

# PRE, POST AND ON-GOING COUNSELLING



# PRE TEST COUNSELLING

Remember stages of conducting a counselling session



# STAGE 1

## HELPING THE CLIENT TO TELL THE STORY

- Establish a relationship
  - welcome the person and introduce yourself
  - explain confidentiality
  - explore more about the person
- Assess risk of possible infection
  - explore why the client has come for the test
  - what makes the client feel he/she have been infected
  - explore risk activities
  - check window period and communicate this info to the client
- Give the client information and allow him or her to decide
  - Establish existing information about HIV and Aids (accidents, transmission, previous unprotected sex, traditional healers incisions or drug abuse)
- Assist the client to understand the whole kit
  - Explain how the test is done and when will the result be available
  - Possible result and their meaning ( positive , negative and indeterminate)

# STAGE 2

## HELPING THE CLIENT TO EXPLORE IMPLICATIONS

- Explore with the client what each result could mean to him or her looking at the implications
  - implications of self
  - implications of partner
  - implications of family
- Identify the clients support network
  - who will the client tell
  - what fears/ concerns does the client foresee
  - how did he/ she cope with crisis previously



# STAGE 3

## HELPING THE CLIENT TO MAKE A PLAN

- Discuss decision on having the test
- Explain how the result will be given
- Sign the consent if the client to test
- Risk reduction

# HIV TESTING SERVICE





WHAT HAPPENS WHEN YOU OFFER  
YOUR PATIENT AN HIV TEST?

# HTS

## HIV TESTING & SERVICES



# HIV RAPID TEST

NURSE OR COUNSELOR WILL PRICK THE FINGER



# TEST ONE DROP OF BLOOD

TO SEE IF ANTIBODY AGAINST HIV IN YOUR BODY



Our body makes HIV-antibodies after we get infected



IS THE HIV RAPID TEST  
ALWAYS ACCURATE?

# THE 'WINDOW PERIOD'

When a newly HIV-infected person will test HIV-negative



Unprotected sex with  
an HIV+ persons

# TRANSMISSION OF THE VIRUS



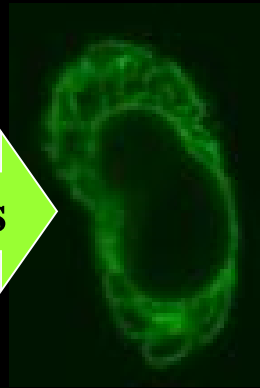
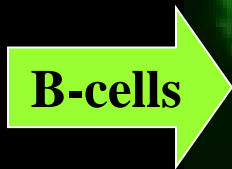
Sexual transmission  
of HIV

