

# Effectiveness of Rex-Centra Counselling Model as a Psychological Treatment of PLWHA

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Although people with HIV/AIDS have to routinely have a medical check-up, there are empirical studies that show that they also need psychological treatment. People with HIV/AIDS need social support in their surrounding environment. This study aims to determine the effectiveness of Rex-centra's counselling model as a psychological treatment for people living with HIV/AIDS. The design of this study used a pre-posttest control group design. The respondents used were 12 people consisting of HIV recipients, people living with AIDS (i.e People Living with HIV/AIDS-PLWHA) and people who were at risk of contracting HIV/AIDS. Data was collected using a questionnaire and interview method. Evaluation of the success of the Rex-centra counselling model is known through changes in attitudes of PLWHA patients collected with attitude scale instruments and the data can be in the form of intervals. Data on the results of the research on the effectiveness of the Rex-centra counselling model was analysed using t-test. The findings indicate that the Rex-centra counselling model is effectively used as a psychological treatment for people living with HIV. So psychologically they are also helped to be able to move like other normal people. This research is limited to testing the effectiveness of Rex-centra's counselling model as a psychological treatment that is implemented in with PLWHA and people who were at risk of contracting HIV/AIDS. The results of this study have implications as one of the alternative references for making local policies in promoting life health and community behaviour, as well as a reference for developing the Guidance and Counselling curriculum as a place of service for young people in schools and in tertiary institutions. The Rex-centra counselling model is a research finding based upon the results of research on the developing stigma of people living with HIV. The Rex-centra counselling model has also not been applied by other researchers as a psychological intervention.

**Keywords:** *Rex-centra, Psychological Treatments, People Living with HIV/AIDS (PLWHA).*

## **Introduction**

Approaching people with HIV/AIDS is not easy. Giving trust to others seems to be a difficult thing to do. Withdrawing from the community environment is often done. Lack of confidence, feelings of inferiority and feeling dirty are traits that usually appear in the minds of people with HIV. According to Liewelyn and Kennedy, individuals affected by HIV/AIDS tend to show negative psychological reactions such as anxiety, depression, and difficulty establishing relationships with others (Llewelyn & Kennedy, 2003). This is also exacerbated by the attitude of the people who seem to show a sense of fear and avoid people with HIV without having a correct understanding. This causes a stigma against people infected with HIV (Yenny & Prasetyo, 2018). HIV/AIDS is not only directly related to the deadly disease epidemic disaster, but if it is not considered an emergency response, then not until the next five years, the HIV/AIDS disaster can undermine the pillars of social, economic, and religious life of the community. This phenomenon results in the powerlessness of the community in facing socio-economic disasters due to increasingly complex life needs. PLWHA not only have physical problems, but also get negative social evaluations and various forms of discrimination from the environment (Papatungan, 2013). Living with HIV/AIDS is considered a curse due to this disease being so attached to people who commit deviant acts (sex workers, gays, free sex offenders, drug users). Until now, the community's stigma has continued to rise towards PLWHA, which were considered carriers of infectious, dangerous and deadly diseases (Shaluhayah, Musthofa, & Widjanarko, 2015). They are subject to various forms of discrimination from the environment, such as rejection from friends, the environment, and from family.

The stigma that often arises in the community tends to form a negative stigma by labeling, not least with people living with HIV. The current stigma that has aggravated the condition of PLWHA sufferers, namely being ostracized, has been discrimination from the community and even from their familie. This condition causes PLHIV sufferers to be very closed. As research conducted by Mandana Saki, et al in Iran, it was found that the stigma of HIV/AIDS is not good for the community and is a barrier for them in making social relations and in getting medical treatment (Saki, Mohammad, Kermanshahi, & Mohammadi, 2015).

