



**RCD**  
Regional Conference of Dermatology  
**SURABAYA**  
**2018**

**23<sup>rd</sup> REGIONAL  
CONFERENCE OF  
DERMATOLOGY**  
(Asian - Australasian)

Incorporating With  
**The 16<sup>th</sup> Annual Scientific Meeting  
of the Indonesian Society of  
Dermatology and Venereology**

**Enhancing Evidence Based  
Dermatology Practice  
in Globalization Era**

# **SPEAKER PROCEEDING BOOK**



**8-11 August 2018**  
**Grand City Convex**  
Surabaya - Indonesia

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Speaker: Proceeding Book of  
The 23<sup>th</sup> Regional Conference of Dermatology  
Incorporating with the 16<sup>th</sup> Annual Scientific Meeting of the Indonesian Society  
of Dermatology and Venereology

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*Bekerja sama dengan*

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**Speaker: Proceeding Book**

**The 23<sup>th</sup> Regional Conference of Dermatology**

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of Dermatology and Venereology**

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**Sakit Daerah Dr. Soetomo dan Ikatan Dokter Indonesia**

Assalamu'alaikum Warohmatullahi Wabarokatuh  
Salam Sejahtera  
All Prises to God

Praise and gratitude to God Almighty for His Grace so that this event can be held smoothly. The 23<sup>rd</sup> Regional Conference of Dermatology (Asian-Australian) Incorporating With The 16<sup>th</sup> Annual Scientific Meeting of the Indonesian Society of Dermatology and Venereology held in Grand City Convex and Medical Faculty of Airlangga University, Surabaya-Indonesia on August 8<sup>th</sup> – 11<sup>th</sup> 2018. This biannual conference is the official congress of the League of ASEAN Dermatological Societies (LADS), comprising the national dermatological societies of Indonesia, Singapore, Thailand, Malaysia, Philippines, Vietnam, and Cambodia. This event is incorporating with 16<sup>th</sup> Annual Scientific Meeting of Indonesian Society of Dermatology and Venereology, the biggest scientific dermatologist meeting in Indonesia. The conference is expected to draw 1000 to 1500 attendees, with participation from Indonesian and countries of the Asia-Pacific region, including China, India, Hong Kong and Taiwan.

Theme of the conference is “Enhancing Evidence Based Dermatology Practice in Globalization Era”. The conference aim is to enhance dermatological practice based on best evidences and bring dermatological researches into clinical practices. The conference also aims to update the latest development in medical and surgical dermatology. Hundreds paper are presented in this conference on topics in many issues such as medical ethics and educations, allergic and autoimmunology skin diseases, tropical infection skin diseases, sexual transmitted infections, skin tumor, cosmetic dermatology, dermatosurgery, energy based devices in dermatology, and so on. Presenters come from all over Indonesia, Asia, the US, the UK, and also European countries.

The committee would like to thank all presenters and participants for the great contribution to this conference. We also would like to all areas for generous support and collaboration to success this event.

The committee also apologize if there are any insufficiencies during the preparation process and the conference. We hope this great scientific event will contribute to the advancement of dermatology-venereology in the world.

Surabaya, July 10<sup>th</sup> 2018

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# STIs and HIV/AIDS Counseling : Skills and Strategies

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## ABSTRACT

Counseling for sexually transmitted infections (STIs) AND HIV/AIDS patients has been ignored for a long time. After the incidence of HIV / AIDS infection increases and has a wide impact for patients, families, and the wider community, counseling becomes one of the important and meaningful processes in tackling the disease. Counseling is a process of applying a communication strategy in helping a person to know and learn to resolve interpersonal and emotional issues well, and motivate the individual to decide certain things or change his behavior. The role of counselor in counseling is to help and facilitate the client to build ability theirselves in making wise and realistic decisions, guiding their behavior, and be able to bear the consequences of their choices, and provide up to date information. Counseling consists of pre-test counseling and post-test counseling. If needed, counseling should be continued by continuous and advanced counseling depend on the clients problems. HIV testing is the most important "entrance" to prevention, care, support, and treatment services. Counseling is an important part of STIs and HIV/AIDS management and is included in disease management and prevention and should be supported by testing, prevention, treatment, care and support services related to STIs and HIV / AIDS, as well as effective post-test referral and counseling mechanisms, medical and psychosocial support.

