

# **Pre and Post HIV Test Counselling Guide: Aboriginal Community and Health Care Professionals**

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## **Pre and Post HIV Test Counselling Guide**

### **HIV pre-test and post-test discussions for Aboriginal community health care professionals and representatives**

Canadian Aboriginal AIDS Network



Published by Canadian Aboriginal AIDS Network

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Please note that this is offered as a guide for best practices.

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## Pre and Post HIV Test Counselling Guide

### **HIV pre-test and post-test discussions for Aboriginal community health care professionals and representatives**

In the Aboriginal community counselling before and after being tested for HIV is a great opportunity to share important health information that can save lives. By using this guide community health care professionals may improve client service skills by:

1. Understanding informed consent and its implications.
2. Have a good understanding of the diagnosis of HIV and the implications to the client.
3. Understand the implications of a possible disclosure of a positive result.
4. Understanding the importance of pre and post HIV test counselling.
5. Knowing how to give both negative and positive results.
6. Have an understanding of anxiety, depression and suicide.

The guide's contents are designed to be read all the way through. Please check off the section that you have read beside the page number.

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## HIV Counseling

The Canadian Aboriginal AIDS Network (CAAN) is a well-known not-for-profit coalition of individuals and organizations that provides leadership, support and advocacy for Aboriginal individuals living with and affected by HIV and AIDS, regardless of where they reside. In Aboriginal communities the health professional may be a family physician, community health nurse, or a community health representative. There are many demands on health care professionals due to the diverse nature of each community, and some health care professionals are reluctant to engage in interpersonal relations with patients or clients. Furthermore, many health care professionals have received little training or feedback on counselling despite their role to discuss changes to behavior or to inform their client of bad news.

In the field of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) (HIV and AIDS) the role of counselor is required when health care professionals notify a client of their HIV status. It is insufficient as a health professional to notify a client of his or her status without discussing behaviours that will reduce their risk, knowledge of the HIV virus and AIDS, and resources. In addition, there needs to be a discussion that includes unsafe sex, unborn babies, and high-risk behaviours before testing as occurred. If the health professional does not openly provide basic HIV pre or post test counseling, none will be received by the client.

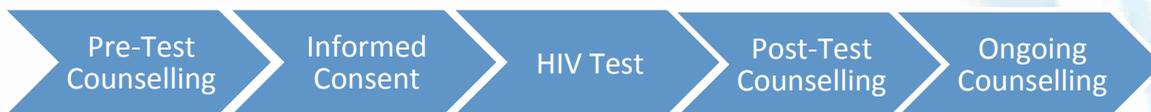
Performing scientific tests of blood serum for HIV without counselling has medical, psychological, mental, emotional and social impacts on patients. Therefore, it is imperative that health care professionals support counselling and ensure it is an essential step of the prior to the HIV testing procedures. When a health professional is providing HIV counselling the following needs to be noted:

1. Never make assumptions about the client's level of knowledge, concerns, values and possible reactions. Assumptions become a barrier to open communication and may hinder the client from making important disclosures or asking significant questions.
2. Ensure that the objectives are **small, limited, and attainable**. These objectives are specific and realizable for the individual client for this particular instance.
3. Draw on own **assessment** skills. Intuition is important when trying to understand a client's needs, their level of understanding, and the pace of information provided.
4. **Help the client to view their health challenges differently**. What health care professionals communicate is highly valued by the client. Therefore, extreme care must be taken to avoid inflicting damage with false messages that HIV is a punishment; that there is no hope; and that the client brought this upon him or herself.
5. Where appropriate, **help to reduce a client's anxiety**. The client needs to be enabled to make decisions and to manage the disease.
6. Take less control over trying to solve the client's situation. By taking too much control over client's health problems, or by trying to solve them, the client becomes alienated from what is his or her own problem. Although **facilitating empowerment** may be a long-term process, the person counselling attempting to solve the client's problem may leave the client feeling helpless and more confused.
7. Denial by a client can be a way of coping that protects the client from anxiety, depression and possibly suicide. Sometimes this denial is a result of a lack of sufficient education about the disease. However, **denial itself is a normal human reaction** that acts as a defence mechanism.

8. Feelings of being overwhelmed could happen to health care professionals who are in frequent contact with HIV positive clients, and in this depressing situation, they may resort to falsely reassuring clients. **Complete reassurance should never be given.** This could be misleading for the client but also dismisses the implications of the problem and the uncertainty that, ultimately, the client must resolve.

