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Enhancing the Effectiveness of Pastoral Counseling Services for People Living with HIV/AIDS through the Rational Emotive Behavior Therapy (REBT) Module

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ABSTRACT

The HIV/AIDS epidemic is a global crisis and a serious challenge for development and social progress. This is because the number of HIV/AIDS sufferers increases from year to year at a fairly high percentage. In response to this, various efforts have been made by the government and the church to reduce the number of HIV/AIDS cases. One of the efforts made is the implementation of pastoral counseling services using the Rational Emotive Behavior Therapy (REBT) module. This research aims to test the effectiveness of pastoral counseling services for HIV/AIDS sufferers using the Rational Emotive Behavior Therapy module. This research uses an experimental method with a one-group pretest-posttest design. The subjects in this research were people with HIV/AIDS. To measure the effectiveness of the module, researchers used a holistic wound scale at the beginning and end of pastoral counseling service activities. The research results show that the use of the Rational Emotive Behavior Therapy module in pastoral counseling services is effective in reducing aspects of sufferers' holistic wounds consisting of physical, mental, social and spiritual.

Keywords: pastoral counselling, people living with HIV/AIDS, rational emotive behavior therapy

INTRODUCTION

The Human Immunodeficiency Virus (HIV) is a virus that attacks white blood cells, thereby weakening the human immune system. Meanwhile, Acquired Immune Deficiency Syndrome (AIDS) refers to a collection of symptoms that arise as a result of a compromised immune system due to HIV infection (Wahyuni et al., 2023). According to data released by the United Nations Programme on AIDS (UNAIDS), by 2020, there were 38 million people living with HIV globally. Of this number, 20.1 million were children and adult women (Rizal, 2020). This figure is supported by data from the Ministry of Health of the Republic of Indonesia, which indicates that the largest population of HIV-infected individuals is in Africa (25.7 million people), followed by Southeast Asia (3.8 million), and the Americas (3.5 million). The lowest prevalence is in the Western Pacific, with 1.9 million people (Ministry of Health RI, 2021). The high number of HIV-infected people in Southeast Asia makes Indonesia one of the countries that must remain vigilant against the spread of this virus. Although the trend tends to fluctuate, the population of people infected with HIV/AIDS in Indonesia continues to increase year by year. As shown in the figure below, over the past eleven years, the number of HIV cases in Indonesia peaked in 2020, reaching 50,282 cases (Ministry of Health RI, 2021). In a 2023 report, it was stated that as of March 2023, 377,650 people had been diagnosed with HIV, while the number of reported AIDS cases had reached 145,037 (Ministry of Health RI, 2023).

Various efforts and policies have been implemented by the government to curb the rising number of HIV/AIDS cases. In line with the global goal of ending the AIDS pandemic by 2030, both the government and society have made significant commitments to HIV/AIDS control activities to achieve eradication by 2030. One policy orientation in the National Medium-Term

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Development Plan (RPJMN) 2020–2024 is to expand access to and improve the quality of health services towards universal health coverage. Strengthening disease control, including HIV/AIDS, is a policy priority (Hanifah & Kriswibowo, 2023). In addition to efforts to suppress new cases, the government also strives to provide adequate healthcare services for people living with HIV/AIDS (PLWHA) through antiretroviral (ARV) treatment (Eka Syavitri et al., 2023; Zakiyah et al., 2022). Beyond government initiatives, the private sector has also established various integrated services to support the government's efforts in preventing the rise in HIV/AIDS cases. Furthermore, these efforts aim to ensure the sustainability and productivity of people living with HIV/AIDS (PLWHA). The church is one of the government's partners that pays special attention to HIV/AIDS issues. The Protestant Church of Maluku (GPM) is among the churches under the Indonesian Communion of Churches (PGI) that is highly committed to handling HIV/AIDS cases. However, it must be acknowledged that the professionalism of HIV/AIDS counselors within the GPM environment remains very low. This can be observed in their ability to provide counseling services for PLWHA. Most available counselors are retired pastors (emeritus) who voluntarily continue to serve, yet their counseling skills remain far from those of professional counselors.