## INTRODUCTION

Counseling for sexually transmitted infections (STIs) patients has been under-paid for a long time and are often ignored. After the incidence of HIV / AIDS infection increases, no cure for HIV infection, no vaccine has been found for prevention, and HIV / AIDS has a wide impact for patients, families, and the wider community so counseling becomes one of the important and meaningful processes in tackling the disease. In fact, counseling is a necessary thing for all STIs, and is included in the management of disease prevention and treatment.<sup>1,2,3</sup>

Counseling is a process of applying a communication strategy in helping a person to know and learn to resolve interpersonal and emotional issues well, and motivate the individual to decide certain things or change his behavior.<sup>1,4</sup> The role of counselor in counseling is to help and facilitate the client to build ability theirselves in making wise and realistic decisions, guiding their behavior, and be able to bear the consequences of their choices, and provide up to date information.<sup>4</sup>

## REVIEWS

### BASIC PRINCIPLES OF COUNSELING

In counseling, there are some basic principles of counseling that need to be considered<sup>4</sup> include:

- Specific to client's needs or concerns and environments
- There is a mutual process of mutual cooperation and appreciation
- Have a purpose and focus on the client
- Building autonomy and self responsibility towards clients
- Taking into the interpersonal situation
- Readiness to change
- Provide up-to-date information
- Develop a behavior change plan or action plan
- Ask questions, provide information, review information, and develop action plans.

### Counseling Process in Behavioral Change Strategies

The counseling process in behavior change strategies includes several stages<sup>4</sup>, namely:

1. Opening stage or build rapport, by building good relationships and increasing client trust
2. Identify client issues
3. Troubleshooting
4. End the counseling

### COUNSELING FOR SEXUALLY TRANSMITTED INFECTIONS (STIs)

STIs counseling aims to help patients overcome problems faced with their STIs and patients are willing to change sexual behavior or other behaviors that are at risk of STIs become to other behaviors that are safe.<sup>2</sup> Providing STIs patient

counseling is somewhat different from that of other disease patients. This is because STIs clients who come to the doctor or counselor to ask for advice in addition to having fear and anxiety about the illness, also have guilty feeling, which often cause difficulties in the counseling process.

Because the STI consists of various diseases with different degrees of illness, the counseling for each disease is not the same. For example, for gonorrhea that be healed with one treatment, it would be much easier than herpes, syphilis, or AIDS.<sup>1</sup> In addition, each person has different personalities, abilities, and attitudes toward a stimulus, thus giving different reactions, and because his treatment can different too.

STIs patient counseling should be provided by a treating physician or other designated health care professional who is fully aware of STIs.<sup>1</sup> STIs counseling is an opportunity to provide STIs and HIV prevention and education.<sup>2,5</sup> Prevention studies have proven about the effectiveness of counseling for a decline risk in decreasing STIs and HIVs.<sup>6</sup>

Although counseling may be different in each case but there are some things to be considered in each counseling process<sup>1,2</sup>, that are:

- a place should be quite free
- a place should be comfortable for the patient and can not be heard by others
- the counselor should be able to make the client feel "be accepted", "be understood", and feel safe to ask and express opinions
- ease for client to get service
- confidentiality must be properly guarded

Counseling activities<sup>1</sup> may include:

- provide information that can provide clarity and understanding to the client
- able to answer client questions honestly and openly
- able to awaken client's needs safely
- able to make the client can make decisions for himself

### **The purpose of STI counseling**

STI counseling is basically aimed at: 1

1. In order for the patient to obey medication / treatment in accordance with the provisions.
2. In order for the patient to return to follow-up regularly in accordance with the specified schedule.
3. Ensure the importance of sexual partner examination, as well as to make sure that partners are willing to be examined and treated if necessary.
4. Reduce the risk of transmission by:
  - Abstinence from sex until the last examination is completed
  - Abstinence of all sex when relapse symptoms develop
  - Use condoms when doubting the risk
5. In order for the patient to be responsible and respond quickly to infection or suspicious after sex activity.