Counselling for HIV is more complicated than these notes since “HIV-positive people face difficulties arising from the nature of the disease, the way it progressively affects and consumes the biological self, and the difficulties that arise from the social perception of the illness and the people affected by it ...as well, it causes strains in social relationships” (Irinoye, 1999, p.182). Clients have rights to access counselling as related to HIV testing.

#### CLIENT'S RIGHTS & HIV TESTING



As stated by the Canadian HIV/AIDS Legal Network (2011a), “HIV testing policies, programs and practices must respect, protect and fulfill human rights. Such an approach to HIV testing is consistent with good public health practice and outcomes. Human rights law requires that HIV testing include:”

- Informed consent
- Pre- test counseling
- Post-test counseling
- Guaranteed confidentiality of test results

#### **Informed Consent**

When testing for the presence of a life threatening disease such as HIV, the informed consent process is of critical importance. Without respect for a client’s autonomy or self-rule, informed consent cannot be given. This process involves the provision of unprejudiced information that has been understood by the client and is facilitated by a dialogical approach through which the perspective of the client is the focal point. The dialogical approach takes in the consideration of a client’s identity, such as cultural position, emotions, and uncertainty.

According to the *Counselling Guidelines for HIV Testing* published by the Canadian Medical Association in 1995 (as in Canadian HIV/AIDS Legal Network, 2011b, p. 9):

- Informed consent cannot be implied or presumed;
- Obtaining informed consent “involves educating, disclosing advantages and disadvantages of testing for HIV, listening, answering questions and seeking permission to proceed through each step of counselling and testing”; and

- To obtain informed consent for testing to HIV, a client must be deemed competent, must understand the purposes, risks, harms and benefits of being tested, as well as those of not being tested, and his/her consent must be voluntary.

People who are tested for HIV without their knowledge or against their will are regarded as having their human rights violated blatantly.

### **HIV Diagnosis**

Being informed that you are HIV positive is a traumatic experience for most clients. Receiving this diagnosis can initiate a life crisis. HIV testing without counselling, or inadequate counselling, might result in:

- Anger
- Anxiety
- Depression
- Fear
- “Revenge” behaviours that increase the spread of HIV
- Shame
- Spread of HIV to others due to insufficient knowledge about the disease
- Stress
- Suicide
- or non-premeditated disclosure of HIV positive status to others, possibly resulting in discrimination, job loss, and/or isolation

Due to such ramifications testing must be preceded and followed by appropriate counselling.

Effective voluntary HIV testing and counselling can achieve the following goals:

- 1) Reduce spread of HIV with sharing information on how it can be passed on - a preventive goal
- 2) Reduce the anxiety and grief that a diagnosis causes - a supportive goal
- 3) Educate the client to facilitate their capacity to make choices and to transform those choices into desired actions – educational goal
- 4) Provide resources, encouraging follow-up, and explore options available for the client – access to resources goal

### **Information About Testing for Infection With HIV**

Many people who are tested for HIV are unaware that they may be carrying the Human Immunodeficiency Virus. For clients, to find out their HIV status could allow early access to life-saving treatment, reduce risky behaviours involved, and prevent the spread. Therefore, the accessibility to HIV tests that are quick and accurate is extremely valuable. Tests are available in hospitals, clinics, with a referral from a doctor to a medical lab, and in some physicians offices. There are a variety of different tests available, and the type of test may be dependent upon accessibility related to the client’s location, urban, rural, or possibly within a prison. In addition, there are different three types of test options in Canada, depending on the province or territory in which the testing takes place: **nominal** (clients’ name is known), **non-nominal** (code

or initials are used instead of client's name) or **anonymous** (code used and the tester does not know name of client). At present, nominal/name-based and non-nominal/non-identifying HIV testing are widely available in Canada. However, anonymous HIV testing is available in only seven provinces (Public Health Agency of Canada, 2011a). The client's location may also determine the length of time it takes for tests results to be returned to the clinic, medical office, or health centre.

Test centers in Canada can be found by contacting your local AIDS organization or by phoning HIV/AIDS hotlines at (PHAC, 2011b):

Provincial/Territorial HIV/AIDS Hot Lines	
■ Alberta:	1-800-772-2437
■ British Columbia:	1-800-994-4337
■ Manitoba:	1-800-782-2437
■ Newfoundland and Labrador:	1-800-563-1575
■ New Brunswick:	1-800-561-4009
■ Northwest Territories:	1-800-661-0844
■ Nunavut:	1-800-661-0795
■ Eastern Arctic:	1-800-661-0795
■ Nova Scotia:	1-800-566-2437
■ Ontario: English:	1-800-668-2437
■ Français:	1-800-267-7432
■ Prince Edward Island:	1-800-314-2437
■ Quebec:	1-888-855-7432
Hotline for women living with HIV/AIDS in Quebec:	1-866-240-0090
■ Saskatchewan:	1-800-667-6876
■ Yukon:	1-800-661-0408, x 8323
	After the Test

There are standard tests that take a sample of blood from your vein and send it to a lab, such as the Antibody test. Typically, the result will be back from a lab one to two weeks later; however, this is dependent on the clinic, and lab location. If you are in a rural area it will more than likely take longer. Furthermore, a client must return to the clinic to get his or her results. There is also the rapid on-site tests that require heightened attention to the point of care, due to the quick turnaround of results after consent and pre-counselling.

