



AIDS  **RELIEF**

Psychosocial Care and Counseling for HIV-Infected Children and Adolescents

A TRAINING CURRICULUM



Psychosocial Care and Counseling for HIV-Infected Children and Adolescents

A Training Curriculum

2009

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Acknowledgements

The development and production of this training curriculum for Psychosocial Care and Counseling for HIV Infected Children and Adolescents has involved many people of varying expertise and experience in the area of pediatric HIV care and support, treatment and counseling. The process began in March 2006 in Dar Es Salaam, Tanzania where AIDSRelief/CRS partnered with ANECCA to hold a regional training workshop on pediatric HIV counseling. Various experts participated in the organization and conduct of this workshop. They include:

- Dr. Vicky Tepper – University of Maryland
- Dr. Carmela Green-Abate – AIDSRelief/CRS
- Dr. Nathan Tumwesigye – ANECCA/RCQHC
- Dr. Margaret Makanyengo – Kenyatta National Hospital, Kenya.
- Ms. Rose Nasaba – Nsambya Hospital, Uganda
- Ms. Ruth Woodhead - Expert
- Ms. Zinat Fazal – PASADA, Tanzania

Some of the materials developed for and used in this workshop were subsequently improved on by a group of experts in the area of HIV counseling in Kenya, working under the auspices of NASCOP-Kenya to develop a Kenya National Pediatric HIV/AIDS Psychosocial Counseling Curriculum. We are grateful to the experts who contributed to this process. They include:

- Mrs. Margaret Gitau- NASCOP-Kenya
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- Dr. Mbutia - Kenya Pediatric Association
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- Miss Rose Owaga - Kenyatta National Hospital
- Mrs. Ruth Kinoru - Kenyatta National Hospital
- Mrs. Catherine Wemmis - Kenyatta National Hospital
- Mrs. Gloria Kimani - University of Nairobi
- Mr. Allan Maleche - NASCOP
- Mr. Gregg Stracks - USA
- Dr. Sobbie Mulindi - University of Nairobi
- Mrs. Betty Githendu - NASCOP

Subsequently, AIDSRelief/CRS and RCQHC/ANECCA worked together to improve and build upon this previous work to develop these comprehensive materials to improve expertise in the counseling of children affected by HIV. Working with a group of experts from various countries in East and Southern Africa, the two organizations carried out a comprehensive review of various materials for training health care providers available and reached the conclusion that a more user-friendly (to both trainers and trainees), easy to understand, yet comprehensive curriculum needed to be developed. This curriculum, with the following components – curriculum description and implementation guide, a facilitator’s manual as well as training tools in the form of Microsoft Power Point slides, role-plays, case studies and video clips, has been designed with the expectation that it will fulfill these characteristics. The experts who contributed to the

process of designing and developing this training package are:

- Ms. Zinat Fazal – Tanzania
- Ms. Rose Nasaba – AIDSRelief/IHV Uganda.
- Ms. Esther Kangavve – Mulago Hospital, Uganda
- Ms. Resty Ingabire – Nsambya Hospital, Uganda
- Ms. Joyce Angulo – EGPAF, Uganda
- Ms. Collette Cunnigham, CRS-SARO, Zambia
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- Dr. Simon Kangether – Moi University, Kenya
- Dr. Margaret Makanyengo – Kenyatta National Hospital, Kenya.
- Dr. Josephine Omondi - Kenyatta National Hospital, Kenya
- Dr. Carmela Green-Abate – AIDSRelief/CRS
- Dr. Nathan Tumwesigye – RCQHC/ANECCA.

Their contribution is greatly valued.

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Foreword

HIV is a major cause of infant and childhood mortality and morbidity in Africa. Among children age <5 years, HIV now accounts for 7.7% of mortality worldwide. Together with factors such as declining immunization coverage, HIV is threatening recent gains in infant and child survival and health.

In Africa, high rates of maternal HIV infection, high birth rates, lack of access to currently available and feasible pediatric HIV treatment interventions, and the widespread practice of prolonged breast-feeding translate into a high burden of pediatric HIV disease. The transmission risk for a child born to an HIV-infected mother in an African setting without interventions for prevention of mother-to-child transmission (PMTCT) is about 30–40%. The other 60–70% of children, although not HIV-infected, still have a 2- to 5-fold risk of mortality as a direct consequence of the mother's HIV disease, when compared to children born to uninfected mothers.

A multitude of programs are currently focusing on scaling up pediatric HIV prevention, care, treatment and support services. In addition, however, there is urgent need to focus efforts on specific training for health workers to build the much needed motivation, confidence, knowledge and skills to help manage HIV infection and disease among infants, children and their families. First level health workers are already actively managing children who, together with women of reproductive age, are the most common users of primary care health services including curative services. With additional training and ongoing support, these same workers will more readily identify children and families in need of HIV services, discuss and offer HIV testing to children and families, as well as initiate simple, readily available and life saving technologies such as cotrimoxazole preventive therapy. With the availability of simplified and standardized national ART regimens, these same health workers can identify and initiate eligible children on ART and/or manage stable children already initiated on ART.

One of the gaps in the delivery of pediatric HIV care services is the provision of counseling to HIV infected/affected children and their families. A limited number of health care workers have adequate knowledge and skills to comfortably practice pediatric HIV counseling with respect to pre-test and post-test counseling, disclosure of HIV to children or helping care takers to disclose HIV status to children, provide on-going supportive counseling and address care and treatment adherence issues.

The number of HIV counselors trained in pediatric aspects of HIV counseling is still limited. Most HIV care centers in Sub-Saharan Africa providing care to children do so without providing the essential counseling support necessary to ensure good treatment outcomes.

Having identified that these gaps in pediatric HIV counseling are one of the issues that present enormous barriers to the scale up of comprehensive quality pediatric HIV care, treatment and support across the sub-Saharan region, and considering that the majority of children affected by HIV can only access health care services in peripheral health units where health workers do not have experience or opportunities to be trained in pediatric HIV care counseling, the Regional Center for Quality of Health Care (RCQHC)/African Network for the Care of Children Affected by

AIDS (ANECCA) in collaboration with Catholic Relief Services and AIDSRelief jointly developed these pediatric HIV counseling training curriculum and materials.

The curriculum and materials will be used to rapidly roll-out training of health care providers in key aspects of psychosocial care/counseling for HIV infected children and adolescents and their families, which will in turn, contribute enormously to efforts aimed at taking to scale access to pediatric HIV care in sub-Saharan Africa.

Dr. Nathan Tumwesigye
HIV/AIDS Technical Advisor
RCQHC/ANECCA

Dr. Carmela Green Abate
AIDSRelief Deputy Chief of Party
Catholic Relief Services

Curriculum Overview

Introduction and Purpose of the Course

This curriculum describes the Psychosocial Care and Counseling for HIV Infected Children and Adolescents course. The goal of this competency-based training is to enable health care providers to provide safe high quality counseling and support services to HIV infected children, adolescents and their families. Using knowledge and skills acquired from this training health care providers, particularly those involved in directly providing counseling services, should be able to provide appropriate assessment and basic interventions.

The course materials may be delivered as a complete package or stand-alone modules. Trainers need to tailor the course according to identified participants' knowledge and skills levels.

Target Group

The course is designed for health care providers (involved in caring for children living with HIV) who provide counseling services to these children and their families. It is preferable that health care workers who will attend this course should have already attended a basic HIV counseling and care course.

Course Duration

The course is designed in a modular format which allows for very flexible implementation. It can be implemented over a minimum period of 10 days to cover all the modules, but can also be offered as a longer course of up to 3 weeks, depending on the identified competency needs of trainees.

However, for busy working health care professionals several modules can be covered at a time with subsequent coverage of the remaining modules as planned by organizers. Ideally this should incorporate practicum and supportive supervision if available.

Training and Learning Methods

Several methods are employed to facilitate learning during the conduct of the course. The organizers and facilitators should ensure that as many practical sessions as possible are carried out to ensure retention of newly acquired knowledge and consolidation of skills. The following methods are encouraged, as indicated in the facilitator's manual:

- Classroom presentations and demonstrations
- Group discussions
- Individual and group exercises
- Role plays
- Case studies
- Guided clinical simulation activities
- Brainstorming and experience sharing exercises
- Video clips and reflection

Training Materials

The following are the components of the training package:

- Facilitator’s Instructions Manual
- CD ROM containing Microsoft Power Point slides that provide a minimum content package for all the modules in the curriculum
- Video clips, containing a series of unscripted interviews with HIV positive children illustrating issues that they face. These video clips are used either to demonstrate counseling techniques or to reinforce knowledge and skills acquired in the various modules. The trainer should review the content of the video and be comfortable with each section so that s/he will be able to respond to questions and issues raised.
- Resource Handbook

Selection Criteria for Facilitators

Facilitators for this course should be mainly counselors or psychologists. Some modules may be delivered by clinicians. It is essential that facilitators for this course have considerable experience in working with children with HIV and hold advanced facilitation skills.

Selection Criteria for Trainee Participants

It is advisable that trainees are carefully selected with consideration of their current job description, their desire to counsel children and families, as well as any previous experience with children, if possible.

Adaptation of the Course to Training Needs

Participants who have had prior training in the area of HIV counseling (e.g. HIV counseling with adults) as well as providers whose main area of work is not counseling (e.g. clinicians) may be offered the course as it is, focusing on practical sessions for the more technically challenging issues of working with children. Those who have not had prior training in the area of counseling and who wish to work as counselors for children living with HIV, may need a longer version of the course that gives them enough time to internalize the various areas covered.

Methods of Evaluation:

Trainees should complete an end-of-course evaluation form that can be adapted to suit individual program needs.

During the course, continuous evaluation of trainees should be conducted with the use of appropriate group and individual questions and session summaries. Assignments and group activities should be assessed and feedback given to the group

Knowledge gain can be evaluated by a written test (sample questions provided) given at the beginning and at the end of the course (pre- and post-tests). The questions should be suitable to the group being trained and the competency needs as identified before the course is started.