# VIRUS BEGINS REPLICATING IMMEDIATELY



HIV begins to  
replicate  
in the body

# OUR BODY ACTIVATED ITS B-CELLS TO FIGHT



Activated  
B-cells

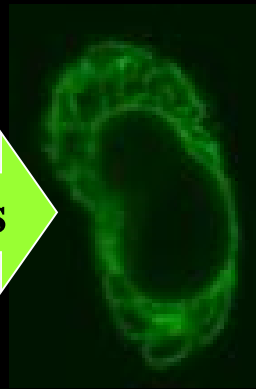
# B-CELLS MAKE ANTIBODIES AGAINST HIV



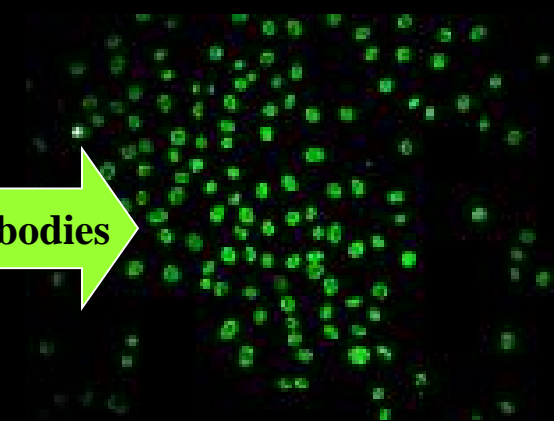
HIV



B-cells