### **Principles of Preventive Counseling**

Prevention of transmission is one important thing to do and one of the goals of STIs counseling. The principles of preventive counseling<sup>6</sup> include:

1. Maintain counseling sessions on STIs risk reduction:
  - Counseling is focused on managing client risk
  - Counselors should not be disturbed by unrelated clients' extra issues
2. Use open questions, role play scenarios, active listening, non-judgmental, and support approaches to encourage clients to stay focused on risk reduction
3. Conduct a personal and in-depth risk assessment
4. Assist clients in identifying concrete, measurable, and acceptable risk reductions
  - Explores risk reduction efforts and identifies opportunities for success and constraints
5. Appreciate and support the positive changes that have been made
  - Increase client trust that the change is possible
6. Clarify the misunderstanding
  - Focus on implicit client misconceptions and avoid general discussions
7. Negotiating a concrete step that can be achieved in behavioral changes that will reduce the risk of STIs / HIV
  - Risk reduction measures must be acceptable to clients
  - If there are some risks, focus on the behavior change that most clients want
  - Risk reduction does not necessarily involve personal risk behaviors e.g. discussions to couples about zero status or motivating couples to be tested

- Identify opportunities and barriers in behavior change
  - Refer to prevention or support services if necessary
8. Provide opportunities to build client skills for example by playing roles, demonstrations of condom use, and others
  9. Use clear language in delivering test results, avoid conversations that can obscure prevention messages
  10. Develop and apply written counseling protocols
    - to keep the clinician or counselor and supervisor awake in their job
    - include open questions and risk reduction measures
    - should be used as part of clinical messages
  11. Make sure there is support from the supervisor and administrator
    - Provide opportunities for the training required by the client
  12. Avoid using counseling time to collect data:
    - If possible, complete the medical record at the end of the counseling
  13. Avoid unnecessary information, risk discussions theoretically can shift the focus of the client to the client's risky situation and can reduce the client's interest.

### **Persons Entitled to Counseling**

Not necessarily a doctor including dermatologist and venereologist, counseling can be done by all health workers such as nurses, midwives, and even non-health workers such as clerics, teachers, etc., but with the following conditions:

- Have been trained in counseling and have skills in the field of communication
- Working as a counselor regularly
- Have a right understanding of STIs / HIV / AIDS
- Have a patient personality, be able to empathize, wise, non-judgmental, and attentive to clients

### **COUNSELING FOR HIV/AIDS**

HIVs / AIDS counseling is a confidential, trusting behavior change communication strategy between clients and counselors aimed at enhancing the client's ability to cope pressure and decision-making related to HIV / AIDS.<sup>4</sup>

HIV testing is the most important "entrance" to prevention, care, support, and treatment services. HIV counseling and testing will encourage individuals and partners to take steps to prevent transmission of HIV infection.<sup>2</sup> Understanding HIV counseling and testing is a service to identify the presence of HIV infection in a person that can be administered in a formal health service or clinic located in the community.<sup>2</sup> So HIV / AIDS counseling is an important factor in the handling of HIV / AIDS patients.<sup>1</sup> It is mainly due to most patients' understanding that HIV / AIDS has no cure, ends in death, is feared and shunned by others, even their families and health workers, and other fears.<sup>1,4</sup> The earlier a person's HIV positive status maximizes HIV patients reaching treatment, it will greatly reduce the incidence of HIV-related illness and keep away from death, and may prevent or reduce the occurrence of transmission.<sup>2</sup> For individuals which HIV negative status can maintain in order to remain ne gatif through prevention efforts avoiding risky behavior or risk behavior changes into safe behavior.<sup>2</sup>

### **Basic Principles of HIV Counseling and Testing**

HIV Counseling and Testing must follow a globally agreed principle of 5 basic components called "5C" ie: 2

- *Informed consent*: people who are tested for HIV should be asked for approval for laboratory examination after being properly informed.
- *Confidentiality*: all content of discussions between clients and counselors or inspectors and laboratory test results will not be disclosed to others without the consent of the client.
- *Counseling*: The inspection service should be completed with good quality post-test information and counseling
- *Correct testing*: accurate delivery of results. Inspection shall be carried out under laboratory quality assurance in accordance with internationally recognized test strategies, norms and standards.
- *Connection / linkage to prevention, care, and treatment services*: clients should be linked to or referenced to HIV prevention, care, support, and treatment services supported by a good and monitored referral system.

