

UNIT NO. 2

PRINCIPLES AND COUNSELLING ADULTS AND YOUTH ON HIV/AIDS

Ms Ho Lai Peng

ABSTRACT

When a person presents for HIV screening, it is important for the person conducting the test to educate him/her on HIV as most of the people who present for HIV screening have risk factors. Counselling helps these patients to explore fully their reasons for testing, the implications of the results, and their ability to handle the results. The duration of the session may vary according to availability of time and assessment of the risks that the patient has for contracting HIV. There are different components in the pre-test counselling and post-test counselling.

SFP2007; 33(2): 16-17

INTRODUCTION

When HIV was first discovered in 1981, very little was known about this illness and its treatment. Twenty-six years into this pandemic, we have discovered much more about it, and we know now that it is highly preventable with the modification of behaviours. The advances in medical technology have also fortunately improved the outlook of HIV/AIDS.

HIV testing is now incorporated as a routine part of medical care and pre-test counselling and post-test counselling are considered to be unnecessary. Nevertheless, there is still value in counselling, especially in a less acute medical setting. When a person presents for HIV screening, it could be for a variety of reasons, and this provides an opportunity for the person conducting the test to educate him/her on HIV/AIDS. This is especially important as most of these people have risk factors.

WHY IS COUNSELLING RECOMMENDED FOR HIV ANTIBODY SCREENING?

Since testing can lead to adverse consequences, counselling helps patients fully explore their reason for testing, the implications of the results, and their ability to handle the results. Counselling will provide the opportunity to provide facts on HIV and dispel myths. For those who test positive, they can be informed of the resources available.

LENGTH OF THE COUNSELLING SESSION AND REQUIREMENTS

The duration of the session may vary according to availability of time the practitioner has and the practitioner's assessment of

the risk the patient has for contracting HIV. Thus, if a patient is assessed to be low risk, the session may take a much shorter time. The practitioner can choose to spend more time with a person who is assessed to have significant risk. It is important that the practitioner maintains an objective and non-judgmental attitude. Patient's first contact with a health care professional is important and a bad experience may turn them away from testing in future or even from treatment.

Pre-test Counselling

Components of Pre-test Counselling:

- 1) *Obtaining patient's history of HIV testing.* This helps to identify patients who may have previously tested during the window period.
- 2) *Determine patient's reason(s) for testing.*
- 3) *Risk assessment.* This is determined by whether the person has engaged in risk situations, such as unprotected sex (especially with casual partners) and intravenous drug use. Information of sexual orientation, type of sexual practices, use of prophylactics, number and type of partners (regular, casual, commercial sex workers), and history of sexually transmitted infections may be elicited.
- 4) *Assess patient's beliefs and knowledge about HIV/AIDS.* This will help to identify knowledge gaps and the practitioner can educate the patient. This is especially important when the practitioner's assessment of risk differs from that of the patient's.
- 5) *Provide information about the tests.* This will include information on the implications of testing negative, implications of testing positive, and implications of an indeterminate result

Post-test Counselling

Negative results — Components for post-test counselling:

- 1) *Giving the results.* Results should be given directly to the patient. It should not be over the phone, or by mail or e-mail.
- 2) *Ensuring the patient understands the result and its implications.* The patient needs to be informed that a negative result may not mean that he/she is negative as they may still be in the window period. If a patient has risk factors, he/she has to continue taking precautions unless both partners are in a mutually monogamous relationship and have tested negative. If the patient is testing within the window period, a re-test is recommended.
- 3) *Checking the window period and determining the need for re-test.*
- 4) *Encouraging risk reduction behaviour.*

Positive results — Components for post-test counselling:

- 1) *Giving the results.* In addition to giving the results directly to the patient, it is important to plan the session such that sufficient time is given to address his/her concerns. Reactions to the positive result will vary from person to person.
- 2) *Ensuring that the patient understands the result and its implications.* Ensure that the patient understands that the result is just an indication that he/she is infected and does not indicate the stage of the illness. Provide facts of the illness and information of the treatment that is available. Get an early appointment with the Communicable Disease Centre.
- 3) *Assessing the patient's support network and making referrals.* Help the patient identify who he/she might turn to for support. Due to stigma and discrimination issues, the patient should be allowed the choice of who he/she wants to disclose his diagnosis to and whether he/she wants to disclose. Referral to Action for AIDS or a crisis hotline is important when patient has poor support network and/or is emotionally unstable. This will provide them with some support before their medical appointment.
- 4) *Preventing transmission to others.* It is necessary to inform the patient that he/she can transmit HIV through unsafe sexual practices.

Indeterminate results — Components of post-test counselling:

- 1) *Giving results.*
- 2) *Helping the patient understand the result.* Inform the patient about what the result mean. A re-test is recommended after 6 to 12 weeks.
- 3) *Encouraging risk reduction behaviour.* Encourage the patient to adopt risk avoidance and reduction measures.
- 4) *Determining the need for and providing referrals.*

CONCLUSION

Although pre and post-test counselling is not mandatory, it is recommended. Regardless of the reasons for testing, counselling is essential to addressing some of the psychosocial sequelae of doing a HIV test and the potential of testing positive. There are many benefits to counselling, even a short one, and helps to lay the foundation for comprehensive medical and psychosocial care.

LEARNING POINTS

- o Obtaining patient's history of HIV testing helps to identify patients who may have previously tested during the window period.
- o If the patient is tested within the window period, a re-test is recommended when result is negative or indeterminate.
- o Assessing beliefs and knowledge will help to identify knowledge gaps and the practitioner can educate the patient.
- o Referral to Action for AIDS or a crisis hotline is important when patient has poor support network and/or is emotionally unstable.