AN OVERVIEW OF AIDS COUNSELLING IN HMYOI GLEN PARVA

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COUNSELLING

Definition of Counselling

When one person enables another person to explore his or her own thoughts and feelings.

Definition of Advising *

When one person gives or recommends information and or skilled opinions to another person with regards to a particular subject.

Note*: people can be well advised or ill advised.

Role of an AIDS Counsellor

a) Source of information

b) Pre Test Counselling/Advising

c) Post Test Counselling/Advising

d) Follow up Counselling/Advising
HIV Negatives
HIV Positives
Families/Friends

e) Education

HIV Counselling - Why is it necessary?

Counselling in relation to HIV infection has two major aims:

1, Prevention of the spread of HIV infection

HIV counselling should assist people to change their behaviour which puts them at risk of infection and thus prevent the spread of infection. It should also help to motivate people who are infected, to change behaviour and practices which endangers others and thus prevent the further spread of infection.

2. Provision of support

HIV counselling should provide support to those people who are infected, or believe themselves to be infected as they deal with the emotional and social consequences of infection. It is important that these individuals are

assisted to deal with the consequences of infection, so that they can continue to lead satisfying and productive lives.

Behavioural orientated counselling is necessary because of the nature of HIV infection and transmission, and related diseases. There is currently no cure for AIDS and not likely to be so for some time, therefore prevention is the only defence against its spread. Health information and education is effective in informing people about the threat of HIV infection, how it is transmitted and means of protecting themselves. Counselling complements Health education but serves a different purpose for the many people who believe themselves to be immune or at least not directly threatened, and who also find it difficult to change risk behaviour or cannot apply general risk information to their own situation.

STAGES IN AIDS COUNSELLING

HIV and AIDS counselling invariably follows a definitive format these being:

Risk Assessment
Pre-test counselling
Post-test counselling
Follow up/Continued support

1. Risk Assessment

Risk assessment is a necessary stage to elicit from the client information as to why they believe themselves to be at risk of infection. This particular area can take anywhere up to fifteen minutes depending on the clients knowledge of risk behaviour. An example of this being where the client is worried that they be at risk of infection because of sleeping with a man. Here it is important to get the client to explain fully what they mean by this comment, whether it is because they have actually slept with this person or have had full unprotected sexual intercourse. Another example would be that of an intravenous drug user who has been using for several years and is now concerned that they may be infected, upon questioning the client states that they have never shared injecting equipment as they are involved with a needle exchange scheme, but is engaged in sexual relations with a person who is sharing injecting equipment. From this it can be seen that there must be careful questioning to gather information from the clients to establish level of risk and risk behaviour.

2. Pre-Test Counselling

Pre-Test counselling follows immediately on from the risk assessment session assuming that risk is clearly shown. By this time the client should be aware of and understand the difference between HIV and AIDS, its modes of transmission so that this can lead to discussion of:

the consequences of infection,

the absolute need to alter risk behaviour:
to avoid infection if not infected
to avoid passing on HIV, if infected

to understand the social, psychological and legal implications of infection

The individual can thus with due consideration of the information provided, make an **informed decision** about their need to take an HIV test and gives **informed consent** to this being carried out. It is essential that the individual has the opportunity and time to consider the information provided by the counsellor in a supportive and non-threatening environment. This is good preparation for the giving of a positive or negative test result.

By such preparation the client has the opportunity to appreciate the implications of a positive result and to consider the need for behaviour change, whether the result is positive or negative.

The time allocated at this point to the client in addressing their fears , giving accurate information and discussion of the implications of infection is excellent preparation for the giving of the test result. At this stage, trust and a good working relationship have been established to enhance the post-test counselling interview. If the result proves to be negative the counselling proceeds by reinforcing the need for safer behaviour in the future, to avoid infection. However, should the result prove positive, a good basis has been established from which to assist the client deal with the shock and with the consequences of infection.

With increased public information campaigns on HIV, some people will present with obsessional anxiety about being or becoming infected without reasonable cause, an example of this would be the client who has been in a long term monogamous relationship but due to a misunderstanding of the information presented becomes one of the so called 'worried well'. They need accurate information and assistance in dealing with their worries and fears, and so as not to place further demands on the service or to become disabled by their irrational fears.

3. Post-Test Counselling

a, Giving a negative result:

When a test proves negative a client will usually be very relieved and feel safe. However, it is critical at this point that the client:

i) understands the need for behaviour change from this point forward; and the counsellor should engage in a dialogue with the client about how such behaviour change can be achieved in the clients own life

ii) some clients will need to be re-tested because of the window period from infection to the production of antibodies and this must be addressed and dealt with

It must be made clear that there is no room for complacency at this point and that the client may need further assistance to cope with behaviour change (particularly in the cases of drug users). Post-Test counselling when the result is negative, therefore is not just the giving of good news but is a critical point to focus on the change to and maintenance of safer behaviour with an individual whose behaviour was previously risky in relation to HIV.

b, Giving a positive result:

Adequate counselling for those people who are found to be infected is critical. Whilst for some people who have been worried about being infected for sometime the result may be a relief as it is seen as an end to uncertainty. Most people, even those at high risk of infection, are hopeful of good news and experience a profound shock on being told they are positive. The giving of a positive result usually induces a period of crisis for the client and time must be available for the client to express their fears and concerns. Several sessions may be required to assist the person take control of the situation and then to begin a solving and decision making process. Part of this involves:

i) - who to tell

ii) - how to tell a spouse, lover or family

iii) - implication for parenting and children

iv) - consequences for work, career and future

Arrangements may need to be made to see the spouse, lover or family to assist them as they begin to deal with the knowledge of infection and the consequences for them and their future. It is important that these significant others are helped to understand their role in the care and support of the infected individual. This will help to lessen the isolation experienced by the person with HIV and enable them to get on with living, Psychological problems of HIV + individuals who are rejected by their families, friends, and colleagues will be acute and their quality of life and ability to continue to lead productive lives will be diminished. Some of these partners or family members may need to be counselled, for they may also have been infected.