Field data show that counselors merely visit clients, speak with them for less than an hour, and close the session with prayer. After such meetings, it is rare for follow-up counseling sessions to occur. This highlights the lack of professionalism among counselors in the Masohi Classis in fulfilling their counseling duties. According to one emeritus pastor who serves as a counselor in Masohi Classis, this lack of professionalism is due to insufficient understanding of counseling services for PLWHA. In response to the limited understanding of counselors in the Masohi Classis regarding counseling services for people with HIV/AIDS, the researcher conducted a study in 2021 to develop a rational emotive behavior therapy (REBT) module for pastoral counseling services for PLWHA in GPM. In 2021, the GPM Synod recommended that the researcher conduct module trials in the GPM Ambon Island Classis, GPM Lease Islands Classis, and GPM Masohi Classis. The module received positive feedback and input from classis counselor teams. One of the classis included as a research subject was GPM Masohi Classis. The classis pastoral team provided substantial feedback for improving the research team's REBT module. This REBT module is designed as a practical guide for counselors so that counseling services for clients with HIV/AIDS can be delivered systematically, measurably, and accountably. Through the use of the REBT module, counselors are expected to improve their professionalism in providing counseling services for PLWHA. In addition, pastoral counseling services based on the REBT module are expected to help clients find solutions to the problems they face. To measure these outcomes, the researcher used the holistic wounds scale adopted from Wiryasaputra's work (Wiryasaputra, 2019).

Rational Emotive Behavior Therapy (REBT) is an approach that emphasizes the important role of thoughts in behavior. REBT is a directive approach that retrains clients to understand cognitive inputs causing emotional disturbances, attempting to change their thoughts to relinquish irrational beliefs or to anticipate the consequences of their behaviors (Gantiana et al., 2011). According to Arintoko, REBT is a counseling style that emphasizes the integration and interaction between rational thinking, emoting, and acting (Arintoko, 2011). REBT, developed by Albert Ellis, involves several stages. This therapy posits that humans are individuals prone to irrational thinking, acquired through social learning. Another perspective states that REBT is a cognitive-behavioral approach that stresses the interrelationship between

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feelings, behaviors, and thoughts (Yanti & Saputra, 2018). The REBT approach helps clients change their irrational beliefs into rational ones and assists in altering attitudes, thought patterns, and perceptions (Ananda et al., 2022).

The basic concepts of Rational Emotive Behavior Therapy (REBT) as developed by Albert Ellis emphasize that human thought is the fundamental cause of emotional disturbances, with both healthy and unhealthy emotional reactions stemming from our patterns of thinking (Ellis, 2014). Humans inherently possess the capacity for both rational and irrational thoughts, and it is through the use of intellect that individuals can free themselves from emotional turmoil. Irrational thinking often has its roots in biological predispositions that are further shaped by childhood experiences and cultural influences. According to Ellis, thought and emotion are inseparable, and both logical and illogical thinking are expressed through language symbols. Furthermore, humans frequently engage in self-verbalization, continually talking to themselves and reinforcing certain beliefs. Importantly, illogical or irrational thinking can be redirected toward logical thinking and a reorganization of perception, as irrational thoughts can be harmful and lead to emotional distress, self-deprecation, and, in more severe cases, even neurosis and psychosis.