### **The Antibody Test**

The HIV antibody test shows if a patient has been infected with the Human Immunodeficiency Virus (HIV) that can cause AIDS. It is not a test for AIDS (Acquired Immune Deficiency Syndrome). This test is very inexpensive and extremely accurate.

A positive (HIV+) test result means that a person is infected with HIV, and that he or she **may** develop AIDS at some stage. The test involves taking a blood sample from a person's arm. Once HIV enters the body - specific antibodies (a substance is produced by certain white blood cells in reaction to the virus). This substance is what is looked for in the blood test. If the

antibodies to HIV are found in the blood sample then the client has been infected with the virus and the test is positive that HIV is present.

Once infected with HIV, people generally produce these antibodies and show a positive result by 6 weeks, however, for a few people this may take longer. This is called the window period, which is the time from infection until a test can detect any change. A negative (HIV-) result to the antibody test means that antibodies were not detected. If the test was completed more than 3 months after the last risky contact, it generally means that the virus is not present. A negative result does not mean that a person is protected and if high risk behaviour is still present a person could still contract HIV.

**Note: However, the best way to ensure the test is accurate is remain consistent with the window period. In other words, counsellors should be told that if it has been less than fourteen (14) weeks since their last potential high risk contact, the client should be aware that the test may not be completely accurate. If the client still wants to be tested, that's fine, but they should have a repeat test once the fourteen (14) week window period is up.**

### **Rapid On-site Tests**

Rapid on-site tests can use either a blood sample or oral fluids, and will vary greatly in method and procedures. Health care professionals need to familiarize themselves with the directions, contents, specific processing steps, and configurations of the kit before using with a client. When HIV antibodies are present in the patient's sample in sufficient quantity, a colour reaction will be observed along a test strip, along a sample control to ensure the specimen was added and the procedure was followed properly. For a test result to be valid, a reaction must be observed with the control as well. These controls serve to ensure that the test has been performed properly and that the user is able to correctly interpret test results (PHAC, 2007).

The Rapid On-Site tests require a suitable point-of-care strategy that is suitable for this type of test. Health Care Professionals, approved to perform HIV testing who are contemplating Point Of Care (POC ) HIV testing using rapid HIV test kits, should be aware of the following (PHAC, 2007):

- They must adapt the administration of pre- and post-test counselling in the Point Of Contact setting recognizing the benefits and limitations of this test.
- As with all HIV testing, the use of the rapid test requires specific, informed consent from the person being tested.
- In general, a negative result is accurate and immediately available.
- False negative results can occur when the sample is obtained during the 'window period'.
- False reactive results can be experienced with this type of test in a low-prevalence setting like Canada.
- It is recommended that the term positive should not be used when discussing results from this test with the patient. Instead, the term reactive or 'the test result is preliminary positive for HIV antibodies' should be used.
- All reactive results obtained by a rapid HIV test require confirmatory testing at an approved HIV testing laboratory with another method.

Due to the immediacy of results it is important that the health care professional has planned for enough time for informed consent and confidentiality, pre-counseling, testing, and post counselling with the individual to be tested. Rapid On-Site tests should not be used for home testing due to the absence of pre and post counseling.

### **PCR Test**

The Polymerase Chain Reaction (PCR) test is a very accurate method where microscopic traces of HIV genetic material are detectable. Babies born to HIV positive mothers are sometimes tested using a PCR test because they retain their mother's antibodies for several months, making an antibody test inaccurate. Blood supplies are screened for HIV using PCR tests with most blood service organizations. However, they are not often used to test for HIV in individuals, as they are very expensive and more complicated to administer and interpret than a standard antibody test (AVERT, 2011).

### **Window Period**

The "window period" is the time you were exposed to the virus and when you start to produce antibodies that can be detected by the test. During this time a test may give a false-negative result, which may not mean that no infection has taken place but that there needs to a longer time before accurate testing can occur.

