Workshop on HIV/AIDS counselling and community based care UNICEF-Phnom Penh
Workshop on HIV/AIDS Counseling and Community Based Care UNICEF
Phnom Penh June 16-20, 1997
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Draft: a4/plist
June 25, 1997
Goal-setting cont'd

- offering assistance giving realistic hope for change

- establishing long-term or short-term goals

- confirming the counsellors commitment to the client
LEVELS OF COUNSELLING

• Level 1: professionals, eg social workers/psychologists who have HIV/AIDS counselling as their primary role

• Level 2: other professionals, eg doctors/nurses whose primary role is management of the illness and who use aspects of counselling skills in their work, and

• Level 3: volunteers and other carers who provide emotional and practical support
COMMON COUNSELLING ERRORS

- directing & controlling
- judging & evaluating
- moralizing or patronizing
- labelling and diagnosing
- inappropriate reassurance
- not accepting the client's feelings
- advising
- interrogating
- encouraging dependence
2. Preventing transmission of HIV

by providing:

- practical information about risk behaviour

and assisting:

- in developing personal skills for negotiating safer practices
ESTABLISHING GOALS

The goals of counselling in relation to HIV Infection are governed by the chronic nature of the infection and the possibility of an early death.

Goal - setting includes:

• finding out how the client would like the problem to be solved

• clarifying what the client expects from counselling

• discussing what "goals" mean to the client
COUNSELLING SKILLS

Respect and empathy
  • differences in belief and value systems

Self awareness
  • deal with own issues that may impact on counselling
  • different life-styles
  • different sexual orientation

Non-judgemental attitude
  • client's are not being blamed nor judged for their behaviour
Good communication skills

• use appropriate language
• clarify information
• listen
• reflect back
• culturally appropriate

Referral skills

• be aware of professional/personal limitations
• ensure knowledge/information about other services/agencies
• facilitate referral process
HIV COUNSELLING

is concerned with the whole functioning of the person:

? physical

? psychological

? social

? spiritual
DEFINITION OF COUNSELLING

Counselling:

- is an interactive process, between two or more people (counsellor and client/s) in which a relationship is fostered that enables clients to gain greater control over their lives

- assists clients to become more self aware and empowered

- enables clients to be more confident about the decisions which they make for themselves

Self awareness and empowerment are then the basis for clients making choices about their lives
OBJECTIVES OF HIV/AIDS COUNSELLING

1. providing psychosocial support through:
   - identifying and expressing feelings/fears
   - providing factual information about HIV
   - informing client's of available resources
   - facilitating access to appropriate agencies/resources
   - advocating for a client's needs/rights
THE COUNSELLING RELATIONSHIP

is based on:

• trust

• the client's right to privacy

• confidentiality
SUPPORTIVE HELPING

BEHAVIOUR

verbal supportive behaviour:

• use language the client understands

• repeat in their words & clarify clients statements

• explain clearly & adequately

• summarise

• encourage

• address client suitably according to age

• give factual information

• use humour to reduce tension

• do not criticise or censure
Non-verbal supportive behaviour

- use appropriate tone of voice
- maintain eye contact
- use facial expression, nod occasionally
- occasional gestures
- suitable conversational distance
NON-SUPPORTIVE

BEHAVIOUR

verbal

• advising / preaching

• blaming

• directing / demanding

• straying from topic

• patronizing / condescending
non-verbal

- looking away frequently
- inappropriate distance
- frowning and scowling
- yawning
- inappropriate tone of speech
- speaking too fast or too slow
RE-TEST COUNSELLING

courages:

* information exchange
* exploration of:
  psycho-social issues
  and
  coping strategies
* plus a clinical assessment
Issues and Processes:

* assessment of risk
* provision of HIV medical information
* discussion of preventing strategies,
  safer sex; safer drug use
* assessment of reaction to result
  coping strategies
  anxiety level
* assessment of social supports
* discussion of social, legal and psychological
  consequences
* discussion of impediments confidentiality
POSITIVE RESULT

Often significant psychological trauma

Counselling to provide psychological and social support within a confidential safe environment

REACTIONS - VARIABLE depending on emotional interpretation e.g.