Several previous studies have employed the REBT approach in counseling processes. Research by Santi (2018) investigated the effectiveness of Rational Emotive Behavior Therapy (REBT) counseling for self-acceptance in housewives with HIV. The findings showed that REBT therapy improved self-acceptance, enabling participants to change irrational beliefs into rational ones and accept their status as HIV-positive housewives. Similarly, Indradjaja (2014) analyzed self-acceptance in wives experiencing disenfranchised grief (a case study of female PLWHA). REBT-based intervention produced positive changes by fostering insight and reducing irrational beliefs among participants. Consistent reductions in irrational beliefs led to changes in emotions and behaviors. In this study, participants demonstrated efforts to reduce or combat irrational beliefs after experiencing disenfranchisement. Another study examined the effectiveness of REBT-based therapy for improving mental health and adherence to antiretroviral therapy (ART) among female PLWHA, revealing that REBT was effective in improving mental health and ARV adherence (Surilena et al., 2014). The present study is different in that the REBT approach is implemented using a module developed by the researcher. To achieve this, a trial of counseling services utilizing the REBT module must be conducted. This trial aims to measure the effectiveness of counseling services for PLWHA using the REBT module. Therefore, the objective of this research is to assess the effectiveness of pastoral counseling services for PLWHA using the Rational Emotive Behavior Therapy (REBT) module.

METHOD

Research Design

This research employed an experimental approach, which is characterized by the manipulation of the independent variable through specific interventions or treatments, followed by observation of the resulting effects. In experimental research, any significant changes or differences observed after the manipulation can be attributed to the intervention applied to the variable (Sugiyono, 2006). The specific experimental design utilized in this study was a pre-experimental design—more precisely, the one-group pretest-posttest design. In this design, a single group of participants is measured on specific outcomes before and after receiving an

intervention. The intervention in this context was the implementation of pastoral counseling services for people living with HIV/AIDS (PLWHA) using the Rational Emotive Behavior Therapy (REBT) module within the Protestant Church of Maluku (GPM), Masohi Classis. The effectiveness of the counseling service was determined by assessing whether participants experienced a reduction in aspects of psychological wounds (luka batin) as measured both before and after the counseling sessions. This was evaluated using the holistic wounds scale, which provides diagnostic values for multiple dimensions of psychological distress.

Population and Sample

The population for this study comprised all people living with HIV/AIDS (PLWHA) within the service area of the Protestant Church of Maluku (GPM), Masohi Classis. From this population, the sample was selected using purposive sampling. Purposive sampling is a non-probability sampling technique in which the sample is chosen based on specific characteristics and objectives relevant to the research problem. This method ensures that the sample reflects certain predetermined criteria deemed essential by the researcher. In this study, the sampling process was guided by findings from previous research conducted in collaboration with the GPM Masohi Classis in 2021. The sample consisted of one counselor and one PLWHA, both selected based on their relevance to the objectives of the study. The counselor was chosen for their willingness and availability to implement the REBT-based pastoral counseling module, while the client (PLWHA) was selected according to criteria such as diagnosis, willingness to participate, and current engagement with church-based care services.

Procedure

Prior to the intervention, both the counselor and client were briefed on the purpose and procedures of the study, and informed consent was obtained. A pretest was conducted, wherein the client was assessed using the holistic wounds scale to establish baseline scores across relevant psychological domains. Following the pretest, the client received a series of counseling sessions utilizing the REBT-based module. The counseling process was systematically documented, with the counselor applying techniques and guidance as outlined in the module. After completion of the counseling intervention, a posttest was administered using the same holistic wounds scale. The results from the pretest and posttest were compared to determine whether there was a measurable reduction in the aspects of psychological distress experienced by the client.

Data Collection and Analysis

Data were collected through structured assessments using the holistic wounds scale at two time points: before (pretest) and after (posttest) the counseling intervention. In addition, qualitative notes and session observations were maintained to provide contextual insights into the counseling process. The quantitative data were analyzed by comparing pretest and posttest scores, looking for changes in the levels of psychological wounds. If a significant decrease was observed, it was taken as evidence of the effectiveness of the REBT-based counseling intervention. Ethical considerations were strictly observed throughout the research, ensuring

confidentiality, voluntary participation, and sensitivity to the unique circumstances of PLWHA involved in the study.