## **Stigmatisation**

Stigmatisation of PLWHA sufferers also occurs in Bali. Based on preliminary observations, this condition can significantly make the lives of people living with HIV and their families psychologically very poor. The findings of stigmatisation of people living with HIV in various countries such as Nigeria, Thailand, United States of America and Indonesia, proved to be high

and caused patients to hide themselves and their diseases (Dharsana, Suarni, & Suranata, 2017; Enaibe, Omosede, & Idiodi, 2013; Jain et al., 2013; Reiner, 2016). In each country and culture a separate label is given to people living with HIV. In Jakarta, a city that has a very large population, PLHIV activities tend to be permissive, open to information and perspectives of others so PLHIV sufferers have a great place and opportunity to "disappear" (Pradipto & Setiadi, 2019). On the island of Bali, Indonesia, which carries cultural customs that are spiritual in the "*dadia* community or *banjar* community," HIV/AIDS is often labelled as a curse, a disease due to sin, naughty, and disgusting. It has been proven that a family consisting of husband, wife and two children were found to have died together because it was deemed by the head of the family who was convicted of suffering from PLWHA (Buleleng District Police Data, 2017, non-publish). Medically speaking, the earlier HIV/AIDS is known, it is increasingly relevant. This means that if one family member is infected, it is not certain that other family members will also be infected and so not all people living with HIV end up dying from the disease. It will depend on the stage of the disease. Data in the field proves that PLWHA is not only medically effective, but they will also be helped by being given psychological treatments.

The fact that was described above can predict that year after year an increase in the number of sufferers is so fantastic. It is possible that one of the sources of the cause is the patient's privacy. Counselling services are the closest model to the causes that arise, because counselling places a high priority on client/patient confidentiality so that it can be used as an alternative to assisting the privacy problems of people living with HIV.

Symptoms of HIV/AIDS are not easy to detect. However, these changes will be seen and felt over time and in the weakening of the patient's immune system. The emergence of depression in people with HIV/AIDS tends to be caused by problematic behaviour, stress, is higher in more mature age patients and leads to the emergence of a stronger stigma (Glynn et al., 2019; Tanney, Naar-King, & MacDonnel, 2013). This is also confirmed by the research findings: there are several factors that influence the psychological pressure of PLWHA, namely being a woman, illiteracy, consuming alcohol, lack of CD4 cell counts, and developing stigma (Basha, Derseh, Haile, & Tafere, 2019). Baptista, et al. states that men with HIV tend to feel "social death" in their lives (Baptista-Gonçalves, Boyce, & Aggleton, 2016). This tends to affect their mental health. Someone who has difficulty accepting reality, such as disease diagnosis and stressful life challenges often affects effective and productive mental health (Carter & Goldie, 2017). From a medical assessment, not all people living with HIV ends in death, depending on the stage of their examination (Waters et al., 2012). Like the research conducted by Arwam, et al. in Papua, it was found that PLWHA were not only given antiretroviral (ARV) treatment, they could also be helped by giving cork fish capsules to increase body weight and by improving nutrition, albumin levels, and the amount CD4 (Hermanus, Warrouw, Rumaseb, & Maayd, 2019). Psychologically, PLWHA need improved counselling services. Like the research conducted by Yogi, et al. at

Jayapura Hospital, especially for postpartum mothers, they suggested that more HIV counselling services were provided for postpartum mothers after giving birth. Because knowledge is not related to HIV transmission from mother to baby but affects the habit of mothers related to the prevention of HIV transmission from mother to baby (Yogi et al., 2019). In connection with this condition, there is great hope to implement a more intensive approach to people living with HIV in addition to the healing approach that has been running so far.

### **Psychological Approach**

Some efforts to prevent HIV with mental illness are through several levels, including individuals, groups, communities, and structural. This is done to overcome the influence of domains such as psychiatric illnesses, trauma, and social relationship disorders. Services or interventions that can be provided such as psychotherapy, substance abuse treatment, counselling, psycho-education, antiretroviral therapy, and community participation (Ma, Chan, & Loke, 2019; Meade & Sikkema, 2005). There is also research on interventions to address HIV vulnerability factors among trans gender people, the Trans-Health Information Project (TIP). TIP is an individual and group-based intervention led by a colleague as a leader. The activity discussed a lot about HIV risk reduction, enlightenment and treatment of people with HIV (Martinez, Lopez, Woodard, Rodriguez-Madera, & Icard, 2019).

With psychological treatments, PLWHA will not be easily stressed and depressed. The biggest question for people living with HIV is "Why Should I live?" It will be answered automatically if the psychological condition is healthy and improved. Being able to accept the fact that there will be a very big impact on the immune system in the body of PLWHA, will help healing. Psychological improvement of people living with HIV is expected to trigger the manufacture of immune cells appropriately. This treatment can be done by counsellors or therapists directly. However, it does not rule out the possibility of collaborative handling by counsellors, doctors and medical personnel, as well as the help of sharing environmental-religious-spiritual practitioners (with notes; implementation can be separate because there is a code of confidentiality in dealing with clients, except at the client's request and approval). Psychological improvement is the most important HIV drug.