* severe shock – distress
  * numbed affect
    * apparent calm acceptance

need safety to discuss/ventilate
POST TEST COUNSELLING

Negative Result

? Exposure in window period - re-test

Reinforce information on transmission,
    safer sex and drug use and
difficulties in incorporating

Other issues:

    e.g. AIDS Hypochondriasis.
Pre-test counselling: A check list to be used by counsellor and client

A The following should be discussed

1. What the test means

2. What a positive result means in regard to:
   • medical/health aspects
   • psychological aspects
   • notification requirements (may/may not apply)
   • social aspects

3. What a negative result means

4. What are the guarantees of confidentiality?
   - that all attempts will be made to safeguard the privacy/confidentiality of the client's information but it can never be assured one hundred percent

5. Preventative aspects (whatever the test result)
   • safer sex practices
   • safer needle and syringe use
   • breast feeding for mothers

6. How results of test will be obtained (ie in person)

B. Clients informed consent
   Following the above process, clients can now, if they choose, proceed to have an HIV antibody test

This check list was devised by The Albion St Centre, Sydney Australia, May 1992 and has been adapted for the purpose of this article.
AIDS COUNSELLING FROM CHECK LIST

To be worked through by counsellor and client

A  THE FOLLOWING TO BE DISCUSSED

1. What the test means

2. What a positive result means in regard to:
   • medical aspects
   • psychological aspects
   • notification requirements
   • social aspects
   • insurance aspects

3. What a negative result means

4. What are the guarantees of confidentiality?

5. Preventative aspects (whatever the test result)
   • safer sex practices
   • safer needle and syringe use

6. How results of test are obtained (ie. in person)

May 1992
HIV ANTIBODY POSITIVE RESULT

POTENTIALLY PROFOUND AND DEVASTATING

PSYCHOLOGICAL AND SOCIAL

CONSEQUENCES
POSITIVE RESULT

SHOCK

DISBELIEF

ANGER

CONCERNS RE OTHERS

FEELINGS ABOUT SELF
REACTIONS

• CAN VARY WIDELY.

DEPENDENT ON

• ADEQUACY OF PRE-TEST COUNSELLING
• KNOWLEDGE OF TEST
• EMOTIONAL INTERPRETATION OF RESULT
• HOW RESULT IS GIVEN
• PERSONALITY CHARACTERISTICS
• TIME BETWEEN NOTIFICATION AND COUNSELLING
• PRESENCE OF SYMPTOMS
• LACK OF CLINICAL OR SOCIAL SUPPORT
REATIONS: SHOCK

- SEVERE SHOCK AND OBVIOUS DISTRESS
  IMMOBILITY UNABLE TO ARTICULATE
  TEARS DISTRESS

- MODERATE SHOCK RESPONSE
  REPORTS OF NUMBED AFFECT

- MILD SHOCK RESPONSE
  CASUAL CALM ACCEPTANCE
FEELING and THOUGHTS

ANXIETY
NUMBNESS
DISBELIEF
DEPRESSION
LOSS
DISTRESS
ANGER
REMORSE
GUILT

EXPERIENCED
IN WAVES
OVER TIME

FATALISM
ISOLATION
SEXUALITY
FAMILY ISSUES
CHILDBIRTH
DISCLOSURE
CHRONIC ILLNESS
DYING
DEATH (EARLY DEATH)

DELAYED
REATIONS
FEARS

- CONFIDENTIALITY
- EMPLOYMENT
- LOSS OF FUNCTION
- LOSS OF FAMILY
- LOSS OF RELATIONSHIP
- LOSS OF FRIENDS
- LOSS OF APPEARANCE
- LOSS OF SEX
- LOSS OF HEALTH
- LOSS OF CONTROL
- LOSS OF FERTILITY
SYMPTOMS

VARIABLE OVER TIME

FATIGUE
SADNESS
LETHARGY
SLEEPLESSNESS
LOSS OF LIBIDO
DIFFICULTY WITH
MEMORY/CONCENTRATION

? LISTLESSNESS
? LACK OF INTEREST IN LIFE
? LACK OF FUTURE GOALS
? WITHDRAWAL FROM SOCIAL CONTACT
    Dep + P.T.S.