RESULTS AND DISCUSSION

The REBT module developed in this study consists of six units. The first unit discusses basic information about HIV/AIDS, the second unit addresses the challenges faced by people living with HIV/AIDS (PLWHA), the third unit focuses on beliefs, the fourth unit explores therapy, and the fifth unit contains evaluation procedures. After the module was designed, the next step involved a theoretical trial. The theoretical trial for the development of the Rational Emotive Behavior Therapy (REBT) module in pastoral counseling services for PLWHA at the Protestant Church of Maluku (GPM) involved expert assessment from two different fields. The first expert evaluation focused on the content of pastoral counseling, while the second evaluation specifically reviewed information related to HIV/AIDS in the module. The experts involved in evaluating this module were those who have dedicated their careers to pastoral counseling and healthcare, particularly in managing HIV/AIDS in Maluku, over recent years. Their skills and experience were crucial contributions to the module's development, especially regarding its material content. Based on discussions between the experts and the research team, the module was considered good and suitable for use, with some notes for further content development. Generally, the expert suggestions focused on content enrichment, activities for counselors and counselees, module presentation, and instruments used for therapy for PLWHA.

To test the effectiveness of the REBT module in pastoral counseling services, the researcher developed a systematic flow for the counseling process based on several key stages, as outlined by Wiryasaputra (2020). The counseling process begins with establishing a relationship of trust between the counselor and the client, which forms the foundation for open and effective communication. This is followed by data collection, or anamnesis, where the counselor gathers relevant information about the client's experiences, feelings, and circumstances. After sufficient data has been collected, the counselor proceeds to the diagnosis stage to identify and conclude the underlying sources of the client's problems. Based on this diagnosis, the counselor and client collaboratively plan actionable steps to address the identified issues. These planned interventions are then implemented through targeted counseling sessions. The effectiveness of these interventions is subsequently reviewed and evaluated to assess progress and outcomes. Finally, the counseling relationship is formally terminated, marking the conclusion of the structured counseling process. This systematic approach ensures that each phase of counseling is purposeful and contributes to the overall effectiveness of the pastoral counseling services using the REBT module.

Before counseling services were provided to the counselee, the researcher first met with the prospective counselor. The purposes of this meeting included aligning perceptions regarding the technical use of the module and harmonizing the understanding of the counseling stages that would be used in the process. Once consensus was reached between the researcher and the counselor, the next step was the actual delivery of pastoral counseling, carried out directly by the counselor and counselee based on the REBT module and the established pastoral counseling stages.

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The first stage of counseling involved gaining a comprehensive understanding of the counselee. In this study, the counselor established a relationship with the counselee as the foundation of the counseling process (Rufaedah & Ikhwanarropiq, 2022). In addition to building rapport, the counselor worked to create a shared understanding with the counselee regarding the therapy process, including the nature of the relationship, the roles of each party, and the goals to be achieved through counseling. In this case, the counselor got to know the counselee—a middle-aged male who was diagnosed HIV positive by hospital staff in 2021.

The second stage involved data collection (anamnesis), with a focus on obtaining relevant and accurate information (Silvia & Norpi, 2023). During counseling, the counselor collected data using the Holistic Wounds Scale questionnaire (Wiryasaputra, 2019), which also served as a pre-test before counseling began. The results of the initial test provided the counselor with an overview of the counselee's physical, mental, spiritual, and social condition. The summarized pre-test results are presented below:

Table 1. Holistic Wounds Scale (Pre-Test)

Yes	Items	0	1	2	3	4	5
	PHYSICAL ASPECTS						
1.	Cry						√
2.	Headache						√
3.	Difficulty sleeping						√
4.	Blood pressure						√
5.	Heart beats fast						√
6.	Shortness of breath				√		
7.	Decreased appetite						√
8.	Naked sex goes down						√
9.	Her heartburn was hard			√			
10.	The road feels drifting					√	
11.	The body feels helpless					√	
12.	Hypoactive					√	
13.	The joints feel swollen					√	
14.	Stomach feeling bloated/belching					√	
15.	The body feels uncomfortable shaking					√	
	Sub Total			2	3	24	35
	Physical Aspect Assessment	64					