Adequate counselling at the point of discovery of infection is cost effective because it enables the person to continue to lead a normal life and by mobilising family support reduces the demand placed on counselling and other support services.

4. Follow Up/Continued Support

As people with HIV begin to experience ill-health, they may again need a period of counselling and support. The development of AIDS related conditions usually generates a fresh crisis for the client. Disease progression will usually have both psychological and social implications for the person and their significant others, This needs to be recognised. They may need assistance to deal with this new reality, if they are to continue to function effectively and adjust to a new set of problems.

In the terminal phase, family and friends will need counselling and practical support but also medical and nursing assistance so that the person with AIDS can die pain free and with comfort and dignity.

Following bereavement, family and friends may need assistance in coming to terms with their loss and what the future may hold for them. A HIV counselling service needs to make some provision for bereavement.

CLIENT REFERRAL

Prisons unlike Special Clinics can play a particular role in the identification of those people at risk and in the education of large groups of people in risk reduction.

Clients may be identified in one of several ways:

1. Self Referral
2. From new receptions by a Health Care Officer
3. By a Medical Officer during consultation
4. By a Group Officer, Probation Officer, Psychologist or Chaplain.

In all cases it is important that the individual if requiring the test, be aware that they should receive the appropriate counselling before giving their informed consent to having the test done. And be referred to a trained 'AIDS Counsellor'.

At present the number of clients seen each week prior to the Special Clinic is averaging three, the majority of these are self referrals, and only identify themselves once inside the clinic (this being similar to how the clinic works in the local hospital). These clients are then referred by the Consultant to the 'AIDS counsellor' before they will consider testing for HIV. Although the number of clients fluctuates it has been showing a steady increase of people coming forward to be tested in the past two years. Although there have only been three people identified as being HIV+ within this establishment in the past three years. These numbers are increasing in proportion to the level of knowledge and education surrounding HIV and AIDS. We can expect to see a similar increase in numbers over the next couple of years, with proportionally larger numbers of HIV positive inmates as a result. Therefore the requirement of an adequate counselling and through-care service will become an integral part of the working of this establishment.

TIME ALLOTTED TO AN INDIVIDUAL FOR AIDS COUNSELLING

All figures given in minutes:

Risk Assessment	-	15 to 30+
Pre-test	-	15 to 30+
Post-test (-)	-	30
(+)	-	30 to 60
Follow up	-	60+

Times are also dependant on clients needs, a client with limited intelligence or with learning difficulties will require more time than a person who is well informed.

GLOSSARY.

Acquired Immune Deficiency Syndrome, AIDS - A profound deficiency in one part of the immune system, cellular immunity, which leaves someone open to develop opportunistic infections or tumours. There are strict definitions of which infections constitute AIDS and someone cannot be said to have AIDS until they have had one these infections or tumours.

AIDS Test - There is no such thing, what people are usually referring to is the HIV antibody test.

AIDS related complex, ARC - This is a minor deficiency in the immune system that results from HIV infection. People with ARC have some symptoms from their HIV infection but have not had an opportunistic infection.

Condoms - Wellington boots for the genitals, they now come in shapes and strengths appropriate to all genders. There is some debate as to whether they would have valid use in prisons.

Human Immunodeficiency Virus, HIV - This is the probable cause of AIDS. The Virus infects the T4 helper cells, it uses the cells genetic material to make copies of the virus and in so doing, kills the cell. HIV causes damage to some other cells directly for example, some cells in the gut are affected and are unable to absorb food properly and cause diarrhoea, some brain cells are damaged by the virus causing dementia, some nerves get damaged causing muscle wasting and sometimes pain and/or loss of sensation.

HIV Antibody Test - This is the one done after counselling in clinics all around the country. The blood is tested to see if there are any antibodies to HIV. If there are then this means that the virus has been in the persons body at some time in the past and it must be assumed that the virus is still there, although that is not what the test proves. This test will not be positive if the person has not had the chance to develop the antibodies, ie the virus got into their body less than three months before the test. The test could also be negative if someone has become extremely ill and is no longer able to produce the antibodies.

Immune System - This the complex system the body has for defending itself against infections. It has two main parts, cellular immunity and humoral immunity. They work in different ways to get rid of pathogens, they are able to work in cooperation with each other because T4 or helper cells coordinate the activity of the immune system. Cellular immunity is the part responsible for removing pathogens that have got into cells, this work is done by helper and killer cells. Humoral immunity is responsible for making antibodies. It is cellular immunity that is most affected in AIDS.

Opportunistic Infections - These infections are caused by organisms that are either not normally harmful or which are not strong enough to live with humans, because they are unable to withstand all of the different types of defences that the body puts up against them. However, they are able to take the opportunity if offered, to become harmful. This opportunity takes the form of some of these defences not working and the organisms that have lain dormant inside the body or that have been unable to get in, are able to do harm.

Window Period - The period of time it takes to develop antibodies to HIV, this can be anywhere from three months to two years.

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