
Chapter 3

ANTICIPATORY CRISIS MANAGEMENT: A strategic HIV/AIDS prevention intervention and stress inoculation approach

It is a truism that in the absence of vaccines, treatments, and cures, education leading to knowledge about the epidemic and to behaviour change is the only way to inhibit transmission of HIV. Even if bio-medical solutions to AIDS are found, it is further true that, given the political economy of the world today, they will likely not be available for many years to the most affected population of the world. There is increasing consensus about the need for AIDS education for young people as a prevention strategy against HIV/AIDS. Behaviour change and behaviour shaping are central to AIDS education and the behaviours concerned are highly individual and intimate.

The belief that sex and HIV/AIDS education may encourage sexual activity in young people is a powerful barrier to the introduction of prevention programmes for adolescents. Yet, evidence from evaluation studies that compared group of young people who received such education with others did not, show that sex and HIV/AIDS education do not promote earlier or increased sexual activity; on contrary, sex education may lead to a delay in the onset of sexual activity, and to the use of safer sex practices among those students who were sexually active. Studies have also shown that education programmes that promoted both postponement of sexual activity and protected sex when sexually active, were more effective than those promoting abstinence alone.

Many programme for the prevention of AIDS and other STD focus only on bio-medical information such as the virus that causes AIDS , the immune system, signs and symptoms of AIDS, treatment. It is now well known that this type of knowledge is not enough to convince people to adopt positive, healthy behaviours that prevent

HIV/AIDS/STD. What they really need is the motivation to act and the skills to translate knowledge into practice.

"Anticipatory Crisis Management" or "ACM" is an integrated approach from scientific thoughts of Psychology and Futurology, designed for strategic prevention intervention against HIV/AIDS and is also a stress inoculation approach among masses. The ACM programme has two phases; *ACM training phase* and *ACM intervention phase*. The training is based on participatory methods, as these have been shown to be particularly effective for the teaching of behavioural skills. The intervention follows "mental-health model" of Community Psychology.

This programme is intended for intervention among college students of age between 15 and 25 years. After the development of a core group of size 20 to 30 members through the ACM training phase in each college, ACM intervention programme is carried out. The ACM training phase is carried out on the basis of the module "Anticipatory Crisis Management : A Training - cum - intervention programme" (Jayasree, A.K. and Arunkumar, T.S., 1996).

ACM training phase

The purpose of ACM training programme is to provide students with the knowledge and skills which will enable them to behave in a responsible way and thereby protect their own health and well being as well as help others to do so. It is important that the knowledge and skills acquired by students are sufficiently detailed and explicit to enable them to cope successfully with situations of risk they are likely to encounter in future. Moreover, they can provide valuable information along with emotional support to their friends and relatives who are in need.

The ideas and activities carried out in the training programme focus specifically on activities related to AIDS. However, AIDS cannot be isolated from a whole range of

problems such as use of alcohol and other drugs, early prostitution, teenage pregnancies, poor living conditions, violence and other stress related problems. In fact, many of the skills and attitudes that young people need to prevent infection with HIV/STD, are life skills that will be useful in responding effectively to a variety of other problems that they may face as they grow up.

In particular, an educational programme dealing with STD, HIV and AIDS requires that students have an understanding of their own physical and emotional development during adolescence, so that they can gain insight into their own identity and sexuality. It is important to remember that the main mode of transmission of HIV/AIDS is through sexual routes.

The "Anticipatory Crisis Management" training programme intends to increase knowledge, develop skills, promote positive and responsible attitudes, and provide motivational supports.

Knowledge

Information that will help trainees to decide which behaviour is are healthy and responsible includes: ways of HIV/STD transmission; misconceptions about HIV/AIDS transmission; the long asymptomatic period of HIV; personal vulnerability to HIV/STD; means of protection from HIV/AIDS/STD ; sources of help, if needed.

Skill development

The skills relevant to HIV/AIDS preventive behaviours are: self-awareness; decision-making; assertiveness to resist pressure to use drugs or to have sex; effective condom use; identification and counselling of others under stress. These skills are best

taught through rehearsal or role-play of real-life situations that might put people at risk for HIV/AIDS/STD.