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	MENTAL ASPECTS						
1.	Sad						√
2.	Surprised						√
3.	Unable to accept reality						√
4.	Bargaining						√
5.	Unable to think clearly						√
6.	Anxious (No object)						√
7.	Fear (Obvious object)						√
8.	Numbness – life feels empty						√
9.	Feeling lonely/lonely						√
10.	Easily injured						√
11.	Angry						√
12.	Disappointed						√
13.	Regret						√
14.	Restless						√
15.	Dreaming strangely						√
	Sub Total						75
	Assessment of Mental Aspects	75					
	SOCIAL ASPECT						
1.	Withdraw/confine						√
2.	Not thinking about/being aware of the needs of others						√
3.	No work ethic						√
4.	Not interested in the hobby he used to enjoy						√
5.	Family/others accused him of being the cause of the incident						√
6.	Assuming that there is a party that is following him						√
7.	Considers the people around him hostile to him						√
8.	Declaring it's better not to be here or go far or die						√
9.	Conflict/hostility with other parties						√
10.	Being reminded of the voice of a particular person or person						√

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11.	There are promises/tasks that cannot be fulfilled						√
12.	Consider himself useless, dirty						√
13.	Doubts about the future (not wanting to get married, having children)						√
14.	Don't want to be active in the environment anymore						√
15.	No matter the social health values of the environment						√
	Sub Total						75
	Social Aspect Assessment	75					
SPIRITUAL ASPECT							
1.	Unable to concentrate on praying/praying						√
2.	Unable to concentrate when listening sermon						√
3.	Feeling that religious activities are useless						√
4.	Do not want to be active in religious activities anymore						√
5.	Feeling that faith is meaningless						√
6.	Feeling struggling alone,						√
7.	Feeling that the Lord God is silent,						√
8.	Angry with the Lord God						√
9.	Embarrassed						√
10.	Feeling guilty						√
11.	Feeling guilty						√
12.	Scared to Death						√
13.	Loss of meaning/purpose in life						√
14.	Anger at the faith community/its representatives						√
15.	Disillusionment with his religious community/his representatives						√
	Sub Total						75
	Assessment of the Spiritual Aspect	75					

Based on the pre-test results, the researcher proceeded to the third counseling stage: diagnosis. The counselor's diagnosis, based on the questionnaire responses, is summarized as follows:

Table 2. Counselor Diagnosis (Pre-Test)

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ASPECTS	SCORE	DIAGNOSIS
Assessment of Physical Aspects	64	Level E or Very Severe and requires professional helpers
Assessment of Mental Aspects	75	Level E or Very Severe and requires professional helpers
Social Aspect Assessment	75	Level E or Very Severe and requires professional helpers
Assessment of the Spiritual Aspect	75	Level E or Very Severe and requires professional helpers
Holistic Assessment	289	Level E or Very Severe and requires professional helpers

Based on the data collected on physical, mental, spiritual, and social aspects, it was concluded that the counselee's holistic wounds were at Level E (very severe), requiring professional help. After diagnosis, the fourth stage involved the counselor developing an action plan. The counselor implemented specific techniques as outlined in the REBT module. During counseling, a person-centered approach was adopted, with the counselor's full presence, active listening, and empathy serving as the core of pastoral counseling services. The fifth stage was the application of counseling techniques. Here, the counselor used the REBT approach according to the prepared module, beginning to explore and identify irrational beliefs in the counselee's thoughts—beliefs that often cause stress and hinder socialization (Ilhamuddin et al., 2024).