Also, a negative result does *not* mean that a client is "immune" to HIV, and he or she must continue to protect him or herself by safer practices. In addition, if a client continues risky behaviour they may be advised to be tested annually or on a regular basis. This reminds them that they are still at risk and testing is an important step.

### **Benefits from having the HIV test could be:**

- A HIV- negative test result can relieve anxiety.
- A HIV+ positive test result can motivate clients, and their partners, to reduce or stop high risk activities.
- A HIV+ test result can prevent further unknown transmission of the virus.
- A person who tests positive with HIV could access appropriate treatment.
- A positive HIV test result in a pregnant woman could support her to seek treatment and information on how to prevent HIV transmission to the baby.
- Previous sexual or needle-sharing partners can be informed and be given the opportunity to take the HIV antibody test too. This can be done through 'contact tracing', which identifies people who may have been in high risk behaviour and in contact with the person who has HIV.
- These test can produce confidential data on the methods of transmission, the high-risk behaviours and other information relevant to the provision of future services for those with HIV.
- A positive HIV test result, with client's informed consent, could update other health care professionals, i.e. doctor, dentists and other services to take precautions to protect themselves with infected blood.

### **Drawbacks from having an HIV test could be:**

- The client has a positive HIV test result.
- The client has to cope with the idea that he or she might develop AIDS and die sooner than expected.
- The client has to live with the uncertainty of waiting to see if and when they will develop AIDS symptoms or have full-blown AIDS.

- Former situations where the client participated in high risk sexual or harmful behaviours or drug abuse may be rekindled and guilt reactions may follow.
- They may have anxiety about who else they may have infected with HIV.
- The client may develop a negative emotional state, such as, depression or have suicidal thoughts.
- The client may suffer from loss of confidence and control.
- The client may attempt suicide.
- The client may start to practise self harmful behaviours, such as abusing illegal drugs, or alcohol.
- The client may experience difficulties in deciding whom to tell, especially with issues of confidentiality.
- The client may become over-concerned with his/her HIV positive status and feel he/she has to choose to hide this fact.
- The client may be subject to prejudice, labelling, or bullying.
- The client may experience difficulties with relationships.
- The client may experience difficulties in receiving medical and dental treatment.
- The client may be dismissed from work.
- Some health care professionals may not have the skills, training or resources needed to support the client.
- The client may not be able to obtain life insurance.

### **Decision to Test Checklist**

HIV Test available for any person who may be at risk, factors may include:

- Unprotected sex (oral, vaginal and/or anal)
- Exposure to HIV through shared injecting tools
- The use of unsterile tattooing or body piercing equipment
- Presence of a sexually transmitted infection
- Exposure to unscreened blood or blood products that may have come from through medical procedures
- Unprotected sex with someone who may have migrated from, or recently travelled to a high prevalence country

### **Pre-Test Counselling**

Pre-test counselling is given to an individual before an HIV test, to make sure that the individual has sufficient information to make an informed decision about having an HIV test. During the session the individual must be given an opportunity to make a decision on whether he or she wishes to undergo the HIV test. Pre-test counselling should include discussions on:

- Assessment and awareness of personal risk, and the transmission of HIV infection.
- What an HIV test is and the purpose of the test.
- An opportunity for decision making about taking the HIV test.
- The meaning of both a positive and negative result, including the practical implications such as medical treatment and care, sexual relations, psycho-social implications, etc.
- Safer sex and strategies to reduce risk.
- Coping with a positive test result, including whom to tell and identifying needs and support services.

### **Pre-test counselling suggestions:**

- ✓ Greet and welcome the client and introduce yourself and explain your role.

- ✓ Explain confidentiality and its limits.
- ✓ Mention the reason for pre-test counselling: that it is a legal and ethical requirement and that it is a test with possibly vast implications and that they need to feel sure about having the test.
- ✓ It is their decision to make.
- ✓ Review what issues will be covered in pre-test counselling.
- ✓ Invite the client to provide any appropriate background information (age, relationship status, living arrangement, occupation, previous test history), remembering that people are concerned about confidentiality.
- ✓ Ask the client the reason for HIV testing and assess through the reply:
  - the urgency to have the test,
  - their knowledge of HIV, and
  - their emotional state.

Do not make any judgments about the client's reason for testing: HIV is fear inducing for many and there may be many personal reasons for testing, some that may remain unexpressed.