One psychological treatment that can be applied to PLWHA is counselling. Counselling is the process of providing assistance carried out in a face-to-face relationship directly by a counsellors to people who need help or the counselee, so that the counselee can be free from the shackles of his problems and can actualise his potential optimally. The purpose of counselling, as revealed by Corey is to help individuals in alleviating problems by providing conditions that make it easier for counselees to interact with their environment so that changes in behaviour can be more effective and productive (Corey, 2008). Every individual has a special

and unique appearance, creativity, ability, intelligence and talent. This uniqueness makes a person have self-esteem, because basically it refers to one's assessment of himself (Jiboye, Salaudeen, Adejumo, & Aikomo, 2019). Counselling and psychotherapy are increasingly valued as self-exploration tools to help people who are not only ill but also normal people to realise their full potential. Counselling has an important role in helping develop self-awareness of the ability to overcome problems. As in Australia, counselling is still in infancy, competing with changing sources and markets. Counselling functions as a service provided to people who experience illnesses or mental-health problems (Parker, 2017).

Related to the characteristics of PLWHA, counselling models that are deemed appropriate are: reality counselling (R), existential-humanistic (ex), client-centered (cen) and transpersonal (tra) models. So it is called Rex-centra Counselling Model. The reality counselling model is based on the present moment, emphasizing personal power, and individuals are responsible for what is done to achieve a good identity. The existential-humanistic counselling model is based on the importance of a philosophical statement about what it means to be "personal," human beings as free beings and responsible for everything that is done. The client-centered counselling model is based on laying responsibility on him/herself to be able to direct him/herself. While the transpersonal counselling model is based on the ability of individuals to achieve something beyond what is realised or imagined. Self-transcendence is often manifested by the discovery of self-comfort that goes beyond the needs and self-identity (Puji & Hendriwinaya, 2015).

Ken Wilber, through his cross-cultural comparison, developed a comparison scheme as a form of interpretation of the "pre-modern" world wisdom traditions (Wilber, 2005). However, in this study of transpersonal counselling, trying to take advantage of the spirit or fighting spirit possessed by PLWHA patients who are very often not realised by sufferers but needs to be raised that the strength of the soul can be an extraordinary spirit as a "medicine" in the deterioration experienced by someone. The counselee is also expected to be able to understand the powers of his mind to easily control these thoughts. Through mind control the counselee can make peace with beliefs that conflict with him. It is intended that the counselee can release his past to live better in the present so that it can form optimism and exploit his potential.

Based on the above studies, the steps of the Rex-center counselling model consist of: 1) The want stage, exploring the patient / client picture album; 2) The stage of doing, understanding what is done not what is felt, understanding the meaningfulness of life; 3) The stage of evaluating, understanding and assessing behaviour; 4) Phase plan, alternatives planned and implemented responsibly; 5) Identifying and clarifying planned alternatives according to the counselee's assumptions; 6) Explore themselves to form new understandings and self-restructuring in accordance with the chosen alternative; 7) Apply alternative solutions chosen using the strength and existence of the self that has a purpose; 8) Build appreciation in the

counselee that every human being has good potential and can manage and direct themselves; 9) Putting responsibility on the counselee; 10) Generating courage in the counselee; 11) Understand and realise that ideas, beliefs and expectations that arise in themselves play a role in the personal experience of the counselee; 12) Identifying ideas, beliefs and expectations that play a role in the realisation of experience; 13) Understand the power of the mind / soul that can be controlled; 14) Understanding and making peace with conflicting beliefs within; 15) Directing the conscience and ego to walk in harmony in managing and directing themselves to achieve a more comfortable life; and 16) Achieve self-transcendence by finding self-comfort through the strength of the soul as a spirit to live a more optimistic life.