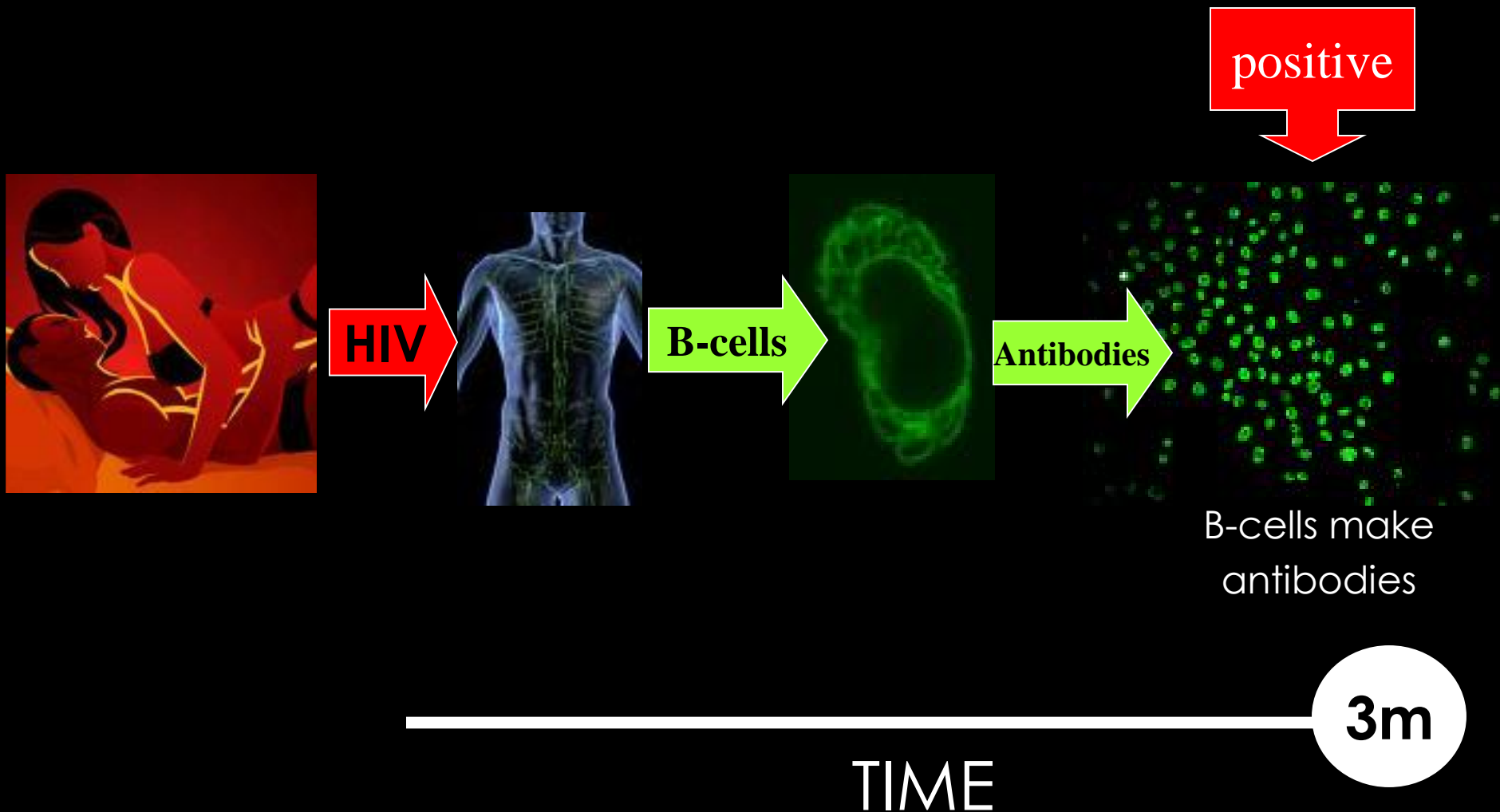


Antibodies



B-cells make antibodies

# IT TAKES 3M TO MAKE ENOUGH ABS



# YOU TEST NEGATIVE BEFORE HIV EXPOSURE

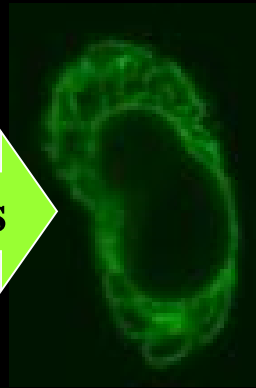
Test neg



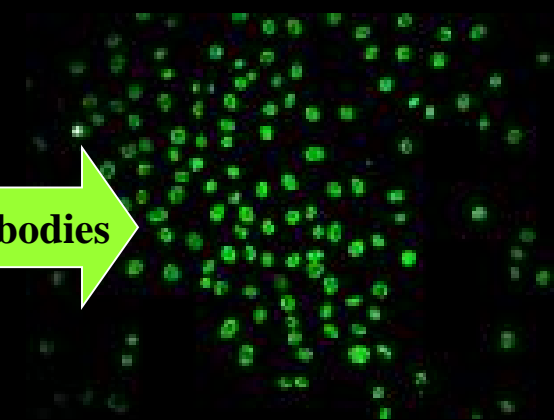
HIV



B-cells



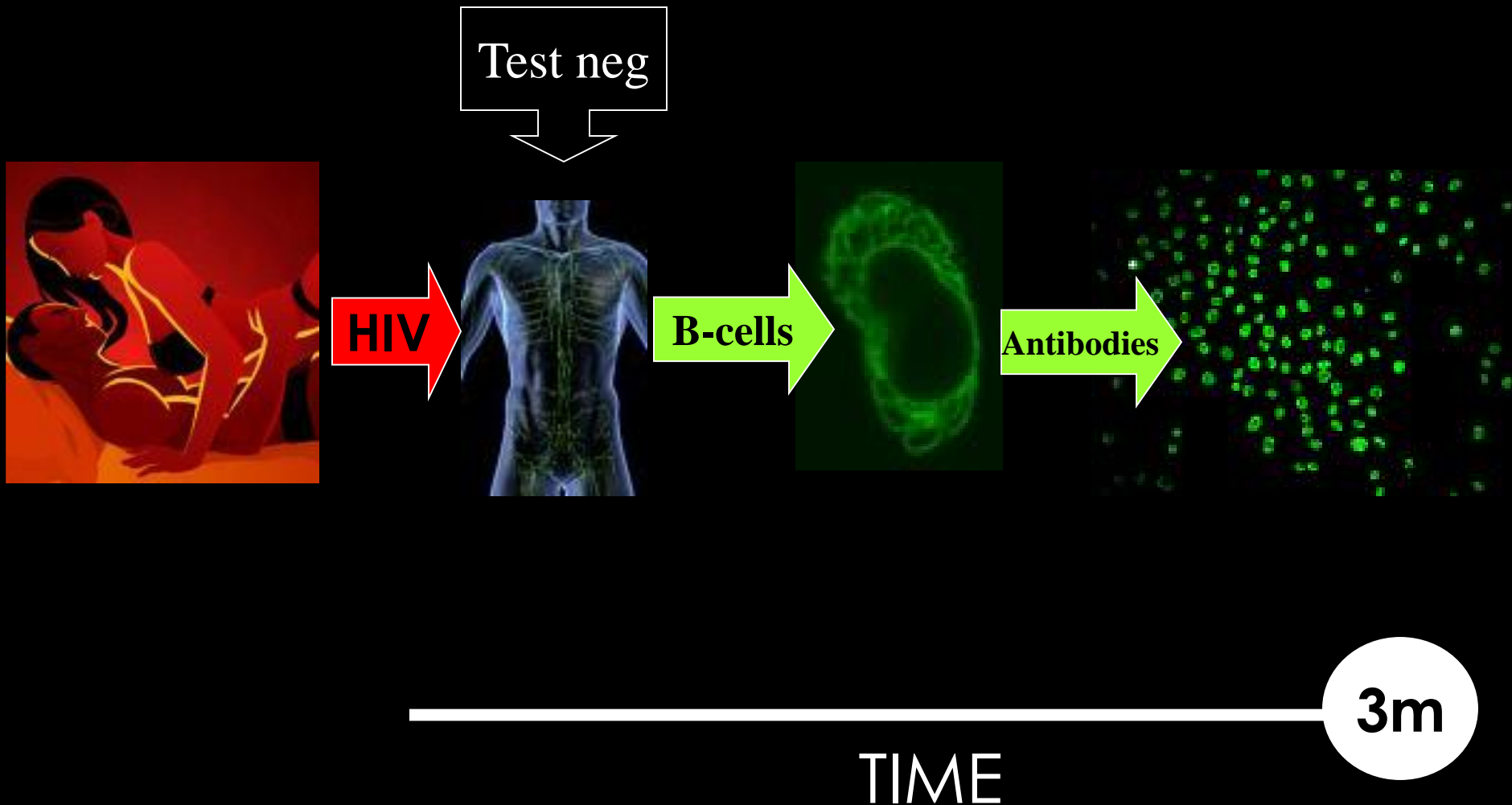