Attitudes

Attitudes derive from beliefs, feelings and values. HIV/AIDS/STD education should promote positive attitudes towards delaying sex; personal responsibility; condoms as a means of protection; confronting prejudice; being supportive, tolerant and compassionate towards people with HIV/AIDS; and sensible attitude about drug use, multiple partners and violent and abusive relationships.

Motivational supports

Even a well-informed and skilled person needs to be motivated to initiate and maintain safe practices against HIV/AIDS. A realistic perception of the student's own risk and of benefits of adopting preventive behaviour is closely related to motivation. Peer reinforcement and support of healthy actions is crucial, as peer norms are powerful motivator of young people's behaviour.

ACM training module

The present author along with the medical practitioner A.K. Jayasree has developed a module for the ACM training programme. The trainees were volunteers of National Service Scheme from various colleges of University of Kerala during the period, August to November 1996. The module has been designed, appraising that responsible behaviour is the key to prevention, the following objectives are aimed through the training programme.

- Differentiate between HIV, AIDS, STD.
- Identify ways in which HIV can be transmitted.
- Identify ways in which HIV/STD are not transmitted.
- Understand the various methods of HIV/AIDS/STD prevention.
- Discuss reasons for delaying sexual intercourse.
- Respond assertively to pressures for penetrative sex.
- Discuss reasons and ways for having protected sex.
- Identify ways of showing compassion and solidarity towards people with HIV/AIDS .
- Identify ways to understand and counsel people under stress.
- Direct people under severe stress for experts' assistance.

Teaching methods

Teaching the students about HIV/AIDS/STD requires a frank and explicit discussion of sexuality, modes of transmission and methods of protection. As students are reluctant to talk about sexuality out of the various experiences and beliefs in relation to sex, the trainers should not be judgmental. The behaviour of young people just entering their sexually active period may well determine the future of this epidemic.

The ACM training programme is based on participatory methods. Learning about HIV/AIDS/STD cannot be merely the memorisation of new information: the aim of AIDS education is to promote behaviour that prevents transmission of HIV and STD. In order for information to have a practical impact on a person's behaviour, it must be relevant and take into account what that person believes already. Participatory methods are used to validate the learner's experience and give them confidence, knowledge and skills to question themselves and others, and take action with regard to themselves and others.

Participatory methods facilitate the process of discovery and communication between learners. This is especially important in dealing with such sensitive topics as sexuality and relationships. Unless people are able to be open and honest about their experience, views and fears, it is difficult to understand how AIDS affects and how it can be prevented. Too often people think of AIDS as "somebody else's problem".

The following methods are tried as required during the ACM training programme:

Discussion

Discussions can be held with the whole class but they work best when held in small groups. Group discussion stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings and attitudes. Discussion works very well if it follows some kind of "trigger" like a case study or a story.

Questioning

Open and clarifying questions are asked so as to encourage the class to talk freely. Certain questions may stimulate open discussions. All questions does not give answers but encourages people to discuss culturally appropriate alternatives to the issue concerned.

Brainstorming

Brainstorming is a technique in which every participant's response that applies to the topic is acceptable. The goal of brainstorming is to produce a large quantity of ideas during the ideation phase of problem-solving in order to increase the probability of novel and creative solutions to a problem. Participants need to know that they will not be

required to justify or explain any answer. After the period of time for brainstorming, time for reflection or prioritising of the list should be allowed. Brainstorming is effective for:

- Sensitive and controversial issues that need to be explored.
- Encouraging students who are hesitant to enter a discussion.
- Gathering a lot of ideas quickly.

Role-play

Role-play involves presenting a short spontaneous play which describes possible real-life situations. In role-play someone else's character is imitated. This is often easier than having to express one's own ideas and feelings. Through role play, participants gain the skill to take apt and quick decisions to tackle a problem in the practical situation.

Role-play is a very effective technique but also a difficult one to master. The following points can add to make this method more effective:

- Select volunteers, who are outgoing and energetic.
- Trainers should be involved as one of the main roles.
- Provide some lines or script to get started.
- Pair all trainees in the class and have each one play a role.

