

Definition:

Counselling is a helping process where; one person explicitly and purposefully, gives his/her time, attention and skills to assist a client to explore his / her situation, identify and act upon solutions within the limitations of the given environment.

Counselling provides psychosocial support and strengthens the sense of individual responsibility needed if people are to build on new information and modify their life styles. This involves helping people to define for themselves the nature of the problems they are facing and then make realistic decisions about what they can do to reduce the impact of these problems on themselves and their family and friends. Therefore, helping people to achieve the confidence to bring about positive changes in their life style is an integral part of the counselling relationship.

Nurses undoubtedly play an important role as counsellor in health care. All of us are aware that in a hospital as well as community setting the client requires cure and care. The American Nurses' Association defines "Care" as providing comfort and support in times of anxiety, loneliness and helplessness. As caring people, nurses are perceived as reliable sources of health information and people often feel more comfortable discussing personal matters with them than with others.

Principles of Counselling:

Counselling should

- be tailor made to the requirement of an individual problem.
- emphasize on thinking with the individual
- avoid dictatorial attitude
- build relationship of trust and confidence with the client
- stress on client need.

Counselling for HIV/AIDS

HIV/AIDS counselling is recom-

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mended for the following: a) Persons who are being tested for HIV (Pre and Post-testing) b) Persons seeking help because of past or current risk behaviour and planning their future. c) Those not seeking help, but who practise high risk behaviour.

Types of Situation in which HIV/AIDS Counselling is of value:

- a) People with AIDS or other disease related to their HIV infection.
- b) People experiencing difficulties with employment, housing, finances,

family etc. as a result of HIV infection. c) People considering being tested for HIV. d) The family and friends of people who are infected with HIV. e) People worried that they might have become infected with HIV. f) Health professionals who come into regular contact with people infected with HIV/AIDS.

The Physical set-up for HIV/AIDS counselling:

HIV/AIDS counselling can take place in any setting where there is privacy to assure the client's confidentiality. Counselling is most effective when it is done in a separate room where the client feels at ease to bring up personal matters. Physical and social privacy are important because unless the client is assured of confidentiality, it is likely that the counselling will be incomplete. Acknowledgement of the gravity of the problem and attention to context are important in HIV/AIDS counselling because of the severe stress and stigma associated with the condition.

Counselling as a process can

- ensure passing on of correct information
- provide support at times of crisis
- encourage change when change is needed for the prevention or control of infection
- help clients focus and identify for them-

selves their immediate and long-term needs

- propose realistic action suitably adopted to the different clients and circumstances.
- assist clients to accept and act on information on health and well being and
- help clients to be well informed and appreciate the technical, social, ethical and legal implications of HIV testing.

Counselling skills

A good counsellor needs to possess the following counselling skills:

- (1) Active listening: Listening is the most important skill the counsellor must possess. In addition to this, observing the non-verbal messages of the client, encouraging the client to talk by nodding the head and saying 'go on' is very important, counsellor should pay his total attention to what is being said.
- (2) Summarizing and paraphrasing: This means restating by the counsellor in his/her own words what the client has said to check whether it has been understood correctly.
- (3) Empathy: In empathising with a client, the counselor leaves aside his/her own frame of reference, and for the time being adopts the frame of reference of the client and then appreciates how the client experiences the events in his/her world. It is essential that the counsellor must communicate to the client that his / her feelings are being understood.

Importance of counselling in HIV/AIDS

Counselling in HIV/AIDS is important because:

- infection with HIV is life long!
- a diagnosis of HIV infection can create enormous psychological pressures and anxieties that can delay constructive change or worsen illness, especially as the HIV epidemic has given rise to fear, misunderstanding and discrimination!

behavioral change can prevent a person from contracting HIV infection or transmitting it to others.

Functions of counselling in HIV/AIDS

Counselling in HIV/AIDS has two main functions: a) the provision of Social and Psychological support to those infected with HIV; b) the prevention of HIV infection and its transmission to other people

HIV/AIDS counselling should include discussions on the following:

- The primary need to prevent infection and re-infection.
- Basic information about HIV infection and associated diseases and means of transmission.
- Assessment of the level of risk of HIV infection.
- Review of possible sources of clients infection.
- Specific information on risk reduction by changing behaviour or adopting safer sexual practices.
- Information about what testing can and cannot do and assessment of consequences of having the HIV antibody test.
- Follow-up guidance after testing has been done
- How to tell others that one is HIV infected.
- Handling hostility, fear and feelings about having infection or being diagnosed as having AIDS.

When a person is diagnosed with HIV, counselling must also include:

- Supporting the process of anticipatory grief.
- Planning for continued involvement of client in self care.
- Establishing or re-establishing a support network to provide physical and emotional care during the course of disease.
- Exploring ways of taking care of survivors.
- Accepting fear of death and continuing to provide emotional support.

Counselling related to HIV Testing:

- a) Pre-test counselling should:

- Determine what that person understand about HIV/AIDS
 - Provide factual information as needed
 - Explain and obtain informed consent
 - Discuss potential implication of positive and negative results
 - Review the test procedure
 - Assess the persons ability to cope with positive result
 - Establish a relationship as a basis for post test counselling.
- b) Post-Test counselling
- HIV testing can have 3 outcomes
- a) a negative result; b) a positive result; c) an equivocal result

Counselling after Negative result

- Following possible exposure to HIV, the "window period" must have elapsed before test results can be considered reliable.
- A negative test result carries greatest certainty if at least six months have elapsed since the last possible exposure.
- Further exposure to HIV infection can be prevented only by avoiding high risk behaviors.
- Information on control and avoiding of HIV infection including development of positive health behaviors must be provided.

Counseling after Positive result:

- Ensure that the person understands what a positive HIV test result mean
- Discuss how he feels about being infected
- Provide support to help the person deal with these feelings
- Discuss their plans for immediate future
- Establish a relation with the person as a basis for future counselling
- Counsel the partner if possible
- Counsellor, must stress on the individual's responsibility for changing behaviour to avoid infection.

Counselling after an equivocal test result:

The result may be equivocal for number of reasons: a) There might have been insufficient time for full sero-conversion to take place. b) Person has developed non-clinical signs of HIV infection more quickly than might normally be expected. c) A related HIV virus is present

The period of uncertainty following equivocal or indeterminate test may result in 3 months or longer after last instance of potentially high-risk exposure for HIV infection.

The counsellor must emphasise the essential preventive messages regarding sexual and drug use, body fluid and tissue donation. It is also essential to assess and manage psychosocial difficulties faced by the client or make appropriate referrals if necessary.

Conclusion:

HIV/AIDS counselling is aimed at providing psychosocial support and preventing HIV infection. Psychosocial support is necessary because diagnosis of HIV infection confronts people with a host of emotional and practical problems.

Counselling in the context of prevention can take the form of primary prevention, intended for people at risk but not known to be infected and secondary prevention, where clients are known or thought to be infected. Primary prevention focuses on risk behaviour, while the main emphasis in secondary prevention is on preventing transmission.

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