During this process, the counselor invited the counselee to discuss the challenges faced by PLWHA in society. Three main questions were posed during the discussion. The first question was, "What do you think stigma means?" The counselee responded, "I don't really understand what stigma is, ma'am. But as far as I know, stigma is like the negative views people in the environment have about people like me, people with HIV." In response, the counselor asked, "If stigma relates to negative views others have of you, how do you respond to it?" The counselee answered, "I think everyone has the right to view others and to label someone. But please, don't give a negative label. I am also a human being, God's creation. If I'm seen negatively, I get offended when people gossip or whisper when I walk by. That makes me feel hurt."

To address the counselee's feelings, the counselor offered perspective: "I agree that everyone has the right to their thoughts and views. But consider, do those negative opinions actually affect your life? Do they stop you from working, serving God, or living your life?" The counselee replied, "Those opinions don't have any negative impact. My life goes on, my service continues, my work is fine. Their negative opinions don't affect me." The counselor provided positive reinforcement, encouraging the counselee to focus on God rather than on human judgment.

The counselor then asked, "When people have negative opinions about PLWHA, do you experience negative emotions? Do those emotions trigger new behaviors?" The counselee

explained, “Sometimes I feel sad and cry alone at night, wondering why my life is so difficult. Does Jesus still love me? Sometimes I get angry and lash out. But I realize I have to accept the reality—I am sick, and society considers this an embarrassment.” The counselor responded with support, advising the counselee not to let negative emotions impact physical health. Further, the counselor encouraged the counselee to think rationally: “Why be angry with those people? Don’t their opinions have no real effect on your life? Let’s live life as God grants it, becoming better. If you’re angry, remember that their opinions don’t take anything away from your journey or the blessings God has given.” The session ended with prayer and an agreement for the next meeting.

In the next session, the counselor used unit three of the REBT module as a guide. This session focused on beliefs, specifically building a positive understanding of the relationship between God and humans, relationships among people, and the human being as God’s precious creation. The session began with the question, “After being diagnosed with HIV, how is your relationship with God?” The counselee answered, “It’s ruined; I’m angry at God. Why did this happen to me, even though I’ve been serving God?” The counselor probed further, eventually leading the counselee to tears and repentance, acknowledging personal responsibility for their illness and asking for God’s forgiveness. The counselor reinforced that God never errs in creating humans, including the counselee and his current condition, and guided the counselee to reflect spiritually, including reading from Psalm 121:1-2. Subsequent sessions continued to use unit three, emphasizing the counselee’s relationships with others, particularly those broken due to illness. The counselor employed Gestalt therapy techniques, such as the empty-chair method, to help the counselee express anger and eventually work toward forgiveness and reconciliation.

In the following meeting, using unit four of the REBT module, the focus was on gratitude therapy. Counseling for PLWHA was directed toward developing self-potential and fostering a positive environment as part of prevention, healing, and personal growth (Aristiana et al., 2015). Counseling helped the counselee manage emotions, develop positive thinking, enhance self-esteem, and improve motivation for survival (Triyoso et al., 2018). One of the therapies conducted was gratitude therapy, aiming to cultivate gratitude for all of life’s events allowed by God. The counselor encouraged the counselee to identify positive things and articulate ways to express gratitude, helping him to find meaning and comparative perspective that fostered gratitude even in adversity.

The final stage of counseling was evaluation and termination. Evaluation assessed the effectiveness of each counseling stage and could be conducted at the beginning of subsequent sessions. This included reviewing any homework assignments and the benefits of counseling for the counselee. The counselor asked, “Please describe the benefits you’ve gained from our counseling sessions.” The counselee shared insights about God’s love, acceptance of others, positive thinking, and gratitude despite his circumstances, leading the counselor to conclude that the REBT module-based therapy was effective and had a positive impact.