- ✓ If you are the person suggesting the test and why it is important explain:
  - why the test is being requested,
  - that it is in their best interests to start treatment as soon as possible, if necessary,
  - that testing is voluntary and that you have the right to refuse a HIV test, or 'Opt-out' by stating that you do not want to be tested.
- ✓ The HIV pre-counselling and testing process may be anxiety-provoking for some, it is useful to remember to:
  - validate feelings, allowing space for personal expression,
  - holds on to any negative reactions, and has empathy and understanding,
  - reduce anxiety through a calm and relaxed manner and appropriate reassurance,
  - encourages the client to talk about insecurities and feelings that may accompany a crisis.
- ✓ Ask the client respectfully what he or she knows about HIV and AIDS - listen and then offer to fill in any gaps in knowledge. This must cover definitions of HIV and AIDS, transmission, symptoms, progression from HIV to AIDS at a level the client can understand. The amount of information given will depend on the client's pre-existing knowledge, comprehension level and need. **The information must be shared verbally, must be accurate, and clear.**
- ✓ Discuss the HIV test method and what it will measure, reveal, and not reveal.
- ✓ Invite the client to participate in a risk assessment. On the basis of confidential information shared, how she or he sees their risk. Give your feedback and come to a shared understanding of the risk. The client needs to recognize the risks, request the test, and have ownership of the results – he or she must “buy in” to the process.
- ✓ Explain that you are now going to explore the implications of the test, first the negative result and then the positive result. Ask the client how he or she might feel about a negative result and explore reactions and responses. It is important to cover:
  - the window period for that test, and its implications
  - staying HIV negative through safer sex, and not sharing needles
  - if appropriate, a demonstration of male and female condoms.
- ✓ Now explore the positive result: “If your test result comes back positive, what will you do, and how will you feel?” Be prepared if the client becomes anxious, and assist the client by focusing on solutions.
- ✓ Explore psychosocial reactions:
  - the client's coping mechanisms (inner resources)

- friend, family or community support and concerns
- partner, or spouse support and concerns
- other possible support (outer resources)
- ✓ Explore disclosure to a partner and whether the partner knows the client has come for a HIV test. Discuss any relationship implications.
- ✓ Explore other disclosures to family, friends and previous sexual partners and the risks attached to this. Emphasize that support is important and that there are both Aboriginal and non-Aboriginal support groups and organizations that can help.
- ✓ Be prepared that the client may not know their partners names due to being involved in 'survivor sex' in order to provide money for food, shelter, or drugs, and now how to provide resources for a client in this situation
- ✓ Explore issues around employment and explain that:
  - termination of employment on the grounds of HIV status is not legal
  - pre-employment testing is not legal
  - there is no legal requirement to inform the employer
  - they might be forced to disclose if they become too ill to work
  - they should enquire about work medical insurance coverage
- ✓ Discuss other implications: family planning, pregnancy, children, finances, insurances, treatment options, medical costs, stigma, confidentiality, legal, physical, mental emotional, spiritual, sexual, lifestyle and healthy living.
- ✓ Help the client to weigh these implications up into advantages and disadvantages to assist with the decision to test.
- ✓ Assess the client's suicide risk using an approved guide for risk assessment/suicide prevention training tools. Ask, are you suicidal? If you find out you are HIV positive would you contemplate suicide? Be prepared to refer to a trained and qualified counsellor immediately if the answer is yes.
- ✓ Discuss the test procedures and repeat information on what the test will and will not reveal. For example, it will only reveal the presence or absence of antibodies (if the antibody test is being done) within the limitations of the window period.
- ✓ Ask the client if there are any further questions or concerns.
- ✓ Ask the client if she or he is now ready to be tested, and start the process if the answer is 'yes'. If the answer is 'no', accept that some clients may wish to think further about the matter. It is important that **safer sex and/or reducing harm practices** have been discussed. This can be a difficult time. Offer appropriate support. If applicable, discuss coping mechanisms during the waiting period.
- ✓ Complete any informed consent requirements and make an appointment for follow-up counselling after the test results have been shared.

### **Pre-test Counselling Observer Checklist**

It is valuable to practice the pre-test counselling process several times with a health centre colleague with different situations to ensure that the counselling becomes comfortable and comprehensive with actual clients. The following checklist could be used:

1. Did the health professional providing the counselling (or counsellor) introduce himself/herself and define his or her role?
2. Did the counsellor briefly outline the aims of pre-test counselling?
3. Did the counsellor get the client to talk?

4. Did the counsellor give advice?
5. Did the counsellor pass judgments or moralise?
6. Did the counsellor show respect for the client?
7. Did the counsellor exhibit empathy?
8. Was the counsellor honest?
9. Did the counsellor seem confident?
10. What were the areas of uncertainty or ignorance as far as the counsellor was concerned and how did he/she deal with them?
11. Did you think information given by the counsellor was correct?
12. Did the counsellor give the client time?
13. Was mention made of further counselling?
14. Did the counsellor check out the client's understanding of important points?
15. Was the session ended in a positive manner?
16. How did the client feel the session went, probe for positive and negative feedback?
17. Would the client come back, explain?
18. How did the counsellor feel the session went?
19. In what ways does the counsellor feel things could have been improved?
- 1) Any other points you wish to make?