Case study / situation

A case study is a fictional story that allows students to make decisions about how the person should act or respond and what the consequences of their actions might be. Case studies allow the students to discuss someone else's behaviour and, therefore, avoid revealing personal experiences that might be embarrassing to them.

The case study can be open-ended, so that it is up to the trainees to decide on all possible conclusions and the consequences and to finally decide on what would be the best ending for the situation.

Group work

Many activities carried out in the ACM training programme contains small group work. It is best to start with pairs or groups of three or four. This can boost confidence among the participants. The method of forming groups are varied as much as possible to ensure formation of new groups. All members are encouraged to contribute to the assigned task of the group. The group success depends on the individual contribution of each member. It may be important at times to use groups where the sexes are separated rather than mixed.

ACM intervention phase

ACM intervention phase is the actual implementation section of the whole programme, which is a three-tier scheme that follows the "mental health model" of Community Psychology. Primary prevention is the leading propose of the ACM intervention phase.

Psychological interventions are concerned with promoting beneficial change among individuals using various procedures and principles of psychology. Interventions are involved with four major processes: the change in *behaviour*, such as acquisition of certain skills; the change in *emotions*, such as reduction of fear or anxiety; changes in *cognition* such as the modification of attitudes and beliefs; and *environmental* change, in which more attention is paid to the controlling factors in the person's environment and specific description of the individual's problems.

The field of Community Psychology

The emergence of Community Psychology in 1965 is heralded as a "third mental health revolution", and its thrust lies in the quest for the prevention of psychological problems through social and community interventions aimed at their social determinants. The prospect of Community Movement is that necessary services can be made more effective and available for the total population including the poor and the alienated who have benefited least from prevailing practices.

Community Psychology is oriented towards averting human problems rather than simply repairing those which already exist. The ultimate goal of Community Psychology is prevention and can best be attained through social and community interventions which alter the social institutions that vitally affects the individual's well-being. Community Psychology represents a "public health" rather than a "treatment" approach to emotional problems; consequently, there is greater concern with populations and prevention than with individuals and cure.

The four major techniques of community intervention are:

Crisis intervention

Crisis intervention provides short-term, focused help to people in crisis states, has been conceived as an important way of averting later, more damaging health problems and issues. Crisis intervention is one of the principal techniques of primary prevention (Caplan,G., 1964). Early intervention in the crisis state itself may avert later, more damaging consequences.

A truism is that life proceeds through a succession of human crises, some developmental and some accidental. Movement from one maturational phase to another necessarily involves transitional stages where established behaviour patterns are no

longer adequate to new demands and challenges. Successful resolution of the crises establishes necessary character traits of the mature person, including trust, autonomy, and identity and also has the non-specific effect of increasing the personality's resources for crisis-management itself. Defensive and coping mechanisms grow out of previous crisis experiences and make the individual more adept in future ones.

Consultation

Consultation is the principal method by which attempts are made to alter, at either interpersonal or social-system level, the forces acting upon people presently or potentially in distress. In a significant connotation, consultation is to the community orientation what psychotherapy is to the therapeutic orientation.

In the consultative process one person (the consultee), who has a problem but lacks the knowledge or skill for its solution, turns to another (the consultant), who has the requisite ability to aid in its solution. Consultant aids the consultee who, however, retains responsibility for subsequent actions, whether in the case of particular clients or in the management of a programme or organisation. Thus the consultant is said to provide an "indirect" service to the person or organisation in need, for he works through someone who continues to provide "direct" services.

Education and attitude change

Education and attitude change is intended either to alter public attitudes toward the psychologically/physiologically distressed or to encourage more health enhancing behaviours. This is a long standing concern of mental hygiene movement which has found renewed vitality in Community Psychology.

Public education has been a vital tool in the control of medical diseases. Education programmes serve primary, secondary, and tertiary prevention ends. Education programmes can help to change the attitude among populace to overcome the social stigmas which blocked the recognition and treatment of a variety of diseases, such as cancer, STDs and AIDS. In addition to encouraging health-enhancing activities, public

relations campaigns seek to influence public attitudes and social policy and to raise funds for medical research and training. Education campaigns are apparently quite successful in informing and changing attitudes as well as encouraging particular health-related activities.