### **HIV Counseling and Testing Approach**

There are two types of approaches in HIV Counseling and Testing, namely:

#### *1. Provider-initiated HIV Testing and Counseling (PITC)*

HIV testing is recommended or offered by healthcare workers to clients of healthcare services as a component of health care standards at the facility. The general objective of PITC is to find an early HIV diagnosis and to facilitate patients for earlier treatment. Partly to facilitate clinical or medical-related clinical or clinical decision-making that is unnecessary and impossible without knowing HIV status.<sup>2,7,8</sup>

Offering routine HIV testing in health care will normalize HIV Counseling and Testing and reduce stigma and discrimination related to HIV status and HIV testing. Nevertheless, it is important to emphasize that even under an officer's initiative, HIV testing should not be developed into mandatory checks or checking clients without informing them. This



paradigm needs to be continuously encouraged to expand its implementation, especially in health services that serve many patients with TB problems, STIs, hepatitis, opportunistic infections, methadone application programming services and sterile syringe services for IDUs, key populations (such as sex workers, men having sex with men / MSM, transgenders), and in maternal and child health services.<sup>2,6,7</sup> It should be ensured that HIV counseling and testing uses the “**option-out**” model approach in obtaining patient consent.<sup>2,7,8,9</sup>

HIV Counseling and Testing implementation should be accompanied by a package of HIV prevention, treatment, care and support services, as well as effective pascates referral and counseling mechanisms, medical and psychosocial support for those who are positive.<sup>9,10</sup>

## *2. Voluntary counseling and testing (VCT)*

HIV testing services require an active role from clients to seek such services either in community health facilities or community-based HIV testing services. The approach used in VCT is “**option-in**”. VCT emphasizes assessment of risk management of HIV infection from clients conducted by a counselor, discusses the client's willingness to undergo HIV testing, and strategies to reduce risk of HIV transmission.<sup>2</sup>

VCT aims to: <sup>2</sup>

- Prevention of HIV transmission by providing information on risk behavior, transmission, and assisting people in developing the personal skills necessary for behavior change and safer practice negotiations.
- Provide psychological support, such as support related to the emotional, psychological, social, and spiritual well-being of someone infected with HIV or otherwise.
- Ensuring the effectiveness of health referrals, therapies, and treatments through treatment compliance treatment solutions.

## **HIV Counseling in Behavior Change Communication Strategies**

HIV counseling uses a behavior change communication strategy to support clients making changes so that clients are expected to be responsible for protecting themselves against HIV, applying positive prevention, and improving quality of life.<sup>4</sup>

In providing counseling to patients who are definitely infected with HIV / AIDS needs to be noted some things that almost always arise in these patients: <sup>1,11, 12</sup>

- Fear
- Guilt
- The sense of loss (bereavement)
- Grief
- Burn-outs
- Mourning action

Therefore the counselor should really understand the client's situation and do his best to establish the trust of his client and his family. Unsuccessful counseling will have a serious impact on the clients themselves and the public at large: <sup>1,10,12</sup>

- For the client may arise severe depression, despair, and suicide
- Continuous stress will accelerate the course of his illness towards end-stage
- Clients can become angry, upset, and then try to pass on to others

The best behavior change model is the "abstinensia" (not performing) high-risk behavior of HIV, if it can be done then the risk of HIV transmission does not occur. But abstinence may be possible, but in some people it will be difficult. Before being able to perform anstinensia, a model of "risk reduction" behavioral change may be applied such as condom use in high-risk sexual behavior, the use of sterile needles in injecting drug users, while not forgetting the attempt toward abstinensia.<sup>4,12</sup>