### **Checklist for Pre-test Counselling and Informed Consent**

Inform your patient about **confidentiality** and **your legal responsibilities**. Patient consent is always required.

- Discuss possible **transmission routes of HIV**, what HIV is, and treatment options.
- Explain that there is a **3 month window period**, what an antibody test is, and what the test involves.
- Ensure your patient is aware of the possibility of a **positive result**.
- Explain that positive results are forwarded to provincial or territorial public health officials.
- Explain that for positive results there is a requirement for contact tracing.
- Be aware of **cultural understandings** of illness, wellbeing, and any barriers to comprehending the Medical information.
- Check that the patient knows they have to **return to collect the test results**.
- For **results in person** access to post-counselling must be present, and an additional follow-up appointment for post-counselling should be made for questions that may come up after.

## **Post-Test Counselling**

The counselling provided when an individual receives his or her HIV test result is called post-test counselling, and includes one or more sessions. A second post-test counselling session would be valuable for clients who may need more time to ask questions, or who may be in shock due to a positive result. The counselling session should include feedback and understanding of results, and discussions on:

### **If the result is negative:**

- Strategies for risk reduction
- Possibility of infection in the 'window period', dependent on when a person may have been at risk and the type of test used

### **If the result is positive:**

- Immediate emotional reaction and concerns
- Personal, family and social implications
- Difficulties a patient may foresee and possible coping strategies
- Who the client wants to share the results with, including responsibilities to sexual partners
- Immediate needs and social support identification
- Follow up with supportive counselling
- Follow-up with medical care

## **Post-Test Counselling for a Client with a Negative Result**

- Prepare yourself for the result-giving by:
  - checking you have the right result and it is matched to the right client
  - making sure you understand what the results mean
  - making sure you have enough time
- Greet and welcome the client and check their readiness to receive the result.
- Give the result calmly and professionally.
- Wait for the client's response. Accept any response and feelings that have been evoked and ensure not to personalize by reacting.
- You may wish to explore with the client by asking:
  - what the test result means to them?
  - how the waiting period was?
  - who they may wish to tell about the result?
- It is extremely important to help the client stay HIV negative and stress that the client is our partner in this epidemic and that we wish to assist them to stay HIV negative. It is therefore important to discuss:
  - abstinence, or safer sex and condom practices
  - relationship issues around safer sex
  - negotiating skills with people who may be at risk and may be trying to influence them
  - assertiveness in saying 'no' to risky behaviour and following through with healthy choices
  - safer drug use practices, and where to access needle exchange
  - information about drug rehabilitation treatment programs
  - self-responsibility.

- Remember that some clients:
  - may be repeat testers and may be “worried well”, someone who is at very low or no risk for infection fearing that they may have the disease anyway
  - feel immune or reckless
  - are fatalistic
  - are depressed
  - may feel “survivor guilt”, that is a guilt from someone who has survived from risky behaviour and someone they know has not
  - are left feeling angry after being put through test trauma
  - may have anxiety attacks
- Encourage the client to ask any questions and empower them feel to feel resolved or “worked through” about the result.
- Make any follow-up appointment if necessary.

### Post-Test Counselling: Positive Result

Prepare yourself for the result-giving by:

- Checking you have the correct result and it is matched to the right client
- Making sure you understand what the results mean before sharing
- Making sure you have the time to spend with the client
- Be sure **you are emotionally ready**, by being there to empower the client, and if you are not, if available, find another qualified health professional to support the client or receive coaching before you meet with the client by a trained counsellor

Greet and welcome the client and assess if the client is ready for the result. Allow the client to lead the session and provide a safe and caring environment. Do not overwhelm the client and if necessary, allow the following issues to be discussed at the client’s pace.

- Give the result calmly, professionally and empathically.
- Wait for the client’s response. Accept and normalize any of your responses and feelings that have been evoked.
- Common feelings are shock, disbelief, numbness, anger, guilt, blame, loss, sadness, hopelessness, helplessness, fear, anxiety, agitation or even a seeming indifference and denial.
- Some clients may shut down, want silence with time to reflect, or want to leave immediately be prepared for a variety of reactions. If a client leaves ensure that the client has someone they trust with them or phone to pick them up, and ensure they are not suicidal before they leave.
- At this time the client needs to feel the presence of the counsellor and that she or he is able to disclose feelings. The client may forget or block out this period however will remember you were there for them.
- The client is facing multiple losses: health, future, normality, fitting in, sexuality (such as abstinence), etc. and it may be useful to think of the client as having to grieve and mourn for these losses.
- If the client is symptomatic (showing signs of the disease or injury), there will be a sense of urgency.
- Be mindful of the possible mode of infection and the implications of this for coping and strategies: being infected through rape, a needle stick, an infidelity or a loving relationship will create unique dynamics.