Course Timetable Template

The following is a generic course schedule that can be adapted to suit needs. The suggested average length of the course is 10 days. This can, however, be adjusted to fewer or more days depending on the training needs of the trainees, and other logistic and program issues.

Course Organization

A description of the content of all the modules of the course is indicated below. See pp. 298-299 (APPENDIX) for a sample course schedule. The course organizer should complete a list of key support and referral organizations relevant for the country.

Module 1: OVERVIEW OF HIV INFECTION IN CHILDREN

- Unit: 1 — Epidemiology and modes of transmission of HIV in children
- Unit: 2 — Natural disease progression, diagnosis and staging of HIV in children
- Unit: 3 — Primary Care and Management of the HIV Positive Child
- Unit: 4 — Basics of ART in children

Module 2: CHILD DEVELOPMENT

- Unit: 1 — Main components of child development
- Unit: 2 — Factors contributing to abnormal development
- Unit: 3 — Identification of abnormal development

Module 3: FAMILY DYNAMICS

- Unit: 1 — Family-centered care
- Unit: 2 — Dysfunctional family systems
- Unit: 3 — Family assessment
- Unit: 4 — Family interventions and support

Module 4: PSYCHOSOCIAL ASPECTS OF PEDIATRIC HIV

- Unit: 1 — Psychosocial problems in children
- Unit: 2 — Psychosocial impact of HIV in children
- Unit: 3 — Psychosocial assessment and interventions

Module 5: COMMUNICATING WITH CHILDREN

- Unit 1 — Introduction to communicating with children
- Unit 2 — Principles of communicating with children
- Unit 3 — Barriers to communicating with children
- Unit 4 — Communicating with children: skills and tools
- Unit 5 — Demonstration of communication skills with children

MODULE 6: COUNSELING CHILDREN

Unit: 1 — Basics of counseling with children

Unit: 2 — The child counseling process

Unit: 3 — Child counseling skills and techniques

Unit: 4 — The effective counselor.

Unit: 5 — Use of media and activities in counseling children

MODULE 7: WORKING WITH ADOLESCENTS

Unit: 1 — Introduction to adolescence

Unit: 2 — Adolescence and sexuality

Unit: 3 — Challenges around HIV and the adolescent

Unit: 4 — Communicating with and counseling adolescents

Unit: 5 — Life skills

MODULE 8: COUNSELING CHILDREN ON HIV AND AIDS

Unit: 1 — Basic HIV counseling of children

Unit: 2 — Counseling children for ART

Unit: 3 — Explaining the importance of ART in child-friendly language.

MODULE 9: DISCLOSURE

Unit: 1 — Introduction to disclosure of HIV status to children

Unit: 2 — The process of disclosure

Unit: 3 — Post disclosure support

Unit: 4 — Barriers to disclosure

MODULE 10: ADHERENCE TO ART

Unit: 1 — Introduction to ART adherence in children

Unit: 2 — Pediatric ART adherence: disclosure

Unit: 3 — Pediatric ART: Issues that affect adherence

Unit: 4 — Assessing pediatric ART adherence

Unit: 5 — Pediatric ART adherence: dealing with non-adherence

Unit: 6 — Pediatric ART adherence: strategies for giving medication to children and adolescents

Unit: 7 — Adherence and adolescents

MODULE 11: PALLIATIVE CARE

Unit: 1 — Palliative care in children

Unit: 2 — Assessing children's need for palliative care

Unit: 3 — Communicating with sick children

MODULE 12: GRIEF AND BEREAVEMENT

Unit: 1 — Introduction to loss, grief and bereavement

Unit: 2 — The grieving process

Unit: 3 — Grief and loss in children

Unit: 4 — The concept of grief and loss in children

Unit: 5 — The counselor's role and practical ways of helping the grieving child

MODULE 13: LEGAL AND ETHICAL ISSUES IN PEDIATRIC HIV

Unit: 1 — National and international frameworks which protect children

Unit: 2 — Ethical and legal issues facing children living with HIV

Unit: 3 — Health care providers' role and responsibilities

MODULE 14: CARE FOR HEALTH CARE PROVIDERS

Unit: 1 — Problems and challenges encountered in care provision

Unit: 2 — Supervision and support

Unit: 3 — Stress management

Module 1

Overview of HIV Infection, Care and Antiretroviral Treatment in Children

This module consists of four (4) units that are primarily lecture/discussion/demonstration. The module provides the introduction to and background of the whole problem of HIV, and it is a good starting point for psychosocial care and counseling for children and adolescents.

SUGGESTED TRAINERS: Facilitating learning of the content of this module can be done by health care providers with practical experience and knowledge in caring for children living with HIV.

Module Objectives

At the end the module participants will be able to:

1. Describe the epidemiology, modes of transmission of HIV in children.
2. Explain the natural disease progression, diagnosis and staging of HIV in children.
3. Describe basic components of HIV care in children
4. Explain the basic principles of ART in children

Duration

220 minutes (3 hours, 40 minutes)

Teaching and Learning Methods

Brainstorming, Lectures, Small group discussions, summary presentations



Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers

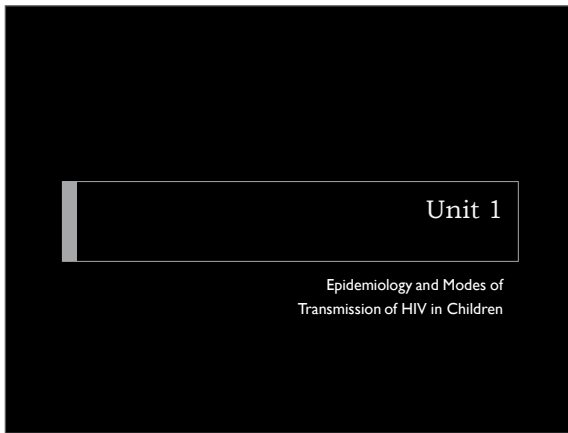
Module 1: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	40 mins	Describe the epidemiology and modes of transmission of HIV in children	Introduction to epidemiology and modes of transmission of HIV in children	<ul style="list-style-type: none">• Overview lecture• Small group discussion• Brainstorming	<ul style="list-style-type: none">• Markers• Flipcharts• Masking tape• Computer• LCD Projector
2	90 mins	Explain the natural disease progression, diagnosis and staging in children	Introduction to natural disease progression, diagnosis and staging in children	<ul style="list-style-type: none">• Overview lecture• Small group discussion• Brainstorming	<ul style="list-style-type: none">• LCD Projector• Computer• Presentation slides
3	45 mins	Describe the primary care and management of the HIV positive child	Introduction to primary care and management of the HIV positive child.	<ul style="list-style-type: none">• Brainstorming• Small group discussion• Summary presentation	<ul style="list-style-type: none">• Markers• Flipcharts• Masking tape• Computer• LCD Projector
4	45 mins	Explain the basics of ART in children	Introduction to basics of ART regimens used in children	<ul style="list-style-type: none">• Overview lecture• Small group discussion• Brainstorming	<ul style="list-style-type: none">• Markers• Flipcharts• Masking tape• Computer• LCD Projector

Module 1: Introduction

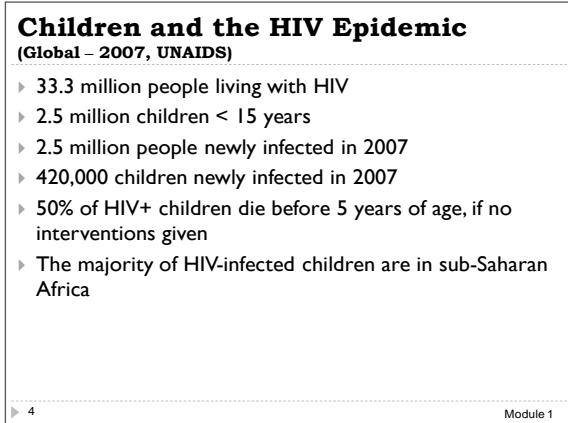
  <small>Photo by David Snyder for CRS (photo is for illustrative purposes and does not signify subject's HIV status)</small> Module 1 Overview of HIV Infection, Care and Treatment in Children SLIDE 1	<p>Ask participants if they have ideas regarding the topic of Module 1.</p> <p>They may talk about HIV and adults. Facilitator should emphasize that the focus is HIV infection, care and antiretroviral treatment in children.</p>
Learning Objectives <ul style="list-style-type: none">▶ Describe the epidemiology and modes of transmission of HIV in children.▶ Explain the natural disease progression, diagnosis and staging of HIV in children.▶ Describe basic components of HIV care in children▶ Explain the basic principles of ART in children <p>2 Module 1</p> SLIDE 2	<ul style="list-style-type: none">• Read Module 1 objectives.• Explore the group's experience with HIV care and treatment in children

Unit 1: Epidemiology and Modes of Transmission of HIV in Children



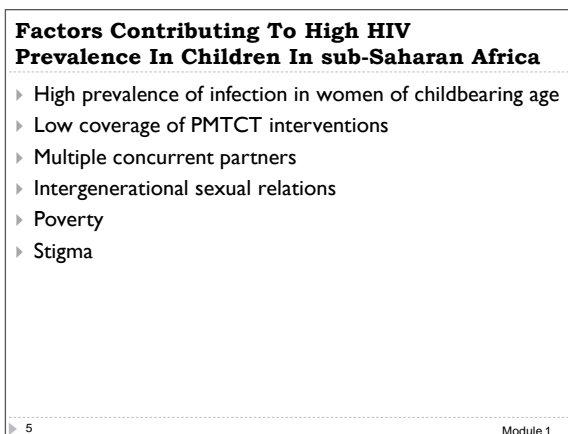
SLIDE 3

Unit 1 of this module focuses on the epidemiology and modes of transmission of HIV in children.