Antibodies



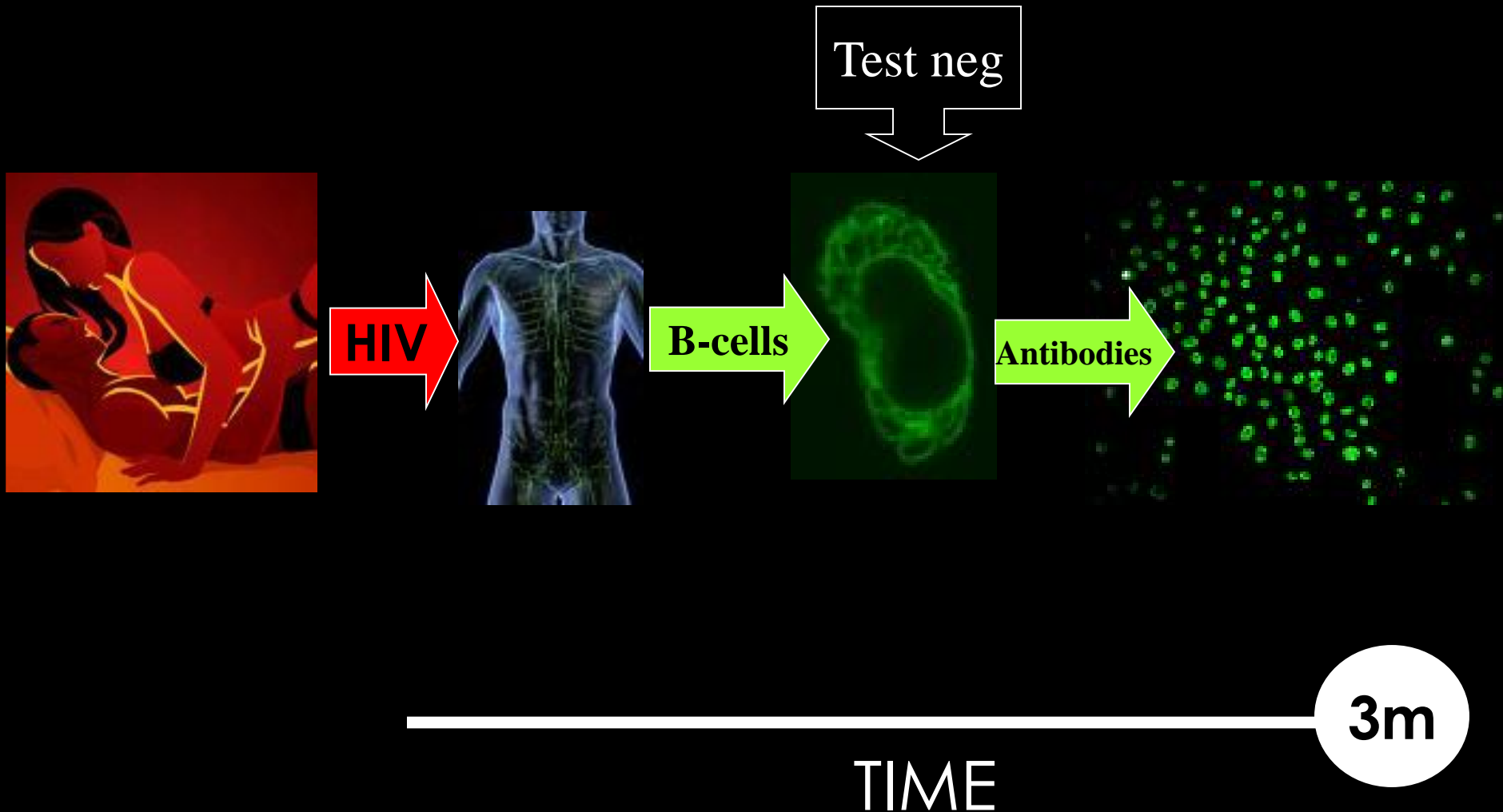
3m

TIME

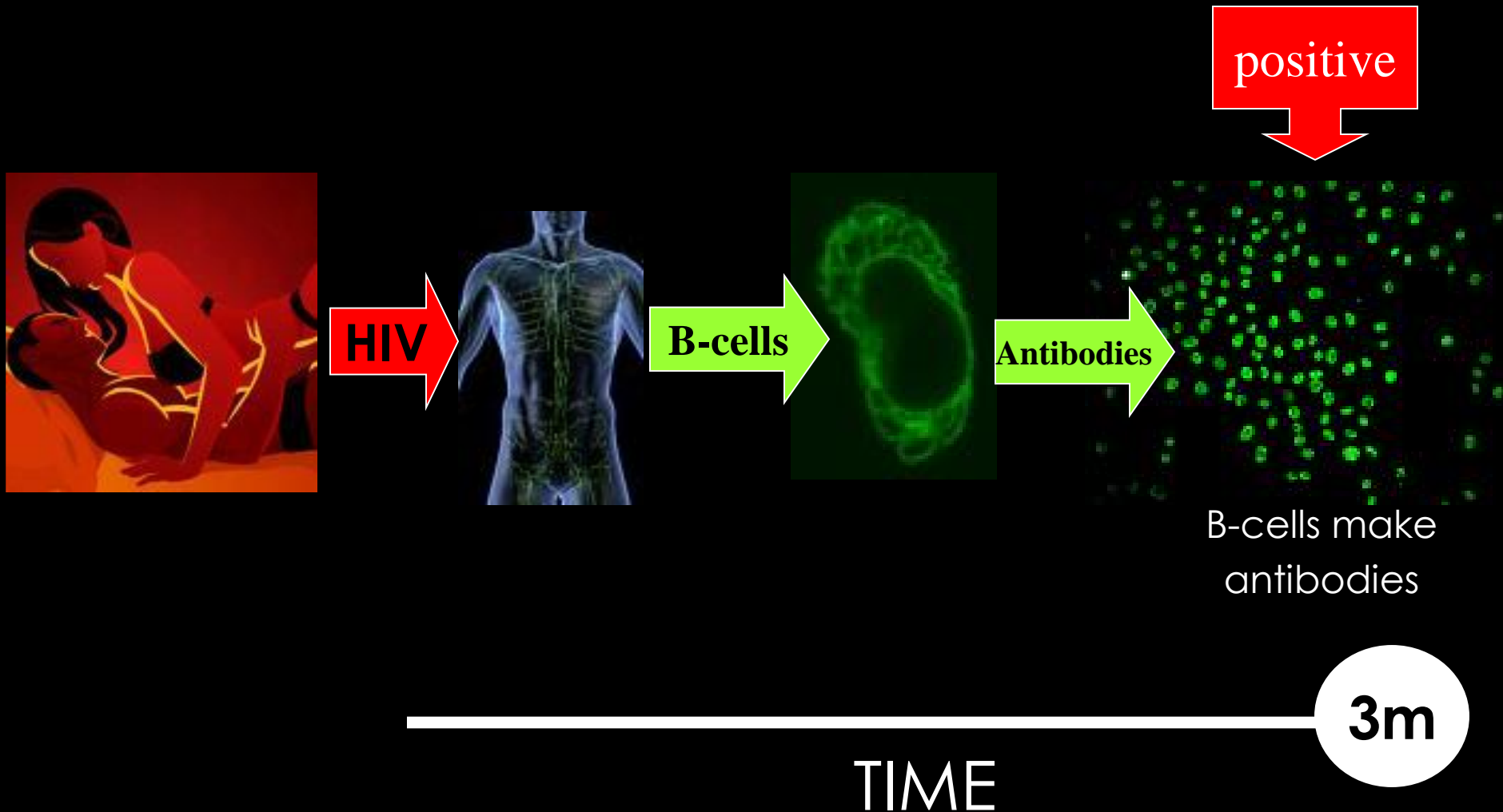
# AND NEGATIVE DURING FIRST FEW MONTHS



# AND NEGATIVE DURING FIRST FEW MONTHS

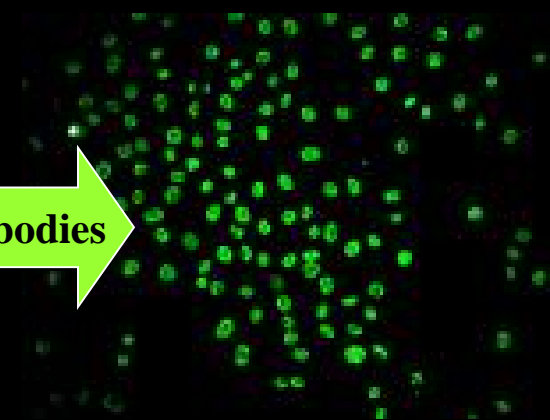
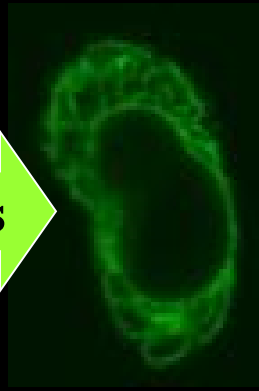