In counselling, people living with HIV exhibit behavioural characteristics such as irritability and fear, a sense of worthlessness, failure, decline and a bad life destiny. As such, an existential-humanistic counselling approach can be given. The approach is a subjective approach based on a complete view of what it means to be human and emphasizes the importance of a philosophical statement about what it means to be personal. PLWHA who exhibit characteristics such as dissatisfaction in life, feel worse than others, have negative judgments about themselves, feel helpless and want to commit suicide or surrender to circumstances (pessimistic) are suitable to the client-centered counselling approach and transpersonal. These characteristics are characteristics that show PLWHA are at the bottom of the downturn in dealing with the disease. High pessimism often causes PLHIV sufferers to surrender to death. Such an attitude is appropriate given the client-centered counselling approach, because through counselling theory counselees are given the responsibility to be able to direct themselves.

The Rex-center counselling model is used as a psychological treatment for people living with HIV. In the implementation of this, counselling adjusts to the situation or information and data obtained from the counselee at the time of counselling. The counselling is not rigid and formal, all flows according to the storyline delivered by the counselee. This is the basis for understanding that the implementation of the Rex-center counselling model still provides freedom for sufferers to be able to express what they feel at that time. The flow of the Rex-centra counselling model is adjusted to the characteristics of PLWHA, namely showing attitudes such as spiritual decline, loneliness, anxiety, and depression, it is appropriate to give a reality counselling approach. This reality counselling is based on the empirical idea of individuals who are responsible for what is done to achieve an identity whether it is a success or failure. After that, the counsellors can proceed with the transpersonal counselling approach by combining ideas, beliefs and expectations to create a natural experience. The counselee is also expected to be able to understand the powers of his mind to control these thoughts. Through mind control the counselee can make peace with beliefs that conflict with him. It is intended that the counselee can release his past to live better in the present so that it can form optimism and exploit his potential.



Through this Rex-centra counselling model, the counselee is directed to be able to understand his inner potential and recognise how much the individual can utilise the forces inside and outside of themselves so that they can grow their spirit of life by praying at the strengths believed. To be convinced of the implementation of the Rex-center counselling model, it is necessary to test the effectiveness to obtain the importance of psychological treatment for people living with HIV. So the benefits of testing the effectiveness of the Rex-centra counselling model are to improve the quality of social and educational society such as increasing self-understanding and educating PLWHA patients and families about managing the quality of life and a healthy life, interpreting life more positively, optimistically, and strengthening faith and devotion to The One Almighty God.

As research by Yenny and Prasetyo on interpersonal communication patterns in increasing the confidence of PLWHA, a unit of peer support groups or what is called the MK unit (case manager) was established. The purpose of the establishment of the unit is to provide support to people living with HIV and their families, provide true and scientific information about HIV / AIDS to anyone in need and conduct networks to deal with HIV / AIDS around Surabaya, East Java, Indonesia, Asia and the world. The task of this MK unit officer is to provide psychological and social assistance to PLWHA. Interpersonal communication is based on interpersonal communication theory and self-disclosure theory (Yenny & Prasetyo, 2018).

In addition, research conducted by Wei Wang et al., in China points out that there are health workers, the public and the government that strive to improve the living conditions of people living with HIV through the implementation of the " Four Free One Care " program that serves free anti-retroviral therapy medicine, free counselling and testing, free mother-infant block, free education for AIDS orphans, provides financial support and reduces HIV-related stigma. However, the approach through community stigma is still important to give. People with HIV / AIDS who experience poor mental health conditions and depression due to stigma, need an approach through counselling. So we need special counsellors to help overcome these problems. This is intended to help people living with HIV improve their quality of life through participation and good socialisation in the community and utilise the social community to overcome their illness (Wang et al., 2019).

Various attempts were made to instil early knowledge about HIV / AIDS. As in Tanzania, almost all children who are on average 15 years old have heard and know about HIV / AIDS because it has been taught in schools, even though their knowledge is still low. To increase this understanding, information and communication technology (ICT) is used to develop knowledge about HIV / AIDS in children with the aim that this can attract their attention. Then they can use ICT well. The results of this research also showed that students' knowledge about

the causes, prevention, and effects of HIV / AIDS increased. The content in the multimedia that is used is very helpful in raising awareness of elementary school students about HIV / AIDS, which is developing in the surrounding environment (Makuru, Simba, & Kalinga, 2019).