Before concluding the counseling process, the counselor again asked the counselee to fill out the Holistic Wounds Scale (post-test). The post-test results are summarized below:

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Table 3. Holistic Wounds Scale (Post-Test)

Yes	Items	0	1	2	3	4	5
	PHYSICAL ASPECTS						
1.	Cry			√			
2.	Headache			√			
3.	Difficulty sleeping			√			
4.	Blood pressure		√				
5.	Heart beats fast		√				
6.	Shortness of breath	√					
7.	Decreased appetite		√				
8.	Naked sex goes down		√				
9.	Her heartburn was hard	√					
10.	The road feels drifting		√				
11.	The body feels helpless		√				
12.	Hypoactive	√					
13.	The joints feel swollen	√					
14.	Stomach feeling bloated/belching	√					
15.	The body feels uncomfortable shaking	√					
	Sub Total		6	6			
	Physical Aspect Assessment	12					
	MENTAL ASPECTS						
1.	Sad			√			
2.	Surprised		√				
3.	Unable to accept reality			√			
4.	Bargaining		√				
5.	Unable to think clearly			√			
6.	Anxious (No object)			√			
7.	Fear (Obvious object)			√			
8.	Numbness – life feels empty			√			

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9.	Feeling lonely/lonely			√			
10.	Easily injured			√			
11.	Angry			√			
12.	Disappointed			√			
13.	Regret			√			
14.	Restless			√			
15.	Dreaming strangely		√				
	Sub Total		3	24			
	Assessment of Mental Aspects	27					
SOCIAL ASPECT							
1.	Withdraw/confine			√			
2.	Not thinking about/being aware of the needs of others			√			
3.	No work ethic		√				
4.	Not interested in the hobby he used to enjoy		√				
5.	Family/others accused him of being the cause of the incident		√				
6.	Assuming that there is a party that is following him		√				
7.	Considers the people around him hostile to him		√				
8.	Declaring it's better not to be here or go far or die	√					
9.	Conflict/hostility with other parties		√				
10.	Being reminded of the voice of a particular person or person		√				
11.	There are promises/tasks that cannot be fulfilled		√				
12.	Consider himself useless, dirty		√				
13.	Doubts about the future (not wanting to get married, having children)		√				
14.	Don't want to be active in the environment anymore		√				
15.	No matter the social health values of the environment		√				
	Sub Total		12	4			
	Social Aspect Assessment	16					
SPIRITUAL ASPECT							

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1.	Unable to concentrate on praying/praying		√				
2.	Unable to concentrate when listening sermon		√				
3.	Feeling that religious activities are useless		√				
4.	Do not want to be active in religious activities anymore		√				
5.	Feeling that faith is meaningless		√				
6.	Feeling struggling alone,		√				
7.	Feeling that the Lord God is silent,		√				
8.	Angry with the Lord God		√				
9.	Embarrassed		√				
10.	Feeling guilty		√				
11.	Feeling guilty		√				
12.	Scared to Death		√				
13.	Loss of meaning/purpose in life		√				
14.	Anger at the faith community/its representatives		√				
15.	Disillusionment with his religious community/his representatives		√				
	Sub Total		15				
	Assessment of the Spiritual Aspect	15					

Based on the post-test results, the final diagnosis after counseling using the REBT module is as follows:

Table 4. Counselor Diagnosis (Post-Test)

ASPECTS	SCORE	DIAGNOSIS
Assessment of Physical Aspects	12	Level A or normal can be handled by self-counselling or accompanied by trained volunteers
Assessment of Mental Aspects	27	Level B or non-heavy and can be accompanied by trained volunteers
Social Aspect Assessment	16	Level B or non-heavy and can be accompanied by trained volunteers
Assessment of the Spiritual Aspect	15	Level A or normal can be handled by self-counselling or accompanied by trained volunteers

Holistic Assessment	70	Level B or non-heavy and can be accompanied by trained volunteers

Based on the post-intervention data across physical, mental, social, and spiritual aspects, it can be concluded that the counselee's holistic wounds are now at Level B, meaning they are not severe and can be managed by the counselee themselves or with the support of trained volunteers or peer support groups, without the need for professional intervention.