## **Specific Objectives of HIV / AIDS Counseling**

- Maintain the client to function effectively as usual
- Helping clients to achieve a result that is considered important even though he is only a few years old
- Provide motivation that the client is still useful in life
- Seeking re-intimacy of the client with his family
- Providing a sense of security with meetings on an ongoing basis so that sufferers do not commit suicide
- Helping solve any other problems that may arise
- Reduce excessive stress and fear of HIV infection, especially from the family.
- Stopping the spread of HIV by providing motivation to change behavior in sex and the use of syringes in order not to infect others

## Stages of Counseling Time

HIV / AIDS counseling requires a process that includes several stages of counseling each of which has specific counseling materials: 1,4,12

### 1. *Pra-test Counseling (before blood sampling for antibody tests)*

- Provision of basic HIV and AIDS information appropriately
- Clinical risk assessment
- Provide reasons for clients to be tested
- A correct explanation of the test
- The tests are very secret and unnamed
- Possible events with test results
- Profit and risks of test
- Willing to sign a willingness to be tested (informed consent)
- Advantages of HIV testing
  - Can motivate clients who have high-risk sexual behavior to reduce or stop the behavior
  - May reduce anxious clients who feel infected
  - Can help women at high risk, whether to be pregnant, continue pregnancy, breastfeeding, and vaccination interests of their children
  - Can be used to help diagnose
- Risk of HIV testing
  - Can arise anxiety, depression, nightmares, and others
  - Interpersonal problems, among others ostracized society or family
  - Blame yourself and withdraw
  - Discrimination in employment, housing, and insurance

### 2. *Post-test counseling*

Counselors who provide pre-test and post-test counseling should be the same person.<sup>10</sup>

#### **Non-reactive results (negative)**

In post-test counseling with non-reactive test results, note the following: 1,10,12

- Not guaranteed if the client is free of HIV / AIDS. It should be explained about the window period. The test needs to be repeated 3 months after the last risky sex, or other possible exposure.
- Emphasize information on transmission and risk reduction plans. Provide information, assist and facilitate clients to stop all sex and other activities that are at risk of contracting HIV.

#### **When the reactive results (positive)**

In counseling *pasca-test* with reactive results (positive) should note the following: 10

- Deliver the test results briefly and clearly
- Provide sufficient time of silence for clients to understand the meaning of test results
- Handle client's emotional reactions due to test results
- Discuss the possibility of telling the client's HIV status to another party
- Discuss the risk reduction plan
- Discuss available support sources
- Summarize short-term and long-term follow-up plans

Regular counseling is required in accordance with the above provisions until the client can fully accept the situation.<sup>1</sup> Offer follow-up counseling for the client's problem to make it easier for clients to adjust to their positive status as well as the way they nurture and improve the quality of life.<sup>10</sup>

#### **Continuous and Advanced Counseling**

One of the counselor's roles is to conduct continuous counseling that helps positive HIV clients to earn a quality life. If the counselor does not have sufficient ability to conduct this counseling may refer to other experienced or competent counselors. Continuous counseling for example: 11,12

- Positive prevention counseling
- Counseling of acceptance and opening of status
- Drug compliance counseling
- Basic drug addiction counseling if IDUs
- Couples and family counseling
- Nutrition counseling
- Pre-death counseling, grief, and bereavement
- and others according to the problems faced by the client

### **Individuals who need counseling1**

1. The person to be tested for HIV antibody (counseling prates)
2. After antibodies tested (counseling pascates)
3. Suspicious of being infected with HIV
4. Couples and families of HIV-infected clients, with client's permission
5. High risk groups are willing to be tested and leave risky behavior

### **CONCLUSION**

Counseling is an important part of STIs and HIV / AIDS management and is included in disease management and prevention. Counseling can be made to clients or patients and their spouses and / or families upon client's consent. The counselor must meet certain requirements and understand the goals and counseling process. The client's secrecy must be kept to the highest degree. Counseling should be supported by testing, prevention, treatment, care and support services related to STIs and HIV / AIDS, as well as effective post-test referral and counseling mechanisms, medical and psychosocial support.

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