- The counsellor may feel helpless and there is often a need to over-reassure.
- Allow all feelings to occur naturally – there is usually time to make decisions.
- Work with feelings first. Answer any questions compassionately and appropriately however be careful not to collude with over-intellectualization or by handing out too many brochures, pamphlets and resource guides on HIV. Give them clear written information that is appropriate for the level of understanding.
- Discuss disclosing to a supportive person such as an Elder, spiritual healer, or family member that they can trust.
- Ask whether there is a partner involved and how this person will be told.
- If the client cannot tell their partner that they have HIV, discuss how they can negotiate safer sex, or safer practices such as, the dangers of sharing needles or other drug equipment until they have disclosed.
- Help the client to know that experiencing pain and working through feelings is a part of healing. Validate all feelings. Answer all questions and give information and resources.
- Discuss legal concerns and rights of HIV positive people. Stress that rights go with responsibilities.
- Explore the client's current relationship, and if there is a relationship then discuss disclosure of HIV status.
- Be prepared to give thorough assistance to the client with the "telling", and being there when it happens for anyone they may want to disclose to. Be prepared to provide culturally appropriate educational and awareness material.
- Explore other disclosures and contact tracing to:
  - past or future sexual partners
  - drug partner(s)
- Explore other disclosures to:
  - family and friends
  - health care providers
  - the employer
  - insurers
  - children
- Explore disclosure to Elders or spiritual leaders that the client is practices traditional ceremonies with, such as sweat lodge, and how to share education and awareness regarding HIV if needed in a respectful and culturally sensitive way.
- Explore concerns around children to include:
  - pregnancy and its risks
  - prevention of vertical transmission
  - termination
  - family planning
  - guardianship of orphans
  - decisions about testing children
- Explore medical options that include:
  - follow-up tests and what they mean
  - developing a health plan with family physician, and specialist getting involved with clinical trials
  - available treatments and any covered or uninsured costs, refer to HIV & the Non-insured Health Benefits (NIHB) Program for Aboriginal People in Canada (CAAN, 2011)
  - alternative health options (including traditional healers and naturopathic doctors).
- Discuss welfare options including disability grants and how these are accessed.

- Explore lifestyle changes that includes:
  - cutting down or abstaining from alcohol or harmful substances
  - getting sufficient rest and sleep
  - appropriate daily physical activity
  - managing stress and anxiety
  - eating nutritious food and a balanced healthy diet
  - use of supplements and immune boosters
  - safer sexual behaviour and re-infection
  - safer blood practices and infection control
  - ways to practice traditional wellness.
- Work appropriately with hope and empowerment by:
  - supporting the client's realistic hopefulness and being encouraging without discounting the client's concerns or avoiding talking about death and dying
  - focusing on promising research and new programs
  - focusing on quality of life issues
  - encouraging the client to take control of his/her health
  - encouraging the use of resources
  - stressing that people with HIV are living productive lives
  - becoming a member of Canadian Aboriginal AIDS Network (CAAN)
- Plan in a clear and concrete manner how the client will manage the next 24hours.
- Give appropriate contact numbers and arrange a follow-up appointment, for the next day if needed. Assess the need for future support and contract for appropriate number of sessions with yourself or another health professional.
- Before the client has left, assess their suicide risk and respond accordingly.
- Assess the client's suicide risk and respond appropriately and immediately.
- If necessary, access your own support systems and debrief when needed.
- In sum, focus on the whole person as social, emotional, sexual beings with medical, legal and financial needs.

### **Disclosure of HIV Positive Status**

Whether or not to disclose their HIV-positive status is a difficult decision for HIV infected individuals to make because disclosure (or non-disclosure) is often followed by major and life-changing consequences. Counsellors should help their clients to carefully consider the benefits as well as the negative consequences disclosure may have for them.

### **Potential Benefits of Disclosure**

- Could help the client to accept their status and reduce the stress of coping on their own.
- Could help the client to access the medical services, care and support that they need.
- Could help the client to protect themselves and others. Openness about HIV status may help women to negotiate safer sex practices.
- It could help to reduce the stigma, discrimination and denial that surround HIV/AIDS.
- Disclosure promotes responsibility – it may encourage the client's loved ones to plan for the future.