### **Method of Research**

The success or effectiveness of Rex-center counselling models is implemented using the experimental method. An assessment of the success of the Rex-centra counselling model is the change in attitudes of PLWHA patients collected with attitude scale instruments, and the data can be in the form of intervals. The research design used was pre-posttest control group design. Population reduction is used by purposive sampling method. The purposive method is used by referring to the special characteristics of this study, namely people with HIV, people living with people with HIV, and people who are at risk of contracting HIV / AIDS. The district of Buleleng was sampled because statistical data from the Bali Provincial Health Service in 2015 showed the highest number of HIV-AIDS sufferers compared to other districts in the Regency of Buleleng (Bali, 2015). Respondents in this study were 12 people.

The data collection procedure uses a questionnaire and interview instrument. The questionnaire instrument was used to determine the effectiveness of the Rex-centra counselling model on the psychological status of PLWHA. While the interview instrument was used to find out the change in attitude shown by PLWHA patients during and after the approach was given through the Rex-center counselling model. Before the questionnaire and interview, instruments were distributed, an assessment was made to fulfil valid and reliability requirements using CVR and CVI calculations by three experts, including medical experts, socio-cultural experts and research experts. The procedure of data analysis uses the steps of experimental research, starting from making and developing instruments, fulfilling the prerequisite test data analysis of the t-test, analysing data, and formulating conclusions.

### **The Results of the Research and the Discussion**

Initially, it was very difficult to approach PLHIV and their families. It requires some strategies to be able to attract their confidence in the implementation of psychological treatments provided. Collaborating with medical counsellors is very helpful in providing these treatments. This is consistent with the opinion of Frans and Bursuck stating collaboration is the way chosen by professionals to achieve common goals (Friend & Bursuck, 1999). Through this, it is illustrated that psychologically PLWHA sufferers need the right approach with people. The more chronic the disease, the greater the risk of experiencing psychological disorders (Basha et al., 2019). The provision of this psychological treatment as an alternative that can be given



by an expert on counselees who need immediate treatment. Because without realising that the influence of psychology plays a major role on a person's physical development. In order to improve the quality of life and health of people with HIV / AIDS, psychological, sleep, and attention needs is important (Campbell et al., 2019). The more a person is psychologically deteriorated, then their physical will also be disturbed. People with HIV/AIDS who develop a bad stigma against themselves will develop HIV viruses in their bodies as well. This causes a decrease in antibodies in the body of people with HIV.

Before conducting the test analysis of the results of the study, the data must meet the prerequisites of the t-Paired test, namely the differences in the two groups of data with normal distribution. Based on the results of the normality test data with the help of SPSS 16.0, the results show that the data are normally distributed. Then using the SPSS 16.0 t-paired test, the effectiveness of the Rex-centra counselling model as a psychological treatment for PLWHA were analysed. The results of the study show the following.

**Table 1: Paired Samples Test**

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Before-after	-28.750	9.186	2.652	-34.587	-22.913	-10.842	11	.000

The results of the Paired Samples Test showed that the t-test was 10.842, at df = 11 and the significance level were 0.05 with a t-table of 2.201. This shows that t-count > t-table, which means that the hypothesis states there is an effectiveness of the Rex-centra counselling model as a psychological treatment for people with PLWHA.

In addition to calculating the above analysis, the effectiveness of Rex-centra's counselling model as a psychological treatment for PLWHA sufferers is also supported by interviews with PLWHA patients to find out the change in attitudes displayed by PLWHA patients during and after the approach is given. In addition, through interviews, counsellors explore the understanding and self-development of counselees (PLWHA) after being given the Rex-centra counselling model approach. Based on the results of interviews with 12 people sampled in this study, it was concluded that almost all counselees felt a change in their condition. Prior to this approach, most counselees felt hopeless about their current situation. They felt that the illness that landed on them was a curse that was difficult for the community to accept. The stigma that

develops in the community illustrates how poor people with PLWHA are so socially excluded. This causes the stigma against itself to get worse. So it is not uncommon for them to decide on medical treatment because they assume that no matter how much treatment they do in the end they will die. Psychologically, they are depressed and feel very helpless. However, the existence of this psychological treatment really gives room for PLWHA sufferers to be able to get rid of all complaints and everything that makes them more psychologically ill.