SLIDE 4

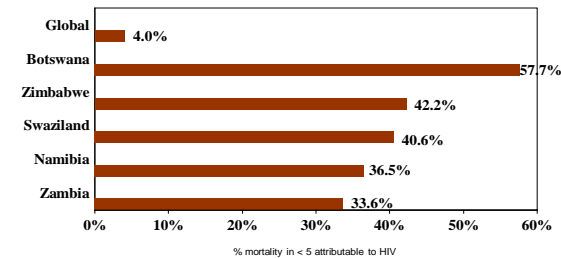
Invite the participants to share what they know about the HIV pandemic and then use this slide to consolidate learning and key issues.



SLIDE 5

Use this slide to emphasize the factors that contribute to the high prevalence of HIV infection in children in sub-Saharan Africa.

Deaths Under Five Years of Age Attributable to HIV

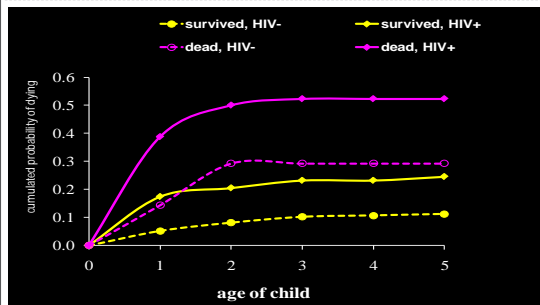


6 Module 1

SLIDE 6

Further elaborate some of the effects of HIV infection on child health in Africa, using this bar-chart. Globally 4% of deaths of children under the age of 5 years are attributable to HIV infection. In Botswana more than half of child mortality is attributable to HIV infection.

The Link Between Mother's HIV Status and Death and an Child's Survival



Nakiyingi 2002
7 Module 1

SLIDE 7

Use this graph to demonstrate the effect of mother's HIV status (and health status) on the survival for HIV-exposed or infected child.

- This graph shows a direct correlation between a mother being alive or dead and children's survival.
- If the mother is alive, whether she is HIV+ve or HIV-ve, the child's survival is improved.
- If the mother was HIV+ve and died, there is a much higher probability of the child dying.

Increase in Number of Orphaned Children Due to HIV

- ▶ Over 11.4 million orphans in sub-Saharan Africa have lost one or both parents to AIDS, constituting over 90% of the global figures
- ▶ Projected: By 2010 children orphaned by AIDS will total over 25 million, globally

Module 1

SLIDE 8

- Explain the situation of orphans in the era of the HIV epidemic using the facts stated in the slide.
- Ask for participants' personal experience.

Prognosis in African HIV-infected Children

- ▶ Poorer prognosis than in developed countries for several reasons:
 - ▶ Infant survival lower in Africa in general
 - ▶ Malnutrition and/or poverty
 - ▶ Concurrent infections (malaria, TB, diarrhea)
 - ▶ Health systems are weaker
 - ▶ Lack of access to health care services
 - ▶ Delayed laboratory diagnosis
 - ▶ Lack of access to basic HIV care and ART

▶ 9

Module 1

Explain factors that impact on the prognosis of HIV infected children in Africa using the content of this slide.

SLIDE 9

Brainstorm (5 mins)

- ▶ What are the modes of transmission of HIV in Children?



▶ 10

Module 1

Ask participants to brainstorm on the modes of transmission of HIV in children.

SLIDE 10

Modes of Transmission in Children

A diagram titled "Modes of Transmission in Children" is split into two vertical panels. The left panel is headed "95% MTCT" and contains an illustration of a pregnant woman and a newborn baby wrapped in a blanket. The right panel is headed "Others" and contains an illustration of a syringe and two cartoon gears with faces and legs, representing other modes of transmission.




▶ 11

Module 1

Use this slide to summarize the brainstorming session.

SLIDE 11

Mother-to-Child Transmission (Vertical Transmission)

- Pregnancy (womb) -----  (5-10%)
 - During birth -----  (10-15%)
 - Breastfeeding -----  (5-20%)
- In an untreated breastfeeding population, Total Transmission Rate is up to 30 – 45%

▶ 12

Module 1

SLIDE 12

Use this slide to consolidate learning on vertical transmission.

Brainstorm (10 mins)

- ▶ How can HIV infection be prevented in children?



▶ 13

Module 1

SLIDE 13

Participants should brainstorm on ways of preventing HIV infection in children ~ as one of the participants writes their contributions on flip chart paper.

Prevention of HIV Infection in Children

- ▶ Prevention of mother to child transmission (PMTCT)
- ▶ Promotion of abstinence and delay in sexual debut for young people
- ▶ Post exposure prophylaxis (rape, sexual abuse)
- ▶ Safer medical/surgical practices

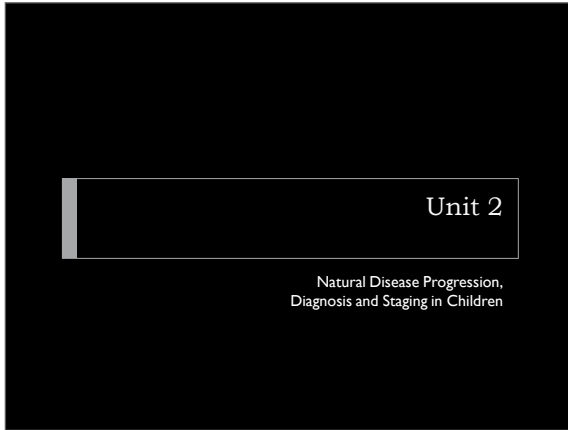
▶ 14

Module 1

SLIDE 14

Use this slide to summarize the brainstorming session.

Unit 2: Natural Disease Progression, Diagnosis, and Staging in Children



SLIDE 15

Begin the unit by asking the participants to share what they know about HIV disease progression in children.

How HIV Affects the Immune System

- ▶ HIV attaches to cells of the immune system with special surface markers called **CD4** receptors
- ▶ The following immune cells have **CD4** receptors
 - ▶ T-Lymphocytes – **CD4** Cells
 - ▶ Macrophages
 - ▶ Monocytes
 - ▶ Dendritic cells
- ▶ The virus destroys and depletes these **CD4**T lymphocytes - weakening the immune system.

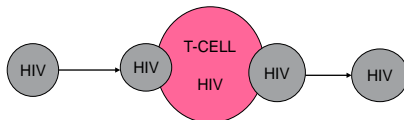
▶ 16

Module 1

SLIDE 16

Use the information provided on slides 16-18 to guide the session.

HIV Uses the T-cell to make more HIV (1)



▶ 17

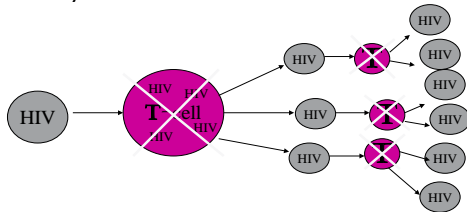
Module 1

SLIDE 17

Continue

HIV uses the T-cell to make more HIV (2)

- ▶ As the virus grows, many T-cells are destroyed
- ▶ The T cells (CD4 cells) become depleted, weakening the immune system.



▶ 18

Module 1

SLIDE 18

Continue

Brainstorm (10 mins)

- ▶ HIV classification: How many types of the Human Immunodeficiency Virus do you know?



▶ 19

Module 1

SLIDE 19

Ask participants to brainstorm on the different types of the HIV virus.

Classification of HIV

- ▶ There are two types of HIV.
- ▶ HIV-1
 - ▶ Is found worldwide
 - ▶ Is the main cause of the worldwide pandemic
- ▶ HIV-2
 - ▶ Is mainly found in West Africa, Mozambique and Angola.
 - ▶ Causes a similar illness to HIV-1
 - ▶ Less efficiently transmitted; rarely causing vertical transmission
 - ▶ Less aggressive with slower disease progression
 - ▶ May not respond well to ARVs compared to HIV-1

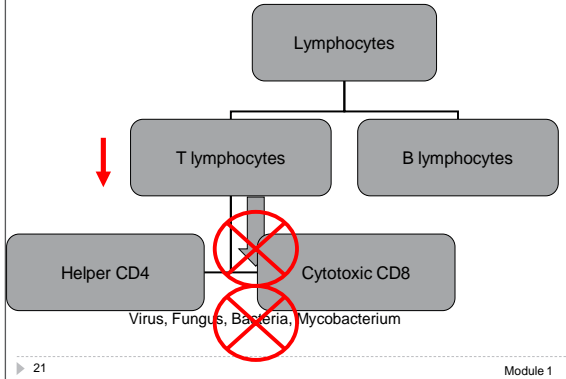
▶ 20

Module 1

SLIDE 20

Use the slide to summarize the classification of HIV.

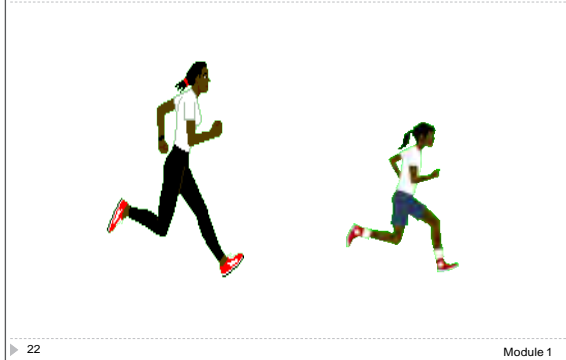
Consequences....



SLIDE 21

Use this slide to demonstrate how HIV decreases CD4 cells and causes decline in immunity, leading to various illnesses in children.

Children with HIV have Faster Progression of Disease than Adults



SLIDE 22

Emphasize that HIV disease progression is faster in children than in adults, hence the need to identify children earlier.

HIV Disease Progression: Children in Africa

Category 1 (25 – 30%)

Rapid disease progression; infants die within 1 year - disease acquired in utero (during pregnancy) or during birth.

Category 2 (50 – 60%)

- ▶ Children who develop symptoms early in life.
- ▶ Deteriorate and die by 3 to 5 years.


Category 3 (5 – 25%)


Long-term survivors who live beyond 8 years of age.