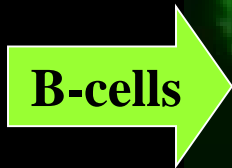
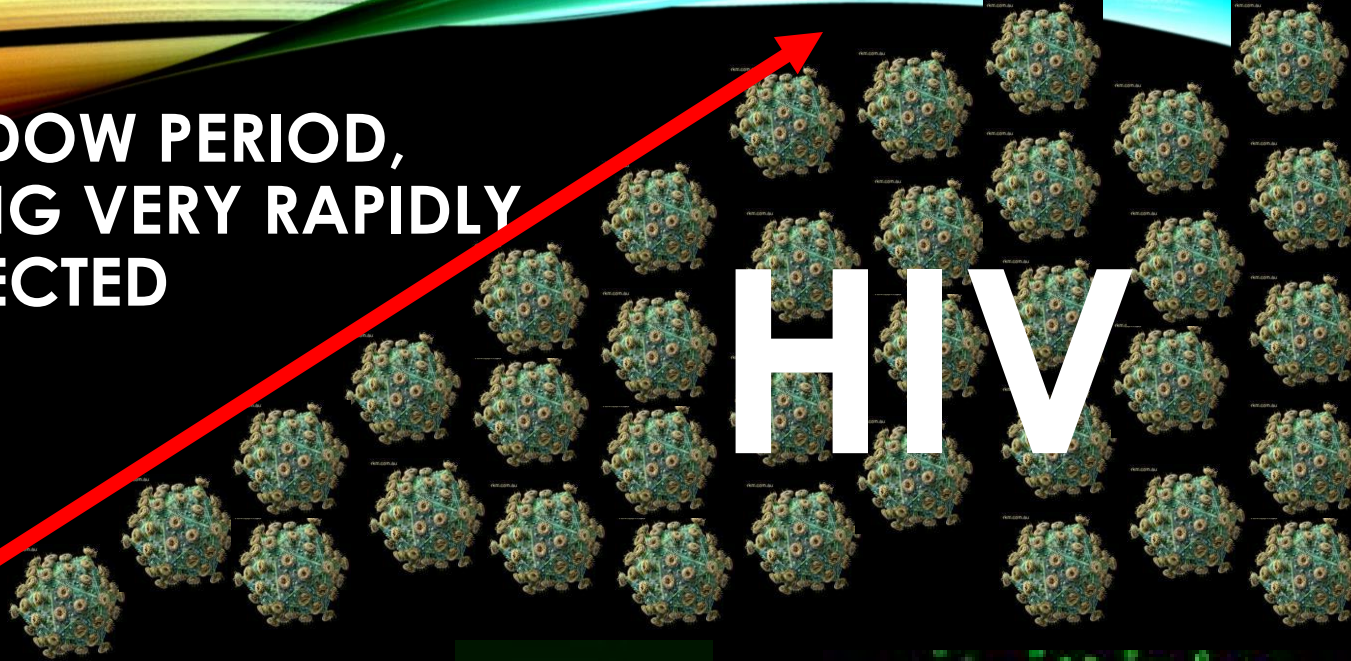


# HIV-POSITIVE ONLY AFTER ENOUGH ANTIBODIES ARE MADE



**DURING THE WINDOW PERIOD,  
HIV IS REPLICATING VERY RAPIDLY  
& THE NEWLY INFECTED  
PERSON IS VERY  
INFECTIOUS, BUT  
TESTS NEGATIVE**