Some PLHIV sufferers state that,

*Counselee 1: Through this help, I try to accept the state of myself and illness that I experience. Everything that happens to me is God's destiny. No matter what it looks like, I only try to do what can be done and try not to bother others.*

*Counselee 2: I feel better after getting this counselling help. I am more diligent in following treatment and not ashamed to meet other people. Although personally I also keep a distance with the aim that so that they do not feel uncomfortable and can still interact with me even if not directly.*

*Counselee 3: I as a person who lives with people with HIV/AIDS try to always be near them. Give encouragement and not stay away. Moreover, they are still children and need more love and attention. I keep trying to treat them like other normal people.*

*Counselee 4: I used to feel useless and worthless. I think that everyone does not want to be friends with me because of this disease, and this makes me even more drops. However, after I went through some counselling, I was given an example of an HIV sufferer who is currently able to stay alive and become an HIV cadre. He wants to share information and experiences with others about HIV/AIDS. She is diligent in attending treatment and is often invited as an HIV cadre at a counselling. From this, my heart is open that everyone has his own way. However, God gives stories to their lives, they must still be able to live it all. Being useful to others is one of my passions now.*

While some other counselees have almost the same opinion that they still submit everything to God by trying to accept their situation and build positive thoughts. Some of the statements outlined by PLWHA sufferers above have illustrated the effectiveness of the Rex-center counselling model that is flexibly applied. This approach tries to understand the condition and character of the counselee, so that in its implementation it does not rigidly follow the steps towards its implementation, because the characteristics of people with HIV / AIDS differ from one another. Rex-center counselling model tries to direct the process of approach that follows the storyline created by the counselee but still has a goal to be able to direct the counselee to a better life. This then help the counselee accept his situation, and psychologically they are not



depressed or even experience a prolonged sense of despair by holding fast to the belief in religion and God. So that people with HIV/AIDS get the right help both medically and psychologically.

### **Conclusion**

This study shows that based on the results of the hypothesis test obtained a t-count of 10,842, at  $df = 11$  and a significance level of 0.05 with a t-table of 2,201. This shows that  $t\text{-count} > t\text{-table}$ , which means that the hypothesis states there is an effectiveness of the Rex-centra counselling model as a psychological treatment for people with PLWHA. It is hoped that by obtaining the results of this study, it can provide an appropriate solution for approaching people with PLWHA who have different characteristics. The Rex-center counselling model can also be used as a binder of cooperation between medical and psychological counsellors to be able to help PLWHA live a healthier and more vibrant life. Like the National HIV Program in Peru, where to start ARV therapy each person is required to have one treatment supporter, the chosen person is expected to be able to provide medical and social support to people living with HIV. Through this support, the transfer of treatment responsibilities from supporters to PLHIV sufferers is carried out, and this fosters self-efficacy and creates a good reciprocal relationship (Harishankar et al., 2019).