▶ 23 Module 1

SLIDE 23

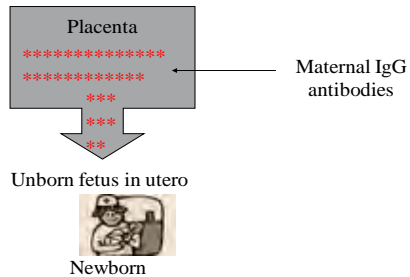
- Use this slide to elaborate on the categories of HIV disease progression in children.
- Emphasize the need to identify and start treating children early.

<p>Group Work (20 mins)</p> <ul style="list-style-type: none"> ▶ Factors predicting prognosis in children ▶ Clinical presentation in children  <p>▶ 24 Module 1</p>	<p>Arrange for group work on:</p> <ul style="list-style-type: none"> • Factors predicting prognosis of HIV in children (2 groups, explore maternal and infant factors). • Clinical presentation in children (2 groups – rapid and slow progressors) <p>Ask groups to present their findings and then use following slides to summarize and add missing factors.</p>
SLIDE 24	
<p>Factors Predicting Prognosis</p> <p>Maternal Factors</p> <ul style="list-style-type: none"> ▶ Maternal disease status ▶ Maternal viral load at delivery ▶ Maternal CD4 (<200) ▶ Rapid maternal disease progression ▶ Maternal death <ul style="list-style-type: none"> ▶ Infant mortality is 2-5 x > when mother dies <p>▶ 25 Module 1</p>	<p>Use the next slides to summarize the presentations from the groups.</p>
SLIDE 25	
<p>Factors Predicting Prognosis</p> <p>Infant Factors</p> <ul style="list-style-type: none"> ▶ Immature immune system ▶ Viral load (at infection) and Infant CD4% <ul style="list-style-type: none"> ▶ Complementary and independent factors ▶ Rate of decline of CD4 ▶ More predictive of advanced risk of OIs >1st yr ▶ Infant peak viremia ▶ Timing of infection ▶ Clinical AIDS <p>▶ 26 Module 1</p>	<p>Key Points:</p> <ul style="list-style-type: none"> • Children have higher CD4 counts than adults and this varies with age, reaching adult levels around 5-6 years. It is the CD4 T cell % that defines the immunological condition. CD4<15% defines severe immunosuppression. • Infant viral loads differ from the pattern in adults. Viral levels increase to high levels (>100,000 copies/ml) by 2 months of age and remain high throughout the first year if there is no treatment.
SLIDE 26	

<p>Clinical Presentation of Rapid Progressors</p> <ul style="list-style-type: none"> ▶ Low birth weight ▶ Poor growth in height and weight ▶ Developmental delay ▶ Persistent oral thrush (candidiasis) ▶ Recurrent/persistent diarrhea ▶ Recurrent bacterial/fungal infections ▶ Brain dysfunction (encephalopathy) ▶ Rapidly decreasing CD4 counts <p>▶ 27 Module 1</p>	<p>Use this slide to elaborate on clinical presentation.</p>
<p>40% of Infants Will Die of HIV by 1 Year of Age</p>  <p>▶ 28 Module 1</p>	<p>Emphasize the rapid progression and mortality in young children.</p>
<p>Clinical Presentation of Slow Progressors</p> <ul style="list-style-type: none"> ▶ Opportunistic Infections after 2 –10 years ▶ Marked growth failure especially in height ▶ Recurrent chest problems (Lymphoid interstitial pneumonitis - LIP) ▶ Enlargement of the parotid glands – usually painless ▶ Recurrent bacterial and fungal infections ▶ Skin problems ▶ AIDS-related cancers ▶ Low viral loads at birth, stable CD4 counts for 2 –10 years then slow decline <p>▶ 29 Module 1</p>	<p>Elaborate on slow progressors.</p>

<div data-bbox="305 247 873 682" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Diagnosis of HIV Infection in Children</p> <p style="text-align: right; font-size: small;">Module 1</p> </div> <p style="text-align: center;">SLIDE 30</p>	<p>Ask participants to share knowledge on how diagnosis of HIV infection in children is made.</p>
<div data-bbox="305 793 873 1228" style="border: 1px solid black; padding: 10px;"> <p>Diagnosis of HIV Infection in Children</p> <p>Diagnosis may be made at two levels:</p> <ul style="list-style-type: none"> ▶ Clinical Diagnosis – based on the symptoms and signs the child presents with. This should always be confirmed by laboratory tests ▶ Laboratory Diagnosis <ul style="list-style-type: none"> ▶ To confirm suspected HIV infection in a sick child or ▶ To determine HIV infection or exposure status in a child with no symptoms <p style="text-align: right; font-size: small;">Module 1</p> </div> <p style="text-align: center;">SLIDE 31</p>	<p>Use slide to further elaborate on diagnosis.</p>
<div data-bbox="305 1339 873 1774" style="border: 1px solid black; padding: 10px;"> <p>Laboratory Diagnosis</p> <p>There are two types of laboratory tests for HIV diagnosis:</p> <p>(1) Antibody tests (identify antibody that the human body produces against the HIV):</p> <ul style="list-style-type: none"> ▶ HIV ELISA, Western blot (performed in laboratory, 4 hrs) ▶ Rapid tests (e.g., determine, bioline, unigold – performed by lab. or counselor, may take 15-20 minutes to have results) <p>(2) Virologic tests (identify HIV in blood):</p> <ul style="list-style-type: none"> ▶ HIV PCR (DNA or RNA/viral load assay), DBS method now being used increasingly. <p style="text-align: right; font-size: small;">Module 1</p> </div> <p style="text-align: center;">SLIDE 32</p>	<p>Emphasize the types of laboratory tests used in children.</p>

HIV Tests and Placental Transfer of Antibodies

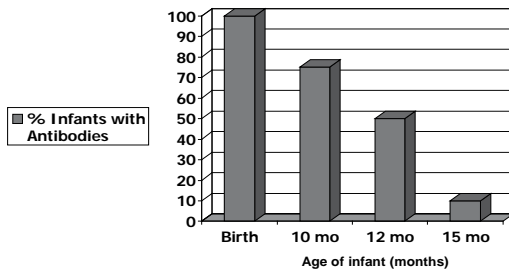


33 Module 1

SLIDE 33

Use slide as an illustration for how antibodies are transferred from mother to child (through the placenta).

All Newborns are Born with Maternal IgG Antibodies



34 Module 1

SLIDE 34

Key point – Antibodies are not the same as the HIV virus.

Experience Sharing (20 mins)

- ▶ What tests are available in your country or work setting for diagnosis of pediatric HIV?
- ▶ What challenges do you meet in using these tests?

35 Module 1

SLIDE 35

Ask participants to share what they know about the various tests available for testing for pediatric HIV infection.

Laboratory Diagnosis in Children

- ▶ **< 18 mo age**
- ▶ **Antigen (viral) tests**
 - ▶ DNA PCR (whole blood or DBS)
 - ▶ RNA PCR
- ▶ **> 18 mo age**
- ▶ **Antibody (serology) tests**
 - ▶ Rapid
 - ▶ ELISA

Follow the laboratory test algorithm in your setting/country

▶ 36

Module 1

SLIDE 36

Summarize participant's experiences with pediatric diagnosis using this slide. Use the responses shared to discuss the practical challenges. Emphasize the need for clear explanations to mothers during PMTCT.

Signs/Symptoms of "Possible" HIV Infection in a Child*

Presence of 3 or more of the following:

- ▶ TB in any parent in the last 5 years
- ▶ Pneumonia (now or previously)
- ▶ 2 or more episodes of diarrhea that lasted >14 days
- ▶ Growth faltering or very low weight for age (below the "very low weight curve" on child-health card)
- ▶ Enlarged lymph nodes in 2 or more of the following sites (neck, axilla, groin)
- ▶ Oral thrush

*This is a method of making a clinical diagnosis of HIV in children under age of 5 years – these signs should prompt an HIV test
*Any child whose parent is HIV-positive or has died from an HIV-related illness should be screened for HIV infection

▶ 37

Module 1

SLIDE 37

Highlight clinical diagnosis using signs and symptoms of HIV in children.

Brainstorm (10 mins)

- ▶ What are the "points of entry" for identifying children who need to be tested for and provided HIV services?



▶ 38

Module 1

SLIDE 38

Ask participants to brainstorm on points of entry within the health system and community for HIV diagnosis in children.

<p>Points of Entry</p> <ul style="list-style-type: none"> ▶ Test mothers who deliver without prior testing for HIV ▶ Pediatric wards: providing HCT to children admitted for various illnesses. ▶ Outpatient clinics ▶ TB wards (adults/children). ▶ Nutrition Rehabilitation Units (NRU) ▶ Sexually abused children exposed to potentially infectious body fluids ▶ Adolescent clinics ▶ Community Diagnosis: OVCs programs, orphanages, schools ▶ ? < 5 clinics <p>▶ 39 Module 1</p> <p style="text-align: center;">SLIDE 39</p>	<p>Use slide to help consolidate learning.</p>
<p style="text-align: center;">Staging of HIV Disease in Children</p> <p>▶ Module 1</p> <p style="text-align: center;">SLIDE 40</p>	<p>Use the next set of slides to describe the staging of HIV disease in children.</p>
<p>The Importance of Staging</p> <ul style="list-style-type: none"> ▶ Provides a guide to the timing of initiation of ART ▶ Provides a guide to interventions needed at the different stages of the disease, and possible outcomes ▶ Provides guidance in monitoring response to therapy (treatment failure or improvement). <p>▶ 41 Module 1</p> <p style="text-align: center;">SLIDE 41</p>	<p>Emphasize the importance of staging using this slide.</p>

Methods of Staging

- ▶ Clinical staging:
 - ▶ WHO staging
- ▶ Immunological staging
 - ▶ CD4 count

▶ 42 Module 1

Highlight the methods of staging.