Use of non-professional workers

The trend toward the greater utilisation of non-professionals is a critical part of the community approach, conceived either as a way of increasing the manpower pool generally or bringing in people with unique and distinctive qualities not shared with professional helpers. In the process of community intervention, the non-professional worker gains as he/she develops skills and responsibility for the welfare of others, he/she becomes a more effective, satisfied, and valuable citizen him/herself. The training received by non-professional worker is beneficial in terms of its potential for facilitating psychological growth and social competence of the worker him/herself.

Non-professionals have unique qualities which may be special assets to their work. The qualities like considerable enthusiasm and involvement, fresh points of view, role flexibility, and less social distance, all of which may serve his/her clients well. Non-professionals being innocent, are less burdened by the stereotypes as well as the knowledge of the field. They are free to try new approaches and may discover new techniques which could not occur to the professionals out their sophistication.

The Mental Health Model

The term 'model' refers to important relationship among the findings in scientific studies. The term 'model' not only lends itself for accommodating available data in the field of Community Psychology, but also to precision to which goals of Community Psychology are to be set. The term community is used in geographical sense, to refer to fixed area of operation.

The mental health model is an attempt to conceptualise a strategy for influencing human behaviour, largely within the setting of the community mental health centre. The concept of community mental health centre is an attempt to provide greater coverage and impact of mental health services to a given area. The presence of a community mental health centre that meets the criteria of required services will provide increased coverage of a population if the services are utilised.

The first important assumption of the mental health model is its emphasis on prevention. In public health terminology, prevention is aimed at three different levels. Primary prevention seeks to reduce the incidence of disease. Bloom (1968) three general strategies employed in primary prevention. In the first, the intervention may be planned to affect the population as a whole, and is named as the population-wide approach. The second, called mile-stone approach, involves contact with members of the population at some specified point in time. The third type of primary preventive intervention - high-risk-group approach - consists of specific measures directed toward some population group that is especially vulnerable to the disease or its effects. The important distinguishing feature of primary prevention is that the preventive intervention occurs prior to the occurrence of the disease in those individuals in whom it is to be prevented.

Secondary prevention is based on the assumption that early identification and treatment of a disease will decrease its severity and chronicity. Secondary prevention seeks to reduce prevalence rates by reducing the number of old cases that exist. Secondary prevention is a treatment-based-strategy. Successful secondary prevention requires more than the mere availability of services. There must also be an increase in utilisation of services, and the services must in fact be effective in reducing severity and chronicity.

Tertiary prevention seeks to reduce the prevalence rate by preventing relapses among recovered cases of a disease. It is essentially a rehabilitation strategy, which work to restore the former patient's self-confidence and the social and vocational competence. Tertiary prevention goals also include activities to change community attitudes through

health education to develop more rational and humane activities toward those who have infected.

Efforts to foster primary prevention falls on the need for a definition of mental health that is more than the absence of mental illness. Concept of positive mental health contains conception of: growth and development, of autonomy or individuality, and of relatedness to one's environment, including other people.

Attention to the social-environmental context in the mental health model emphasises the view that mental health and mental health problems are a product of the relationship between the individual and the environment. Such a view increases the salience of social factors, which have almost necessarily tended to become obscured in clinical practice.

The two major types of interventions that are characteristic of the mental health model are *crisis intervention* and *mental health consultation*. Programmes of prevention in public health assume that disease occurs as a function of both the susceptibility of individuals and the presence of stressful or noxious factors in the environment.

Crisis Intervention

The notion of crisis intervention is based on concepts of crisis from several different sources. Caplan (1958) defines a crisis as a period of emotional upset that he/she feels endures for from one to six weeks. Such crises are brought about by changes in environmental forces and the individual's reaction to them. Crisis is dependent up on the individual's experience of changes, Caplan assumes that crisis states are not emotional illnesses, but that emotional illnesses are always preceded by some past period of crisis that changed the individual's equilibrium in the direction of ill health. Chief among the characteristics of the crisis state are feelings of tension, emotional unpleasantness, and disorganised problem-solving behaviour.