## REFERENCES

- Baptista-Gonçalves, R., Boyce, P., & Aggleton, P. (2016). Uma nova cor [A new Colour]: Men's accounts of HIV-related stigma and discrimination in Portugal. *HIV & AIDS Review*, 15(3), 106–110. Retrieved from <https://www.termedia.pl/Uma-nova-cor-A-new-Colour-Men-s-accounts-of-HIV-related-stigma-and-discrimination-in-Portugal,106,28736,0,1.html>
- Basha, E. A., Derseh, B. T., Haile, Y. G. E., & Tafere, G. (2019). Factors Affecting Psychological Distress among People Living with HIV/AIDS at Selected Hospitals of North Shewa Zone, Amhara Region, Ethiopia. *AIDS Research and Treatment*, 2019, 1–8. <https://doi.org/10.1155/2019/8329483>
- Campbell, R., Vansteenkiste, M., Delesie, L., Soenens, B., Tobbac, E., Vogelaers, D., & Mariman, A. (2019). The Role of Basic Psychological Need Satisfaction, Sleep, and Mindfulness in The Health-related Quality of Life of People Living with HIV. *Journal of Health Psychology*, 24(4), 535–545. <https://doi.org/10.1177/1359105316678305>
- Carter, M. A., & Goldie, D. (2017). Educational Media: Potential Impacts on Tertiary Students' Mental Health. *International Journal of Innovation, Creativity and Change*, 3(3), 61–88. Retrieved from <https://www.ijicc.net/images/vol3iss3/4CarterGoldie.pdf>
- Corey, G. (2008). *Teori dan Praktek Konseling dan Psikoterapi*. Bandung: PT Refika Aditama.
- Dharsana, I. K., Suarni, N. K., & Suranata, K. (2017). *Contemporary Counselling as an Intervention Model for People with HIV/AIDS in Buleleng Regency*. Singaraja.
- Enaibe, E. A., Omosede, O., & Idiodi, J. O. A. (2013). Wave Mechanics of HIV / AIDS and the Prediction of Lambda ( $\lambda$ ). *Advances in Physics Theories and Applications*, 21, 37–54. <https://doi.org/https://doi.org/10.7176/APTA>
- Friend, M., & Bursuck, W. D. (1999). *Including Students With Special Need*. Boston, MA, USA: Allyn & Bacon.
- Glynn, T. R., Llabre, M. M., Lee, J. S., Bedoya, C. A., Pinkston, M. M., O'Cleirigh, C., & Safren, S. A. (2019). Pathways to Health: an Examination of HIV-Related Stigma, Life Stressors, Depression, and Substance Use. *International Journal of Behavioral Medicine*, 26(3), 286–296. Retrieved from <https://link.springer.com/article/10.1007/s12529-019-09786-3>
- Harishankar, K., Wong, M., Saldana, O., Cruz, J. S., Lecca, L., Munoz, M., ... Shin, S. (2019). Dynamics of Treatment Supporters and Patients Starting HIV Therapy in Lima, Peru. *Journal of the International Association of Providers of AIDS Care*, 18, 1–9. <https://doi.org/10.1177/2325958218824310>
- Hermanus, A. M. Z., Warrouw, N., Rumaseb, E., & Maayd, J. K. R. (2019). Effect of Cork Fish Supplements on Improvement of CD4 and Albumin in People Living with HIV/AIDS in Papua. *International Journal of Innovation, Creativity and Change*, 7(7), 161–172. Retrieved from [https://www.ijicc.net/images/vol7iss7/7713\\_Arwam\\_2019\\_E\\_R.pdf](https://www.ijicc.net/images/vol7iss7/7713_Arwam_2019_E_R.pdf)
- Jain, A., Nuankaew, R., Mongkholwiboolphol, N., Banpabuth, A., Tuvinun, R., Ayuthaya, P. O.

- na, & Richter, K. (2013). Community-based Interventions that Work to Reduce HIV Stigma and Discrimination : Results of an Evaluation Study in Thailand. *Journal of the International AIDS Society*, 16(Suppl 2), 1–9. <https://doi.org/10.7448/IAS.16.3.18711>
- Jiboye, T. F., Salaudeen, G. O., Adejumo, O. O., & Aikomo, D. O. (2019). Mental Ability, Self-esteem and Learning Styles as Correlate of Creativity among High Achieving Secondary School Students in Oyo State. *International Journal of Innovation, Creativity and Change*, 4(4), 24–43. Retrieved from [https://www.ijicc.net/images/May\\_2019/JIBOYE\\_et\\_al\\_2019.pdf](https://www.ijicc.net/images/May_2019/JIBOYE_et_al_2019.pdf)
- Llewelyn, S., & Kennedy, P. (2003). *Handbook of Clinical Health Psychology*. England: West Sussex.
- Ma, P. H. X., Chan, Z. C. Y., & Loke, A. Y. (2019). *Self-Stigma Reduction Interventions for People Living with HIV/AIDS and Their Families: A Systematic Review*. *AIDS and Behavior* (Vol. 23). Springer US. <https://doi.org/10.1007/s10461-018-2304-1>
- Makuru, P., Simba, F., & Kalinga, E. (2019). *Information and Communication Technologies for Development. Strengthening Southern-Driven Cooperation as a Catalyst for ICT4D, 15th IFIP WG9.4 International Conference on Social Implications of Computers in Developing Countries, ICTD4D 2019, Dar es Salaam* (Vol. 1). Springer International Publishing. <https://doi.org/10.1007/978-3-030-19115-3>
- Martinez, O., Lopez, N., Woodard, T., Rodriguez-Madera, S., & Icard, L. (2019). Transhealth Information Project: A Peer-Led HIV Prevention Intervention to Promote HIV Protection for Individuals of Transgender Experience. *Health and Social Work*, 44(2), 104–112. <https://doi.org/10.1093/hsw/hlz008>
- Meade, C. S., & Sikkema, K. J. (2005). HIV Risk Behavior Among Adults with Severe Mental Illness: a Systematic Review. *Clinical Psychology Review*, 25(4), 433–457. <https://doi.org/https://doi.org/10.1016/j.cpr.2005.02.001>
- Paputungan, K. (2013). Psychological Dynamics in People With HIV and AIDS (PLWHA). *EMPATHY Jurnal Fakultas Psikologi*, 2(1).
- Parker, T. (2017). Employment Trends in Counselling - Australia 2015/2016. *International Journal of Innovation, Creativity and Change*, 3(3), 173–196. Retrieved from <https://www.ijicc.net/images/vol3iss3/4CarterGoldie.pdf>
- Pradipto, Y. D., & Setiadi, B. N. (2019). The Role of Internalized Stigma and Perceived Discrimination Regarding the Self-Esteem of People Living with HIV/AIDS in Jakarta. *ANIMA Indonesian Psychological Journal*, 33(4), 241–249. <https://doi.org/10.24123/aipj.v33i4.1797>
- Puji, P. P., & Hendriwinaya, V. W. (2015). Terapi Transpersonal. *Buletin Psikologi*, 23(2), 92–102. Retrieved from <https://journal.ugm.ac.id/index.php/buletinpsikologi/article/download/10566/7945>
- Reiner, N. (2016). *Stigma and Cybertherapy*. Alabama. Retrieved from [https://etd.auburn.edu/bitstream/handle/10415/5535/Cybertherapy Dissertation - Natalie](https://etd.auburn.edu/bitstream/handle/10415/5535/Cybertherapy%20Dissertation%20-%20Natalie)