SLIDE 42

WHO Classification of HIV-Associated Clinical Disease

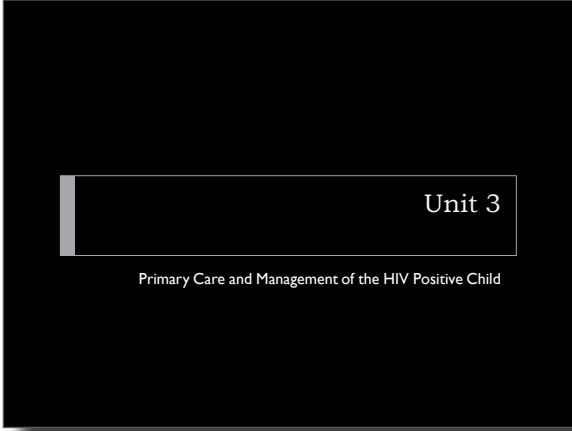
Classification of HIV disease	WHO Stage
Asymptomatic	1
Mild	2
Advanced	3
Severe	4

▶ 43 Module 1

Use this slide to describe the four WHO clinical stages and how they relate to the classification of disease severity.

SLIDE 43

Unit 3: Primary Care and Managing of the HIV Positive Child



Unit 3

Primary Care and Management of the HIV Positive Child

▶ 44 Module 1

This unit describes the primary care and management of the HIV positive child.

SLIDE 44

Brainstorm (10 mins)

- ▶ What is the follow-up protocol for HIV exposed infants in your program/country?



▶ 45

Module 1

SLIDE 45

- Ask participants to share what they know about the follow-up protocol or standard of HIV exposed infants in their programs.
- Record answers on a flip chart.

Follow-up of HIV Exposed Children

- ▶ Children born to mothers who are HIV-positive need regular clinical monitoring
 - ▶ Monthly in the first year of life
 - ▶ Regularly during childhood
 - ▶ Look out for "slow progressors"

▶ 46

Module 1

SLIDE 46

Use the slide to emphasize the need to have a well planned follow-up system for HIV exposed children.

Brainstorm (10 mins)

- ▶ What are the components of comprehensive HIV management in children?



▶ 47

Module 1

SLIDE 47

- Ask participants to brainstorm on the components of comprehensive pediatric HIV management.
- Record answers on a flip chart.

<p>Summary Care of the HIV-infected Child (1)</p> <p><u>10 pillars of comprehensive care in HIV-infected children</u></p> <ol style="list-style-type: none"> 1. Confirmation of HIV diagnosis 2. Staging of Disease 3. Treatment of acute infections and other OI's 4. Immunization 5. Regular monitoring of growth and development 6. Nutritional care, supplementation and advice <p style="text-align: center;">SLIDE 48</p>	<p>Summarize the package using information on slides 48-49.</p>
<p>Summary Care of the HIV-infected Child (2)</p> <p><u>10 Pillars Cont'd</u></p> <ol style="list-style-type: none"> 7. Prevention of infections e.g. PCP (cotrimoxazole), Malaria, Diarrhea 8. Counselling for and providing ART. 9. Providing care, treatment and psychosocial support for mother and family 10. Planning for/providing follow-up including community support <p style="text-align: center;">SLIDE 49</p>	<p>Continue</p>
<p>Primary Care of HIV-infected Children - Immunization</p> <ul style="list-style-type: none"> ▶ Asymptomatic HIV+ children should be vaccinated exactly in the same manner as HIV uninfected children BUT ▶ Symptomatic (Stages 3 - 4) HIV+ children should not be given BCG or yellow fever vaccine <p style="text-align: center;">SLIDE 50</p>	<p>Use the next set of slides to explain some of the components of the care package.</p>

<div data-bbox="310 247 873 678" style="border: 1px solid black; padding: 10px;"> <p>Growth Monitoring</p> <ul style="list-style-type: none"> ▶ Slow growth may indicate presence of HIV infection ▶ Monitoring growth enables early detection of HIV infection ▶ Growth failure is more common in HIV-infected children because of: <ul style="list-style-type: none"> ▶ Increased energy needs ▶ Other underlying diseases (e.g. TB, repeated diarrhea, etc.) ▶ Inadequate food intake ▶ Weight, height should be measured and monitored at every visit <p style="font-size: small; margin-top: 10px;">▶ 51 Module 1</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 51</p>	<p>Emphasize the role of growth monitoring.</p>
<div data-bbox="310 793 873 1224" style="border: 1px solid black; padding: 10px;"> <p>Nutrition in HIV-infected Children</p> <p>Includes the following broad areas:</p> <ul style="list-style-type: none"> ▶ First 6 months of life – breastfeeding or replacement feeding ▶ Complementary feeding from 6 months ▶ Micronutrient supplements ▶ Extra feeding during and after periods of illness ▶ Advising the mother to keep up with child health visits <p style="font-size: small; margin-top: 10px;">▶ 52 Module 1</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 52</p>	<p>Highlight the various aspects of nutrition that need attention.</p>
<div data-bbox="310 1339 873 1770" style="border: 1px solid black; padding: 10px;"> <p>Causes of Poor Nutrition in HIV-infected Children</p> <ul style="list-style-type: none"> ▶ Inadequate intake ▶ Persistent diarrhea ▶ Poor appetite ▶ Recurrent infections ▶ Mouth sores (e.g., oral thrush, herpes) ▶ Underlying chronic illness (e.g., TB) </div> <p style="text-align: center; margin-top: 10px;">SLIDE 53</p>	<p>Let participants share the causes and their experiences of poor nutrition in HIV infected children, and then use this slide to summarize.</p>

Treating HIV-Related Diseases

Diseases that complicate HIV infection

- ▶ Infections that are commonly seen even in HIV negative children (such as common chest infections, ear infections, diarrhea, malaria etc)
- ▶ Opportunistic infections (OIs)
 - ▶ Rare in HIV negative children
 - ▶ Occur when immunity of child weakens
 - ▶ E.g. TB, oral candida, atypical (unusual) pneumonia - PCP
- ▶ Cancers e.g. Kaposi's, lymphoma etc
- ▶ Diseases of organs e.g. heart, kidney, liver etc

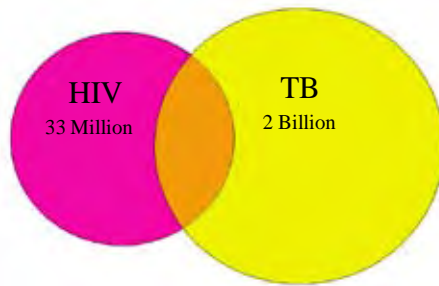
▶ 54

Module 1

SLIDE 54

Use slide to emphasize the importance of ensuring timely and appropriate treatment of the various HIV-related diseases.

The Dual Epidemic



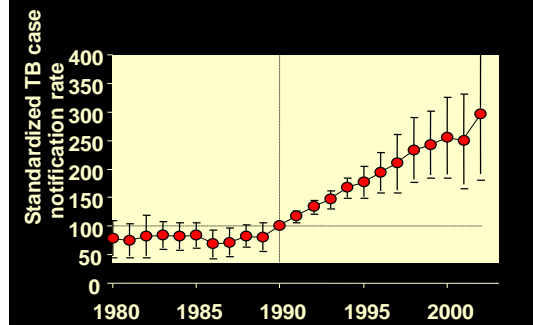
▶ 55

Module 1

SLIDE 55

Use slides 55-57 to highlight the interaction between HIV and TB.

The rise of TB in Africa – linked to HIV



▶ 56

Module 1

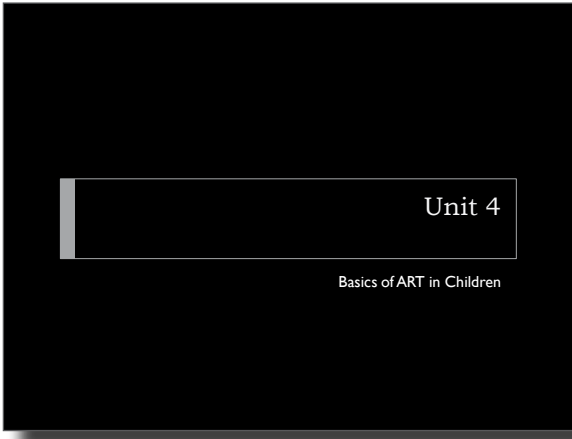
SLIDE 56

Continue

<div data-bbox="310 254 873 678" style="border: 1px solid black; padding: 10px;"> <p>Tuberculosis</p> <ul style="list-style-type: none"> ▶ TB and HIV commonly co-exist; 12- 60 % of children diagnosed with TB also have HIV ▶ Children with HIV are between 5-10 times more likely to develop TB ▶ Children with dual infection of TB and HIV are 4 times more likely to die ▶ In most children it presents as chest TB but it may involve other parts of the body ▶ Treatment should follow national guidelines <p style="font-size: small;">▶ 57 Module 1</p> </div> <p style="text-align: center;">SLIDE 57</p>	<p>Review slide.</p>
<div data-bbox="310 800 873 1224" style="border: 1px solid black; padding: 10px;"> <p>Prevention of HIV-Related Infections</p> <p><u>Cotrimoxazole prophylaxis (CTZ)</u></p> <ul style="list-style-type: none"> ▶ Prevents PCP, bacterial infections and malaria ▶ Proven to greatly reduce frequency of illnesses in HIV-infected children <ul style="list-style-type: none"> ▶ All children born to HIV-infected women should receive CTZ prophylaxis from age of 6 weeks until HIV is ruled out. ▶ Those confirmed to be HIV-infected should continue CTZ prophylaxis according to specific national or WHO recommendations. <p style="font-size: small;">▶ 58 Module 1</p> </div> <p style="text-align: center;">SLIDE 58</p>	<p>Use this slide to summarize prevention of some HIV-related diseases.</p>
<div data-bbox="310 1339 873 1764" style="border: 1px solid black; padding: 10px;"> <p>Key Counseling Considerations for OIs</p> <ul style="list-style-type: none"> ▶ HIV is not AIDS; OIs can affect the child's health but are preventable and treatable ▶ Child presenting with an OI needs evaluation for possible ART ▶ Guardians/parents need education to offer appropriate support to the child <p style="font-size: small;">▶ 59 Module 1</p> </div> <p style="text-align: center;">SLIDE 59</p>	<ul style="list-style-type: none"> • Highlight on key issues counselors should know about opportunistic infections. • Support needed includes health care, nutrition and psychosocial.