The goal of crisis intervention is to aid in the resolution of crises toward growth and development, toward a higher level of functioning that improves the individual's ability to cope with subsequent crisis situations. While a number of techniques may be employed in particular crisis situations, they have two major goals: the mobilisation of cognitive resources, such as improved consideration of alternatives, talking through the crisis situation and gaining alternative perspectives on it, and improved reality testing on the gains and consequences of various alternatives; and the mobilisation of social resources, such as friends, family, and help-giving agencies.

Mental Health Consultation

Mental health consultation is an indirect intervention. The mental health consultant does not meet with the patient or client directly, but attempts to influence intermediaries who do have direct contact with the client or patient. These intermediaries are referred to as "caregivers" and are defined as persons who are in a strategic and significant "natural" relationships with the potential recipients of the effects of consultation, the clients.

As a strategy, mental health consultation is derived from three considerations. First, mental health consultation employs a mental health professional functioning as a consultant who may consult with several caregivers or consultees. These consultees in turn have several clients. From an economic standpoint, the effects of the mental health professional's work is spread over more persons than would be the case if each of these people had to be seen individually for treatment. Thus, one consideration in mental health consultation is an economy of manpower.

A second consideration is the recognition of the fact that the majority of people turn to a natural caregiver, rather than to a mental health professional, in times of mental and emotional difficulty. A third consideration, which derives in part from the second, is

that persons in a natural care-giving role are more likely to be available, both psychologically and physically, during times of crisis, than is the mental health professional. Some care givers such as teachers, students etc., by virtue of their role, are simply in contact more often or for more extended periods of time with potential clients than are mental health professionals. Accordingly, this third consideration is a factor of availability or psychological presence.

The second and third considerations listed above are important to understanding the strategy of prevention in mental health consultation. Unlike direct treatment strategies, mental health consultation provides a basis for modifying the social-psychological environment represented by those in caregiver positions in such a way that the positive mental health of potential clients can be enhanced.

The term mental health consultation refers to a specific mental health method in which a consultant meets with a consultee or group of consultees for the purpose of resolving problems that the consultee has in performing some care-giving function for a group of clients. The scope of mental health consultation is limited to the work-role-related problems of the consultee, and the purpose of mental health consultation is to improve the care-giving functions of the consultees relevant to the mental health of their clients.

Mental health consultation differs from administration in that the consultant does not provide leadership or policy in carrying out the work of the consultee. The consultee is free to initiate consultation on the problems defined by the consultee, and to accept or reject the consultant's point of view. Consultation differs from collaboration also, in that the consultant does not participate in carrying out action that may result from the consultation.

Caplan (1963) recognises a variety of consultation.

1. Client-centred case consultation involves the attempt to find a solution to dealing with a professional case. The focus is on the most effective means of helping the client.

2. Consultee-centred case consultation refers to consultation in which the focus of attention is on the consultee's problems in trying to help a particular client, rather than on client as such.
3. Programme-centred administrative consultation is a type of consultation in which the focus is on some aspect of a programme and resolving problems with or making recommendations for policies, planning, or conduct of specific programs.
4. Consultee-centred administrative consultation focuses on the consultee, or a group of consultees, in helping them to deal with problems they are having in the planning or conduct of a programme of services.