- Reiner2.pdf?sequence=2&isAllowed=y
- Saki, M., Mohammad, S., Kermanshahi, K., & Mohammadi, E. (2015). Perception of Patients With HIV / AIDS From Stigma and Discrimination. *Iran Red Crescent Med Journal*, 17(6), 1–7. <https://doi.org/10.5812/ircmj.23638v2>
- Shaluhayah, Z., Musthofa, S. B., & Widjanarko, B. (2015). Community Stigma towards people with HIV / AIDS. *Kesmas: National Public Health Journal*, 9(4), 333–339.
- Tanney, M. R., Naar-King, S., & MacDonnel, K. (2013). Depression and Stigma in High Risk Youth Living with HIV (YLH): A Multisite Study. *Journal of Pediatric Health Care*, 26(4), 300–305. <https://doi.org/10.1016/j.pedhc.2011.02.014>. Depression
- Wang, W., Yang, N., Li, X., Xiao, H., Gao, M., Yan, H., & Li, S. (2019). A Pathway Analysis of Exploring How HIV-related Stigma Affects Social Capital Among People Living with HIV/AIDS in China. *Psychology, Health and Medicine*, 0(0), 1–11. <https://doi.org/10.1080/13548506.2019.1595677>
- Waters, L., Patterson, B., Scourfield, A., Hughes, A., Silva, S. De, Gazzard, B., ... Boffito, M. (2012). A Dedicated Clinic for HIV-Positive Individuals Over 50 Years of Age: a Multidisciplinary Experience. *International Journal of STD & AIDS*, (23), 546–552. <https://doi.org/10.1258/ijsa.2012.011412>
- Wilber, K. (2005). Introduction to Integral Theory and Practice. *Journal of Integral Theory and Practice*, 1(1), 1–38. Retrieved from <https://journal.ugm.ac.id/index.php/buletinpsikologi/article/download/10566/7945>
- Yenny, & Prasetyo, I. J. (2018). Pola Komunikasi Interpersonal Manajer Kasus dalam Meningkatkan Kepercayaan Diri Penyandang ODHA di RSUD dr. Soetomo Surabaya. *Profetik Jurnal Komunikasi*, 11(2), 85–98. <https://doi.org/https://doi.org/10.14421/pjk.v11i2.1279>
- Yogi, R., Mogan, M., Sumenda, R., Maay, J. K. R., Hermanus, A., & Jarona, M. (2019). The Knowledge and Attitude of a Post-wife Mother Against Prevention of HIV Transmission in a New Born Baby in Jayapura Hospital. *International Journal of Innovation, Creativity and Change*, 7(7), 138–148. Retrieved from [https://www.ijicc.net/images/vol7iss7/7711\\_Yogi\\_2019\\_E\\_R.pdf](https://www.ijicc.net/images/vol7iss7/7711_Yogi_2019_E_R.pdf)