<p>Monitoring the Status of HIV Infection</p> <p><u>The CD4 count</u></p> <ul style="list-style-type: none"> ▶ CD4+ Tcells/μl ▶ Measures ability to keep ahead of HIV infection ▶ Predicts risk of opportunistic infection ▶ Predicts risk of death <p><u>The viral load</u></p> <ul style="list-style-type: none"> ▶ HIV RNA copies/ml ▶ Measures level of infection ▶ Predicts CD4 decline ▶ Predicts risk of opportunistic infection & other complications ▶ Predicts risk of death <p>▶ 60 Module 1</p>	<p>Provide a brief highlight on the use of laboratory tests to monitor HIV disease in children.</p>
SLIDE 60	

Unit 4: Basics of ART in Children

 <p>The slide shows a black background with a white rectangular box containing the text "Unit 4" and "Basics of ART in Children" below it.</p>	<p>Read slide.</p>
SLIDE 61	

<p>Objectives</p> <ul style="list-style-type: none"> ▶ Explain the fundamentals of antiretroviral treatment in children ▶ Identify the differences between ART for children and adults <p>▶ 62 Module 1</p>	<p>Use slide to outline the objectives for this unit.</p>
SLIDE 62	

Goals of Antiretroviral Therapy

- ▶ Maximal and durable suppression of HIV replication
- ▶ Restoration and preservation of immune function
- ▶ Restoration of normal growth and development
- ▶ Reduction of HIV related illnesses and death
- ▶ Improved quality of life

▶ 63

Module 1

SLIDE 63

- Ask participants to share what they know about the goals of ART.
- Use slide to summarize the goals.

When to Start ART

- ▶ When medically necessary / indicated
- ▶ When other medical problems are addressed e.g. OIs treated
- ▶ When adherence potential and barriers are assessed
- ▶ When major adherence barriers are addressed
- ▶ When family is motivated and ready
- ▶ When stable drug supply is assured

▶ 64

Module 1

SLIDE 64

- Explain what HAART means.
- Outline when it is suitable to begin HAART in children.

Advantages of Starting ART

Earlier

- ▶ Prevent CD4 decline
- ▶ Prevent infection
- ▶ Protect brain & other organs
- ▶ Preserve immune response to HIV (HIV immune response does not improve on therapy)

Later

- ▶ Avoid toxicity, side-effects, and cost
- ▶ Avoid resistance
- ▶ Children generally respond very well to ART

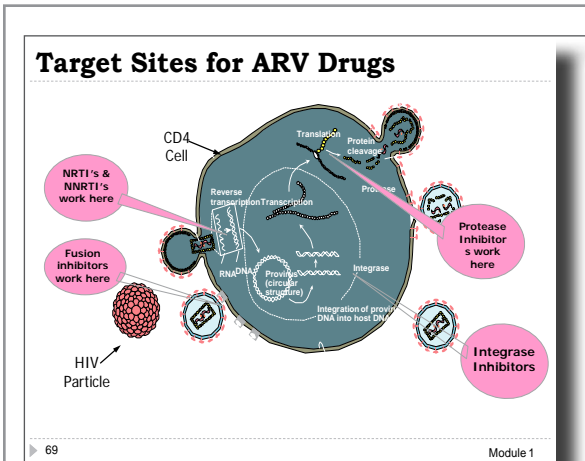
▶ 65

Module 1

SLIDE 65

Use this slide to emphasize the importance of starting HAART at the appropriate time.

<p>When not to Start ART</p> <ul style="list-style-type: none"> ▶ When adherence potential and barriers not assessed ▶ When major adherence barriers remain ▶ When family not motivated and ready ▶ When stable drug supply not assured ▶ When other medical problems create risk: e.g. active, untreated TB or acute PCP <p>▶ 66 Module 1</p>	<p>Explain some conditions that may warrant delay in initiation of HAART.</p>
<p>How Good Must Adherence be?</p> <ul style="list-style-type: none"> ▶ Generally > 95% of doses ▶ Some treatment regimens are more “forgiving” than others: D4T/3TC/NVP is a less “forgiving” regimen- but can work excellently for years if adherence is maintained. ▶ Missing 1 dose per week is 93% adherence ▶ Adherence < 80% almost always fails ▶ “Good” adherence taking “most” doses will lead to failure ▶ Rare missed dose is tolerated <p>▶ 67 Module 1</p>	<p>Use this slide to highlight some basic facts about adherence.</p>
<p>Major Classes of Antiretrovirals</p> <ul style="list-style-type: none"> ▶ Reverse transcriptase inhibitors <ul style="list-style-type: none"> ▶ Nucleoside analogue reverse transcriptase inhibitors: NRTIs ▶ Non-nucleoside reverse transcriptase inhibitors: NNRTIs ▶ HIV protease inhibitors: PIs <p>▶ 68 Module 1</p>	<p>Explain major classes of ARV drugs available in practice.</p>



SLIDE 69

Use this pictorial to explain in simple terms the areas where various ARV drugs work in the life cycle of the HIV.

Common Antiretroviral Drugs Used to Treat Children - 2007

Reverse transcriptase

Inhibitors:

▶ Nucleoside RTI

- ▶ Zidovudine
- ▶ Stavudine
- ▶ Lamivudine
- ▶ Abacavir

▶ Non-nucleoside RTI

- ▶ Nevirapine
- ▶ Efavirenz

Protease inhibitors

- ▶ Lopinavir/ritonavir (Kaletra)
- ▶ Nelfinavir

▶ 70

Module 1

SLIDE 70

Give examples of the various ARVs used to treat children.

ARV Drugs Special Considerations in Children

- ▶ Palatability (taste of drug)
- ▶ Syrups are generally bulkier- Fluid volume, refrigeration
- ▶ Ability to split, crush, mix and administer tablets/capsules
- ▶ Potency, pediatric experience, pharmacokinetic information
- ▶ Regimen complexity - dosing frequency, food and fluid requirements
- ▶ Presence of other infections that could affect drug choice - TB, Hepatitis B or C or chronic renal or liver disease

▶ 71

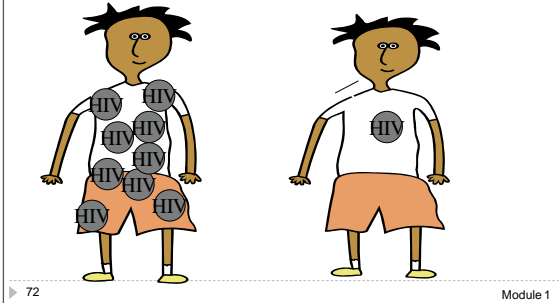
Module 1

SLIDE 71

Highlight some special issues that have to be taken into consideration when ARV drugs are given to children.

Viral Load

▶ You want the viral load to be **LOW!**



SLIDE 72

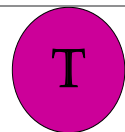
Use this slide to emphasize the need to lower the viral load to ensure good health.

8 Steps to ART Success in Children

1. Identify child for whom benefits outweigh risks (and local guidelines permit therapy)
 2. Assess prior adherence, all potential adherence barriers
 3. Implement solutions to adherence barriers
 4. Educate family and child about HIV & HAART
 5. Select treatment that is potent, durable, convenient, non-toxic, well-tolerated, and sustainable
 6. Train family and child on dosing and schedule
 7. Monitor response and adherence
 8. Respond promptly to problems
- ▶ 73 Module 1

SLIDE 73

- Summarize the steps that enable ART success in children.
- Allow for a lot of discussion by the participants on how to maximize success of ART in children in their programs.



▶ If your **T-cells** are **high** and your **Viral Load** is **low**, you can be **healthy** for a very long time



▶ 74 Module 1

SLIDE 74

Use slide as an illustration for the benefits of ART – lowering viral load and allowing for increase in CD4 count to ensure health.



These children can live to pursue their dreams!

▶ 75 M

SLIDE 75

We want ART to be successful so that children can be healthy and experience life to the fullest

Module 2

Child Development

This module consists of three (3) units which cover various aspects of child development. The methods used in delivery of this module for all the 3 units include lecture, group discussions, experience sharing and brainstorming. Understanding the various stages of child development is important in order to determine the appropriate counseling techniques that can be used.

SUGGESTED TRAINERS: This module is best taught by health care providers with experience in working with children.

Module Objectives

At the end the module participants will be able to:

1. Explain main components of Child Development
2. Describe the factors contributing to abnormal development
3. Identify abnormal development associated with HIV infection

Duration

90 minutes (1 hour, 30 minutes)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions


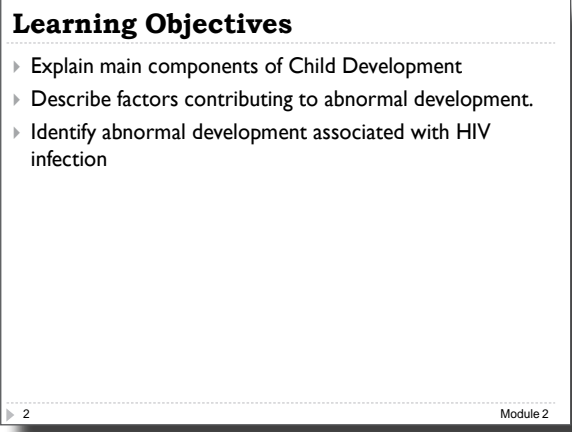
Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers