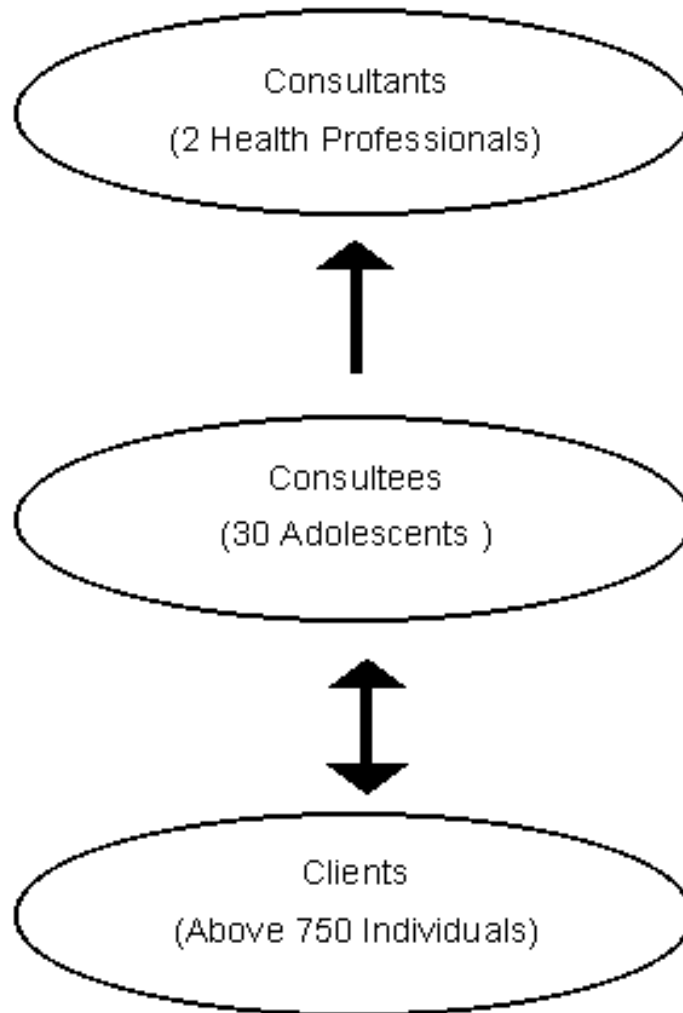
Anticipatory Crisis Management and HIV/AIDS prevention

Anticipatory Crisis Management is a psycho-futuristic approach with intellectual, psychological and social dimensions relating to future activities that increase the ability of people to make informed decisions affecting the personal and community well-being. ACM basically facilitates learning and behaviour changes among consultants and clients, motivating people to adopt health promoting behaviour; helping people to make decisions about positive health and giving necessary confidence and skill to put decisions into practice forms the base of ACM functioning.

The prime endeavour of *Anticipatory Crisis Management* is 'emotional vaccination' among masses, in particular youth, against HIV infection and the elements inciting it. It is established that, the most effective deed against a virus like HIV is prevention. This is much easy if we can coax an innovative transformation in the existing sexual behaviour. Foreseen crisis of HIV/AIDS led to the challenging possibility of reducing it's novelty and shock value; and to increase the cognisance and capability

required for practical action in tangible circumstances. Utilisation of the skills, talents and abilities of adolescents in ACM intervention phase is accomplished.

A graphical representation of the method is as follows:



The selected group of students from each college are trained to identify various problems, especially stress related and emotional disturbances, among their fellow students as well as friends in their community. The students are also trained in non-directive counselling. Unconditional acceptance with empathising for active listening is the basic approach they are trained to do. In course of the helping activity the students are asked to communicate the messages of HIV/AIDS transmission and the possible ways of prevention to their clients.

As the knowledge about HIV/AIDS is conveyed during a one to one counselling situation the level of acceptance by the client will be high. Thus the information regarding HIV/AIDS to be adopted in to the behavioural levels of the clients is effortless.

Through Mental Health Model, one consultee may reach a minimum of 25 clients as the total number of population receive the benefits of ACM intervention programme will be above 750, through one batch of 30 students. ACM is implemented in the various colleges of Thiruvananthapuram district through a selected team of National Service Scheme volunteers.

In ACM intervention phase, the interaction between consultees and clients is greater than with the consultants. Consultees are allowed to seek the assistance and services of consultants any time by maintaining a *Pager Hot-line* connection. Counselling services are also provided by consultants for those clients who could not be facilitated by consultees. The clients are brought to the consultants by the consultees.

Along with provision of counselling services to each client's specific predicaments, the opportunities to build on their personal knowledge, skills and confidence and to re-consider their attitudes and beliefs are also done. These opportunities enable clients to understand why and how they are at risk of HIV/AIDS, and to feel motivated to try and reduce the risk to themselves and their partners.