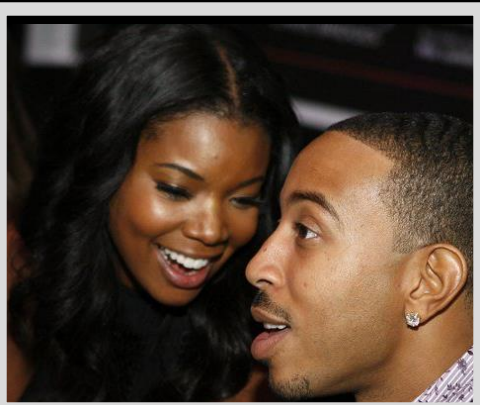
**HIV**



# NEW SEXUAL PARTNER

teach your patients to protect themselves & others

**In 3-months**



**Talk**



**Test together**

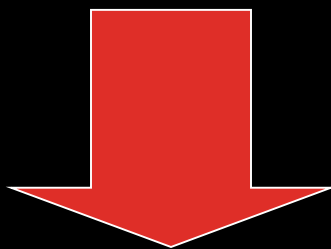


**Condoms**



**Repeat test**

# ANOTHER REASON FOR CONDOMS



# STI'S INCREASES SPREAD OF HIV



- You cannot always see if your partner has an sexually transmitted infection (STI)
- They may not tell you or they may not know they have an STI
- An HIV-negative person with an STI is more vulnerable to becoming HIV infected
- An HIV+ person with an STI passes HIV more efficiently