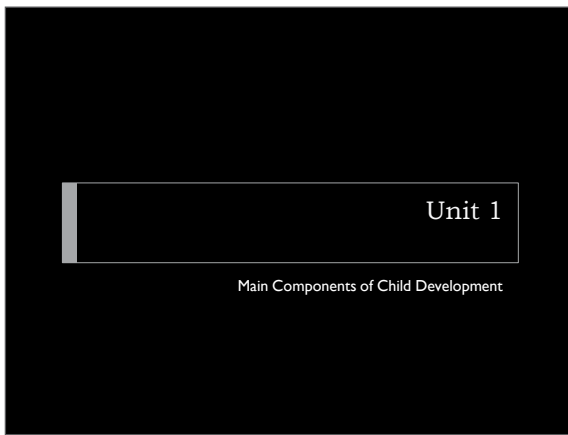
Module 2: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	45 mins	Explain the main components of child development	Normal Development domains: Cognitive, social, emotional; motor and language	<ul style="list-style-type: none">• Lecture• Discussion• Brainstorming	<ul style="list-style-type: none">• Markers• Flipcharts• Masking tape• Computer• LCD Projector
2	15 mins	Describe factors contributing to abnormal development	Prenatal, Natal, Postnatal factors	<ul style="list-style-type: none">• Lecture• Discussion• Brainstorming	<ul style="list-style-type: none">• LCD Projector• Computer• Presentation slides• Flipcharts• Markers
3	30 mins	Identify abnormal development	Indicators, effects of HIV on development of young brain, assessment and recognition of abnormal development	<ul style="list-style-type: none">• Lecture• Discussion• Brainstorming	<ul style="list-style-type: none">• LCD Projector• Computer• Presentation slides• Flipcharts• Markers

Module 2: Introduction

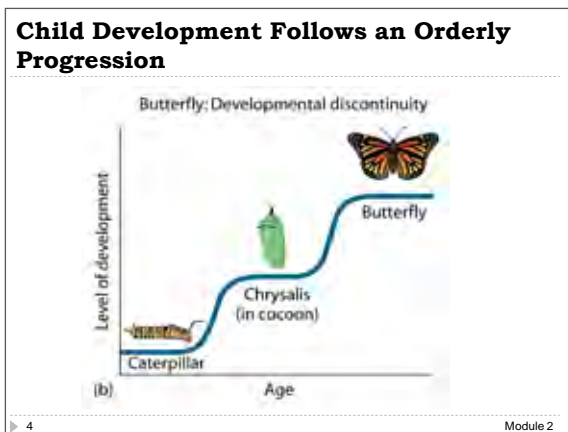
 <p>Module 2</p> <p>Child Development</p> <p>USAID UNICEF World Bank</p> <p>SLIDE 1</p>	<p>Read slide.</p>
 <p>Learning Objectives</p> <ul style="list-style-type: none">▶ Explain main components of Child Development▶ Describe factors contributing to abnormal development.▶ Identify abnormal development associated with HIV infection <p>2 Module 2</p> <p>SLIDE 2</p>	<p>Use this slide to outline the module objectives</p>

Unit 1: Main Components of Child Development



Read Slide.

SLIDE 3



Use this slide to emphasize that child development is an orderly progression of skills. It allows for increasing independence and autonomy.

Note: Analogy is not exactly the same because as a child moves from stage to stage he or she always builds on the previous stage, whereas in the development of a butterfly, there are definitive end points to each stage.

SLIDE 4

Brainstorm (10 mins)

- ▶ What do you understand by child development?
- ▶ What are the main domains of development in a child?

An illustration of four people (two men and two women) sitting around a round table, engaged in a discussion. Above them is a large, stylized brain with rays emanating from it, symbolizing brainstorming or thought.

The slide is labeled "5" in the bottom left corner and "Module 2" in the bottom right corner.

Ask participants to share what they know about child development and the main domains.

SLIDE 5

<p>Child Development</p> <ul style="list-style-type: none">▶ Is a process that evolves in an orderly progression through well established successive stages which always occur in the same order.▶ Each phase is more complex and differentiated from the one preceding it. <p>▶ 6 Module 2</p> <p style="text-align: center;">SLIDE 6</p>	<p>Use this slide to define child development.</p>
<p>Child Development Domains</p> <ul style="list-style-type: none">▶ Motor (gross and fine)▶ Cognitive function▶ Language▶ Emotional (temperament)▶ Social skills <p>▶ 7 Module 2</p> <p style="text-align: center;">SLIDE 7</p>	<p>Use this slide to outline the main domains.</p>
<p style="text-align: center;">Motor Development</p> <p>▶ Module 2</p> <p style="text-align: center;">SLIDE 8</p>	<p>Use slides 8-10 to elaborate on motor development.</p>

<p>Milestones in Motor Development (Part I)</p>	<p>Continue</p>
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SLIDE 9

<p>Milestones in Motor Development Part II)</p>	<p>Continue</p>
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SLIDE 10

<p>Cognitive Development</p>	<p>Use slides 11-12 to elaborate on cognitive development.</p>
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SLIDE 11

What is Cognition?

- ▶ Virtually everything we do involves thinking or cognitive functioning
 - ▶ Recalling a phone number
 - ▶ Remembering a list
 - ▶ Following directions
 - ▶ Reading your watch (how much time until...?)
- ▶ How do children become able to do all these things?
- ▶ Why are some better at some tasks?
- ▶ Why are some quicker to develop?

▶ 12

Module 2

Continue

SLIDE 12

Sensorimotor Stage

- ▶ Little knowledge at birth:
 - ▶ Some perceptual abilities
 - ▶ Reflexes
 - ▶ Basic learning mechanisms
- ▶ Understanding the world through the senses and motor actions



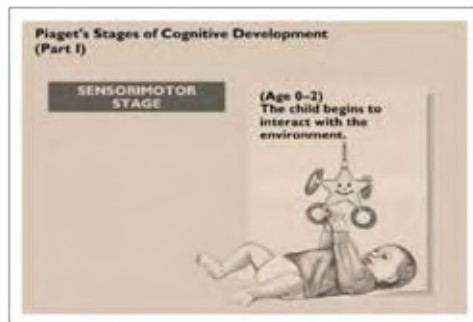
▶ 13

Module 2

Use slides 13-15 to discuss sensory-motor development.

SLIDE 13

Sensorimotor Stage



▶ 14

Module 2

Continue

SLIDE 14

Examples of Other Key Sensorimotor Milestones

- ▶ Pincer grasp – able to pick up small objects from a surface (usually age 1½ - 2 yrs)
- ▶ Able to hold and use a pencil to scribble: 3 to 4 yrs

▶ 15

Module 2

SLIDE 15

Continue

Pre-Operational Thought



▶ 16

Module 2

SLIDE 16

Use the content of this slide to elaborate on the stage of pre-operational thought. The child is very ego-centric at this stage.

Concrete and Formal Operational Stages

- ▶ Concrete operational stage:
 - ▶ Reason logically about concrete objects and events, but does not reason in abstract terms
- ▶ Formal operational stage:
 - ▶ Can reason about abstract or hypothetical situations

▶ 17

Module 2

SLIDE 17

Examples of concrete operational stage: Recount what they did in school, but cannot appreciate the cause and effect e.g. why the teacher was angry or annoyed. Or, children blaming themselves over what happened e.g. the mother is unwell, and they may think they are responsible. "My mother asked me to bring a cup and I didn't and that is why she is sick."


Formal operational stage: "If I don't take my drugs... then I will fall sick and even die." If I refuse to eat, my mother will get angry.


<div data-bbox="305 247 873 682" style="border: 1px solid black; padding: 10px;"> <p>Role of Play</p> <ul style="list-style-type: none"> ▶ Early means of learning how to connect with the environment and people ▶ Way of sharing, expressing needs and feelings ▶ How children first learn societal rules, norms and customs ▶ Teaches role recognition ▶ Intellectual development <p style="font-size: small; margin-top: 10px;">▶ 18 Module 2</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 18</p>	<p>Use this slide to emphasize the importance of play for children. For example:</p> <ul style="list-style-type: none"> • Playing family, carrying babies. • Playing with sand and water. <p>All children around the world play, but may use different play materials and not just toys purchased in shops.</p>
<div data-bbox="305 793 873 1228" style="border: 1px solid black; padding: 10px;"> <p>The Role of Attachment</p> <ul style="list-style-type: none"> ▶ Attachment is the emotional bond between children and other important persons in their lives ▶ It provides for appropriate socialization and development of relationships ▶ It helps children to develop intellectually ▶ Helps in mood regulation <p style="font-size: small; margin-top: 10px;">▶ 19 Module 2</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 19</p>	<p>Key Points:</p> <ul style="list-style-type: none"> • In order for children to develop properly, they need nurturing relationships. • The breakdown of families due to HIV is denying opportunities to develop these relationships which are important to children's quality of life and healthy development.
<div data-bbox="305 1339 873 1774" style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Language Development</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 20</p>	<p>Introduce new section: Language Development.</p>

<p>Language Development</p> <p>Prelinguistic period</p> <ul style="list-style-type: none"> ▶ Newborns distinguish the sound of the human voice <ul style="list-style-type: none"> ▶ 6 - 8 weeks: <i>cooing</i> ▶ 8 - 10 months: <i>babbling</i> ▶ The progression of cooing and babbling follows a <u>universal pattern</u> <p>▶ 21 Module 2</p> <p style="text-align: center;">SLIDE 21</p>	<p>Use slides 22-23 to elaborate on language development.</p>
<p>Language Development</p> <ul style="list-style-type: none"> ▶ 12 months first words ▶ Age 2 years two word phrases ▶ Age 2 years 200 words ▶ Age 6 years 15,000 words <p>▶ <i>Talking to and interacting with children stimulates language development</i></p> <p>▶ 22 Module 2</p> <p style="text-align: center;">SLIDE 22</p>	<p>Continue</p>
<p>First Words</p> <p>Usually develop around:</p> <ul style="list-style-type: none"> ▶ Important people ▶ Objects that move ▶ Objects that can be acted upon ▶ Familiar actions (e.g. walking, drinking, cooking) ▶ Nouns before verbs <p>▶ 23 Module 2</p> <p style="text-align: center;">SLIDE 23</p>	<p>Continue</p>

