

ABSTRACT

The main aim of the study was to develop a Cognitive-behavioural based counselling model for adolescents and youth living with HIV/AIDS in Lusikisiki in the Eastern Cape. In particular, the study sought to develop, implement and evaluate a counselling model that could be applied to adolescents and youth living with HIV/AIDS. The aspects of living with HIV/AIDS that the model was to impact were somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. The main hypothesis of the study was that the counselling model would generate significantly greater reductions in the mean level of somatic symptoms, anxiety and insomnia, social dysfunction and severe depression of the experimental group relative to the control group. A total of 76 participants were drawn from Goso Forest Primary Health Care Clinic and The Village Primary Health Care Clinic to serve as the experimental ($n = 38$) and control groups ($n = 38$), respectively. The mean age of the experimental group was 22.2 years ($SD = 2.0$ years; range 18-24 years) while the mean age of the control group was 22.4 ($SD = 2.1$; range 18-24). The experimental group received three weekly sessions of counselling following the structured counselling model while the control group received routine counselling in the form of a weekly support group which was facilitated by MSF counsellors. The support group consisted of approximately 45 people who had either been recently diagnosed or who had been diagnosed for a long period of time. The development of the current counselling model consisted of a needs assessment and a focus group discussion with the service providers. The counselling model was implemented for a period of six months. The counselling model was evaluated by conducting a series of post-interventions: one immediately post-intervention (T2), one after a period of one month (T3) and another after three months (T4). The effect of the counselling model was assessed by comparing participants' cognitive and behavioural outcomes against their pre-intervention performance (within-subjects analysis) and also by comparing the effect of the counselling model on the experimental group relative to the control group receiving routine counselling. Instruments used to gather data included the Beck Depression Inventory (BDI) and the General Health Questionnaire-28 (GHQ-28) that were administered during both the implementation and evaluation phases so as to gather data for the pre-intervention assessment and the post intervention assessments, respectively. The evaluation of the counselling model indicated that the

model was effective in reducing all target behaviours except for social dysfunction only. The results also showed that the counselling model produced a significant short-term and medium-term change in somatic symptoms, anxiety and insomnia, social dysfunction and severe depression within the experimental group. The study concluded that the psychological needs of adolescents and youth living with HIV/AIDS can be addressed using the counselling model and recommend that it be used as part of the holistic management of adolescents and youth living with HIV/AIDS.