Implications for Midwifery Education

The findings of this study have significant implications for the field of guidance and counseling, particularly in contexts involving clients with complex psychosocial and spiritual needs, such as people living with HIV/AIDS. The structured REBT module, designed and tested in this research, demonstrates that integrating cognitive-behavioral techniques within pastoral counseling can provide a comprehensive framework for addressing the multidimensional challenges faced by counselees. First, the successful application of the REBT module highlights the importance of systematic, stage-based counseling. By guiding counselors through stages such as building trust, collecting relevant information, making accurate diagnoses, planning and implementing interventions, and conducting thorough evaluations, this module ensures that counseling is not only goal-oriented but also responsive to the individual needs of each client. For practitioners, this reinforces the necessity of structured interventions rather than ad hoc or informal counseling approaches, especially when working with vulnerable populations. Second, the research emphasizes the need for counselors to be equipped with specific therapeutic skills, such as the ability to identify and challenge irrational beliefs, promote rational thinking, and help clients reframe negative experiences. In the case of HIV/AIDS clients, issues of stigma, low self-worth, and spiritual crisis are common. The REBT approach enables counselors to address these issues directly, fostering greater resilience, emotional regulation, and acceptance among counselees. This implies that training programs for guidance and counseling professionals should include modules on cognitive-behavioral therapy techniques, particularly those tailored for sensitive issues and marginalized groups. Third, the results show that holistic assessment tools—like the Holistic Wounds Scale—can provide valuable insight into the physical, mental, social, and spiritual states of clients before and after interventions. The measurable improvements found in all dimensions after counseling indicate that integrated approaches can be effective for complex cases. For counselors, this underscores the value of using holistic assessment instruments not only to guide intervention but also to evaluate outcomes and adjust strategies as needed. Fourth, the research demonstrates the potential for collaboration between religious organizations and mental health professionals in delivering effective counseling services. By adapting psychological interventions such as REBT to fit within pastoral or faith-based counseling settings, counselors can respect the spiritual and cultural backgrounds of clients while delivering evidence-based care. This approach can strengthen the role of guidance and counseling in faith communities and open up new avenues for professional development and community support. Finally, the study illustrates the transformative potential of gratitude,

forgiveness, and spiritual reflection as part of the counseling process. Encouraging clients to cultivate positive perspectives, engage in gratitude practices, and work toward reconciliation—both with themselves and others—can lead to deeper healing and sustained well-being. Counselors should therefore consider integrating such elements into their practice, adapting them as appropriate to the client's background and presenting concerns. In conclusion, the development and implementation of the REBT module in pastoral counseling not only enhance the effectiveness of services for people living with HIV/AIDS but also offer practical strategies and frameworks that can be adopted in broader guidance and counseling contexts. This study encourages counselors to adopt structured, holistic, and culturally sensitive approaches to promote comprehensive client well-being.

CONCLUSION

The REBT module is one of the tools that can be used by counselors to provide pastoral counseling services for people living with HIV/AIDS (PLWHA). This REBT module is designed as a guideline for counselors to ensure that counseling services for clients with HIV/AIDS are delivered effectively. In other words, the services provided become systematic, measurable, and accountable. By using this REBT module, counselors are expected to enhance their professionalism in delivering counseling services to people living with HIV/AIDS. Moreover, through pastoral counseling utilizing the REBT module, counselors are expected to guide clients in finding solutions to the challenges they face. Before any intervention, clients were given a pre-test, which concluded that the client was at level E, or very severe, and required professional assistance. Various counseling approaches and techniques were then provided during the pastoral counseling sessions, based on the REBT module. At the end of the sessions, a post-test was administered, and it was concluded that the client's holistic wounds had improved to level B, meaning they were not severe and did not require professional help or could be managed with support from trained volunteers, peer support groups, or close family members. Therefore, it can be concluded that counseling services for people living with HIV/AIDS are effectively conducted when guided by the REBT module.

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