### **Possible Negative Consequences of Disclosure**

- Lack of support from family and friends, leaving the client to deal with everything on their own.

- Being subjected to angry partners, family or friends, and/or abusive or violent responses
- Placing others at risk of infection, particularly sexual partners and increasing the risk of re-infection for the client.
- Not being able to access appropriate medical care, counselling or support groups.
- People may become suspicious of the clients' actions and behaviour.

### **Counselling Guidelines for Disclosure**

Disclosure is a process, and it is not an event. The counsellor should assist the client in carefully thinking through the pros and cons of disclosing their HIV status and planning ahead before they do. Clients should decide if they want full disclosure i.e. publicly/openly revealing their status, or partial disclosure i.e. only certain people – spouse, relative or friend.

- Allow the client to develop trust in you and feel at ease.
- Discuss the implications of disclosure fully, to help the client consider in advance, the reactions of family, friends, work colleagues and others.
- Help the client to develop a plan. This should include whom they will inform first, how and where they will disclose and the level of disclosure.
- Prepare the client for an emotional, shocked, or a hostile reaction from other people.
- Reassure clients that people close to them will probably learn to accept their HIV status over time.
- Assess the client's ability to cope and establish their sources of support.
- It is important for a client to be strong enough to allow others to express their feelings and concerns after their disclosure. Assist the client to work on these issues over time.
- Provide the client with information and support to 'live positively' and give information on safer sex practices, and reducing risk behaviours.
- Counsellors should protect their clients against undue pressure to disclose.
- The counsellor or someone they feel safe with, such as an Elder, should be willing to mediate the disclosure process and follow up with HIV education and awareness material if the need arises.
- Identify sources of support, such as support groups for people living with HIV/AIDS, and counselling organizations.
- Arrange to see the client again at a time and date agreed by both of you to review this process.
- Provide education and awareness information that the client can share with individuals he or she may disclose to so they may understand HIV better.

### **Risk of Suicide**

Ensure that your clinic or health centre has a plan to support clients who may be suicidal. Additional training is advised in crisis and suicide prevention strategies for health care professionals who are involved in counselling clients.

### **Here are some recognized signs of depression and suicide risk:**

- change in personality: sad, withdrawn, irritable, anxious, tired, indecisive,
- apathetic
- change in behaviour: can't concentrate on school, work, routine tasks
- change in sleep pattern: oversleeping, insomnia, sometimes with early waking
- change in eating habits: loss of appetite and weight, or overeating

- loss of interest in friends, sex, hobbies, activities previously enjoyed
- worry about money, illness (real or imaginary)
- fear of losing control, going crazy, harming self or others
- feeling helpless, worthless, “nobody cares”, “everyone would be better off without me”
- feeling of overwhelming guilt, shame, self-hatred
- no hope for the future, “it will never get better, I will always feel this way”
- drug or alcohol abuse
- recent loss: through death, divorce, separation, broken relationship, or loss of health, job, money, status, self-confidence, self-esteem
- loss of religious faith
- lack of sleep or nightmares
- suicidal impulses, statements, plans, giving away favourite things, previous suicide attempts or gestures
- agitation, hyperactivity, restlessness may indicate masked depression

If a health professional suspects that a person is suicidal, being direct and asking the client “are you suicidal?” is a place to start the discussion. If the client answers “yes” that they are ensure that there is a process for your health centre to support the client immediately, and to reduce harm to self. Immediate counselling needs occur, and some communities have a “suicide watch”, where the suicidal person is partnered with a supportive health professional or community member to watch over the person for the next 24 hours.

#### **Checklist for Post-test counselling**

- Ensure the client’s **name, result, date of birth** and **postal code** is correct before seeing the client.
- Give the **results in person** and without delay.
- **Follow up with client** if they do not attend their appointment, and reschedule.

#### **If the results are negative:**

- Check your patient understands how to **protect themselves** from HIV (e.g. safe sex, safe injecting practices, other high risk behaviours modified).
- Review the **window period** and question is there is a need to retest.

#### **If the results are positive:**

- Provide **support** and **written information** about living with HIV, possible treatments, and community resources.
- Provide advice and referrals on where the client can get **support** for health and mental wellness.
- Discuss **contact tracing/partner notification** with your client.
- Discuss the patient’s **legal obligations** and their rights and responsibilities around **disclosure**.
- Discuss **harm reduction strategies** such as safe sex and safe injecting practices.
- Offer **appointments** for family doctor and specialist follow-up.

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