge confidential information only for appropriate scientific or professional purposes and only with persons clearly concerned with HIV & AIDS. Record retention should be done in keeping with laws of the land. Confidentiality should include both hard and electronic copies and electronic transmission. PSP must ensure training is received by all staff engaged in service delivery.

2.7.5 Disclosure

PSP may disclose confidential information with the appropriate consent of the organizational client, individual clients or other legally authorized persons on behalf of the client, unless prohibited by law.

Disclosure without consent should only occur if mandated by law or where permitted by law for a valid purpose, these include:

- Providing professional services
- Obtaining appropriate professional consultations
- Protecting client, provider or other parties from direct harm
- Obtaining payment for service from a client, in which case disclosure must be kept to a minimum necessary for this purpose.

2.7.6 Consultation

When consulting with colleagues, PSP must ensure that information disclosed will not cause/lead to the identification of the client or organization with whom they have a confidential relationship and that the disclosed information is only to the extent necessary to achieve the purpose of the consultation.

PSP must plan in advance to facilitate the appropriate transfer and confidentiality of records and data in the event that PSP withdraws from positions or practice.

PSP engaged in research and training must not disclose in their writings, lectures or through the media confidential personal identifiable information concerning their clients or organization. They must take reasonable steps to disguise the person or organization, and when such information is disclosed, the person or organization must give consent in writing or there is legal authorization in place for doing so.

2.7.7 Advertising and Public Statements

PSP must not make false, deceptive or fraudulent statements concerning their:

- Training, experience or competencies
- Academic degrees and credentials
- Institutional, association or organizational affiliations
- Services and success, their research results and findings.

2.7.8 Research and Debriefing Publication

Where PSP are involved in research, this research must be carried out against the background of

- Approved research protocol
- Institutional approval where applicable
- Ethical review committee consent for research with human subjects
- Informed consent in writing from participants
- No financial inducements for participation
- Services offered as part of the benefits of participating.

2.7.9 Fees and Financial Arrangements

As early as possible in the PSP relationship where fees or financial arrangements are applicable, PSP and their clients must reach agreement specifying fees, compensation and billing arrangements for services especially, if or since the payment of such obligations may have implications for the interruption or termination of service. PSP must clarify the nature of the services as well as the risk, obligations and limitations of the research.

PSP researchers must be prompt, clear and thorough in providing appropriate information about the nature, results and condition of the research, as well as to take reasonable steps to clear up misconceptions and misinformation that participants and/or the public may have about the research. If delay or circumstances require withholding information, PSP must take reasonable steps to reduce the risk of harm.

2.7.10 Interventions Involving Couples, Families or Groups

HIV & AIDS affects several relationships. When PSP provide services to couples and families, reasonable steps must be taken at the beginning to clarify for all concerned, who is the client and the relations the PSP will have with each of the other persons. This relationship includes the role of the PSP and the probable use of the services provided and information garnered.

In the case of group interventions, PSP must describe at the onset roles and responsibilities of parties, participants/clients, PSP, other health care providers and the levels of confidentiality.

KEY REFERENCES

Caribbean Epidemiology Centre
http://www.carec.org

International Red Cross and Red Crescent – Code of Good Practice for NGOs Responding to HIV & AIDS. http://www.ifrc.org

World Health Organization – Psycho-Social Support.
http://www.who.int/hw/topics/psychosocial/support/en/print.html

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Regional Model Code Of Practice

for psycho-social practitioners in

HIV & AIDS CARE

Printed by Cole's Printery Limited
Wildey, St. Michael, Barbados, West Indies