HYPERACTIVITY
TREMOR
RAPID HEART BEAT
MAJOR DEPRESSION

SUICIDE
LONG TERM ISSUES

LOSS

CHANGE

SEXUALITY

RELATIONSHIPS

etc.
RESPONDING TO CLIENTS REACTION
AIMS OF COUNSELLING
PROVIDE

心理和社交支持
保密安全环境

讨论结果和信息的机会

开放：温暖：接受：
同理心的回应以促进表达：
感觉
想法
困惑
COUNSELLING

ENOUGH TIME TO

• ALLOW EMOTIONAL EXPRESSION
  FEELINGS AND REACTIONS

• LISTEN TO CONCERNS WITH EMPATHY

• NON JUDGEMENTAL RESPONSE
• ALLOW ACKNOWLEDGE OF LEGITIMATE FEARS

• DON’T GIVE FALSE REASSURANCES

• ALLOW DISCUSSION OF FEARS AND POTENTIAL REACTIONS
• DISCUSS CONCRETE PLANNING TO ADDRESS EMOTIONAL ISSUES AND PROBLEMS

• CORRECT EXAGGERATIONS OR CONFUSIONS

• ASSESS SUPPORT NETWORKS
• ASSESS PLANS AND INTENTIONS
• DISCUSS TRANSMISSION SAFER SEX
• DISCUSS FOLLOW-UP
  Offer 24-48hrs
• ENCOURAGE CONTINUITY OF CARE
• ANSWER QUESTIONS
• SIMILARITIES WITH OTHER

POTENTIALLY FATAL ILLESSES

PLUS

(depression, anxiety related concerns similar to cancer patients Mandel 1986 Wolcott et al 1986)

• SEX
• SEXUALITY
• INFECTIVITY
• DRUG USE
• SOCIAL STIGMA
• DEATH
• DYING
• ISOLATION
• DISCRIMINATION
• YOUTH
LONG-TERM COUNSELLING
ISSUES

Changes and losses:
real or perceived

- sex (previous sexual behaviour)
- sexuality
- self-esteem
- family relationships
- uncertainty
- friendships
- spirituality
- social support
- romantic relationships
- loss of life expectancy
- disfigurement
- health
- death of loved ones

DEPRESSION : ANXIETY: HELPLESSNESS

HOPELESSNESS : GRIEF : BEREAVEMENT
ISSUES FOR WOMEN

Forming relationships
- fear of non-acceptance & rejection after disclosure

Isolation
- feel isolated within community as few understand the issues relating to HIV

Motherhood
- negative attitudes to Ab + ve woman having a infant
- issues for partner eg care of a child with illness & death

Poor research
- psychosocial issues
- medical
- treatments
- safer sex
COUNSELLING
WOMEN AND HIV/AIDS

• who initiates sex?

• can women say "no" to unwanted or unprotected sex?

• how common is forced sex? - rape, incest

• can women get their partners to use condoms?

• can women obtain condoms?

• what are the barriers to using them?

• what choices do women have in insisting on condom use?
Prevention during lactation

women who become HIV infected during pregnancy are more likely to transmit infection to their babies

Risk reduction strategies include:

• counselling the woman & her partner to use safer sex during pregnancy

• counselling the woman, if she injects drugs, to stop injecting or clean any shared equipment

• ensure blood transfusions have been tested
Lactation

The risk of transmission of HID is higher if the mother first becomes infected during lactation

through an infected blood transfusion given at or after delivery

or,

if a woman has symptoms of disease
COUNSELLING

COMMERCIAL SEX WORKERS (CSW)

- primary concern is for the protection of the health of the sex worker
- maintain their self esteem
- use peers
- provide health monitoring and maintenance
- educating clients of sex workers the need for safer sex
- persuading owners of sex establishments to be involved and support safer sex
The guiding principles:

- It is client orientated

- It provides access to a comprehensive range of services spanning all levels of intensity care

- It is an integrated system of care

- Integrating mechanisms are necessary to achieve the full potential of the continuum

The measure of a successful continuum of care is whether it directs people to the type and level of care most applicable to their immediate need
AIDS Care Continuum

The AIDS care continuum provides a framework within which services can be planned, integrated and co-ordinated to ensure that clients have access to a system of care that meets their needs and can sustain an improved quality of life.

The model is dynamic and needs to be responsive to fluctuating needs at various times.

The advantages:

• Comprehensive and integrated care
• Organised system that makes better use of scarce resources
• Most cost effective way to meet health, mental health and social supports over a period of time
Figure 8: AIDS CARE CONTINUUM

- Asymptomatic
  - Testing Services
  - GP Services
  - STD Clinics
  - Information/Education
  - Drug & Alcohol Education/Treatment
  - Counselling/Psychological
  - Dental Care
  - Income/Employment Needs
  - Child Care
  - Legal Services

- mildly Symptomatic
  - Ambulatory Care
  - Outpatient Care
  - Acute Medical Care
  - Intermediate Care
  - Respire Care
  - Residential Care
  - Financial Care
  - Socialisation/Recreation

- Severely Symptomatic
  - Case Management
  - Home Based Care
  - Palliative Care