# GENITAL HERPES

- Did you know 1 in 5 persons have genital herpes?
- Herpes causes painful genital sores
- Like HIV, there is no cure for herpes.
- If you get herpes, you can expect a lifetime of recurrent ulcer outbreaks.
- Only condoms decrease risk of STIs, including herpes & HIV



THIS DOESN'T REPLACE A CONDOM.

Take a Shower!

love  
Life



LAMAR

# CONCLUSION

- Next appointment if the client refuse to take result

# POST TEST COUNSELLING

- Same stages applies

# STAGE 1

## HELP THE CLIENT TO TELL THE STORY

- Tell the client that the result are ready and find out from the client if he/ she is ready for them
- Give the result verbally and show them
- Allow expression of emotions without disturbing the client by talking
- feelings demonstrated
- Remind the client of information relevant to the type of result she had

# STAGE 2

## HELPING THE CLIENT EXPLORE OPTIONS

- Identify the client immediate concerns
- Prioritise them
- TB and STI screening
- Break them down into manageable parts
- Give relevant information (safer sex , living positively, infect control MMC, and rights)
- Ensure support structures are still available

# STAGE 3

## HELP THE CLIENT TO MAKE A PLAN

- Simplify options developed
- Help the immediate and most pressing concerns
- Identify the next step what the client intend doing within the next few hours/ days
- Commit client to chosen option by checking for feasibility of that action including time lines
- Allow client to ask questions and try to answer them honestly
- Make appointment for the next session for negative client
- Book or refer for cd4 counts for positive clients
- Book or refer for ELISA test for indeterminate client



# ON-GOING COUNSELLING OBJECTIVES

- Review issues arising in counselling during asymptomatic and symptomatic stages
- Have practiced counselling in each of the above stages
- Demonstrate ability to involve partner and family members in counselling

# ISSUES FOR INDIVIDUALS

- Early stage
- Counselling
- Middle stage
- Counselling
- Practical issues
- Late stage
- Counselling
- Scenarios



# EARLY STAGE

- Psychological reactions to the diagnosis
- Need for information on treatment, symptoms of HIV infection, prognosis and lifestyle
- Relationships (intimate, marital, family / significant others)
- Disclose ambivalence
- Practical issues ( finance, medical aid/cost, sensitive doctor/ hospital, insurances, housing, employment and pension fund/benefit)

# COUNSELLING

- Addressing the clients needs
- Focus on one problem at a time
- Engage in problem solving approach
- Provide information
- Resources – sensitive doctor and other services



# MIDDLE STAGE

- Reaction to illness
- Helplessness and vulnerability
- Feelings of passivity and victimisation
- Sense of isolation
- Disclosure issues
- Intimacy and sexuality
- Reconciliation with estranged family members
- Unfinished business
- Rational suicide
- Resistance to talking about death

# COUNSELLING

- Focus on mind and soul (spiritual)
- Capacity building (loss of control)
- Involvement of significant others
- Patience, warmth and caring



# PRACTICAL ISSUES

- Home care/ welfare issues
  - Care of children
  - Finances, drawing up of will
  - Pension fund claims
  - Funeral wishes

# LATE STAGE

- Help the client with the following issues
  - Care
  - Disinterest
  - Mixed Feeling
  - Life review (encourage)
  - Resolution
  - Nearing death awareness

# COUNSELLING

- Presence of the counsellor is valuable
- Provide a listening ear
- Help the client to sort out unfinished businesses
- Working with the family