<p>Temperament</p> <ul style="list-style-type: none"> ▶ This varies from child to child – there may be: <ul style="list-style-type: none"> ▶ Easy children ▶ Difficult children ▶ Shy children ▶ Note: Temperament is influenced by genetics and attachment process <p>▶ 24 Module 2</p>	<p>Use the slide to elaborate on temperament. It is important to appreciate that every child is unique.</p>
SLIDE 24	
<p>Effects of Culture on General Development</p> <ul style="list-style-type: none"> ▶ Cultural norms, values and parenting styles influence the way in which a child learns how to emotionally express him/herself ▶ One's culture helps to create internal rules which guide behavior ▶ Cultural belief system strongly influences temperamental style (e.g. shyness, assertiveness) <p>▶ 25 Module 2</p>	<p>Draw on your own cultural experiences to elaborate on culture.</p>
SLIDE 25	

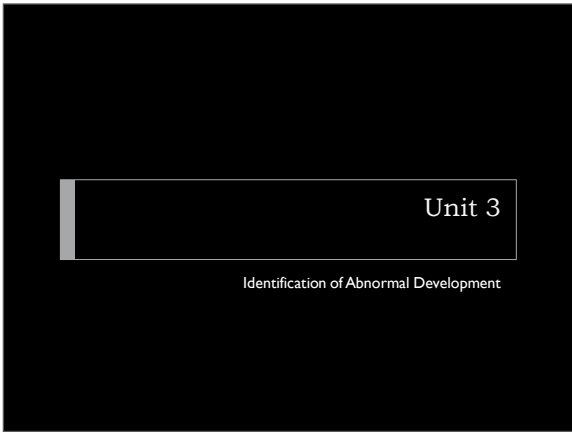
Unit 2: Factors Contributing to Abnormal Development

 <p style="text-align: center;">Unit 2</p> <p style="text-align: center;">Factors Contributing to Abnormal Development</p>	<p>Read slide.</p>
SLIDE 26	

<p>Brainstorm (10 mins)</p> <p>▶ What factors contribute to abnormal development?</p>  <p>▶ 27 Module 2</p>	<p>Ask the participants to brainstorm on factors that contribute to abnormal development.</p>
SLIDE 27	

<p>Some Factors Leading to Abnormal Development</p> <ul style="list-style-type: none"> ▶ Pre-natal <ul style="list-style-type: none"> ▶ Congenital abnormalities (such as spina bifida, congenital heart disease) ▶ Genetic (Down's syndrome ,Sickle Cell disease) ▶ Complications of pregnancy (intra-uterine infections, pre-eclampsia) ▶ Drugs/drug abuse (alcohol, heroine, cocaine) ▶ Natal <ul style="list-style-type: none"> ▶ Prolonged labor and birth asphyxia ▶ Infections – e.g. HIV ▶ Post-natal <ul style="list-style-type: none"> ▶ Infections (meningitis, malaria etc) ▶ Trauma ▶ Environmental: poisoning, malnutrition, etc. ▶ Other diseases <p>▶ 28 Module 2</p>	<p>Use the content of this slide to elaborate on the factors that lead to abnormal development and ask the participants to contribute.</p>
SLIDE 28	

Unit 3: Identification of Abnormal Development

 <p style="text-align: center;">Unit 3</p> <p style="text-align: center;">Identification of Abnormal Development</p>	<p>Read Slide.</p>
SLIDE 29	

Brainstorm (10 mins)

- ▶ How do you assess and recognize abnormal development in children?



▶ 30

Module 2

SLIDE 30

- Ask participants to brainstorm on ways of identifying or recognizing abnormal development.
- List answers given on a flip chart (keep it taped on the wall)
- Continue with next set of slides and refer back to the chart as directed at the end of the unit.

Assess and Recognize Abnormal Development

History Gathering

- * A crucial process to shape the intervention process
- * Questions are important tools in this process
- ▶ Peri-birth risk factors (e.g. trauma, infections, immunization, substance use)
- ▶ Developmental milestones
- ▶ Medical history
- ▶ Nutritional history
- ▶ History of social, emotional and behavioral problems
- ▶ Educational history
- ▶ Contacts and reports of child's interactions

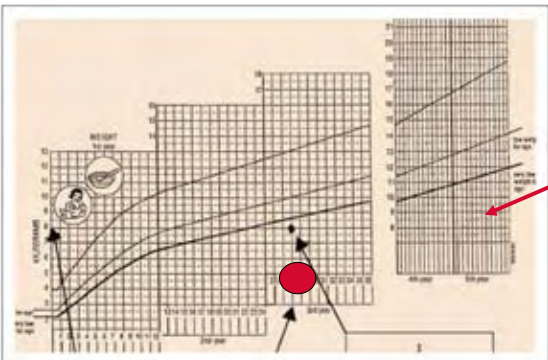
▶ 31

Module 2

SLIDE 31

Use this slide to expound on the approach for assessment and recognition of abnormal development.

Assessment of Nutritional status



▶ 32

Module 2

SLIDE 32

Use this growth chart to illustrate how abnormalities in growth monitoring and nutrition assessment can be recognized.

<p>Assess and Recognize Abnormal Development</p> <p>Peri-birth risk factors</p> <ul style="list-style-type: none"> ▶ Mother's medical/mental state and substance use ▶ Physical trauma to the mother and child ▶ In utero infections (e.g. viral, bacterial) ▶ Metabolic conditions ▶ Birth trauma ▶ Post birth medical conditions <p>▶ 33 Module 2</p> <p style="text-align: center;">SLIDE 33</p>	<p>Use slides 33-34 to expound on the approach to the assessment and recognition of abnormal development.</p>
<p>Assess and Recognize Abnormal Development</p> <p>Developmental milestones</p> <p>*Refer to normal physical/emotional/social development slides</p> <p>Sample Questions</p> <ul style="list-style-type: none"> ▶ Describe your child's firsts! At what age did your child first smile/crawl/walk/ talk? ▶ Do you think your child is generally happy or sad? ▶ Is your child able to recognize when you are feeling sad or happy? ▶ Does your child make good eye contact with you and others? <p>▶ 34 Module 2</p> <p style="text-align: center;">SLIDE 34</p>	<p>Continue</p>
<p>Assess and Recognize Abnormal Development</p> <p>History of social, emotional and behavioral problems</p> <ul style="list-style-type: none"> ▶ When did your child's behavior first concern you? Who noticed? ▶ Tell me about your child's emotional reactions over time ▶ Have you ever felt that there is something different about your child? ▶ Does your child have friends? Spend a lot of time alone? Has your child always had friends? <p>▶ 35 Module 2</p> <p style="text-align: center;">SLIDE 35</p>	<p>Examples of unusual behavior: bed wetting, child who is talking but all of a sudden starts stammering.</p>

<p>Gather Information from Contacts*</p> <ul style="list-style-type: none"> ▶ School reports ▶ Parents' and extended family reports ▶ Friends' reports ▶ Reports from community members ▶ Reports from other healthcare providers <div style="border: 1px solid gray; background-color: #e0e0e0; padding: 5px; width: fit-content; margin-left: 100px;"> <p>* Gathering information from others is crucial</p> </div> <p style="font-size: small; margin-top: 10px;">▶ 36 Module 2</p> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 36</p>	<p>Continue</p>
<p>Observations of Child's Behaviors and Emotions</p> <ul style="list-style-type: none"> ▶ Child's walk, facial expression and prevailing mood: What do you observe about the child ? ▶ Projections from the child (e.g. anger, anxiety): What you feel from the child? ▶ Child's adjustment to the clinic setting ▶ Parent-child interactions (e.g. how does child handle separation from caregiver?) ▶ Child's behavior (e.g. hyperactivity or inactivity, physical aggression, violates rules and norms) <p style="font-size: small; margin-top: 10px;">▶ 37 Module 2</p> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 37</p>	<p>Continue</p>
<p>What Can Be Learned From an Evaluation?</p> <ul style="list-style-type: none"> ▶ Does the child have a developmental delay or a learning disability? ▶ Does the child need additional services at school or at home? ▶ What can be done at home to help the child? ▶ Does the child need counseling or therapy? <p style="font-size: small; margin-top: 10px;">▶ 38 Module 2</p> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 38</p>	<p>Emphasize to participants that following the assessment, it is important to analyze the information, draw conclusions and design appropriate interventions and care plans.</p>

<p>The Effect of HIV on the Development of the Young Brain (1)</p> <ul style="list-style-type: none"> ▶ Problems of brain development occur in approximately 20-40% of children perinatally infected with HIV ▶ In contrast to adult disease progression, neurological impairment occurs early in HIV disease in children. ▶ The earliest manifestation is in the first 2 years of life <p>▶ 39 Module 2</p> <p style="text-align: center;">SLIDE 39</p>	<p>Use the content of slides 39-40 to elaborate on the effect of HIV on the young and developing brain.</p>
<p>The Effect of HIV on the Development of the Young Brain (2)</p> <ul style="list-style-type: none"> ▶ HIV encephalopathy presents with developmental delay, loss of developmental milestones, microcephaly, and pyramidal tract symptoms (e.g.spasticity) ▶ Many HIV-infected children present with significant learning problems that affect their ability to function in school, develop friendships, and function independently ▶ They have difficulty with abstract reasoning and anticipating the consequence of behavior, including non-adherence to medication, risky sexual behavior, and substance use ▶ Antiretroviral treatment can improve or even reverse the course of neurological impairment in children. <p>▶ 40 Module 2</p> <p style="text-align: center;">SLIDE 40</p>	<p>Continue</p>
<p>Summary</p> <p>For any health intervention, it is imperative to:</p> <ul style="list-style-type: none"> ▶ Understand normal development in all aspects ▶ Understand that each child is unique ▶ Appreciate cultural influences ▶ Conduct a thorough history-gathering including acquiring perspectives from collateral contacts ▶ Ask the right questions ▶ Observe the child's behavior ▶ Recognize when a child's development and social, emotional, behavioral style is abnormal <p>▶ 41 Module 2</p> <p style="text-align: center;">SLIDE 41</p>	<p>Summarize the session using this slide, emphasizing the need to consider a multitude of approaches in assessing and designing appropriate interventions and support that will maximize the child's potential</p>

Module 3

Family Structure and Dynamics

This module consists of four (4) units which cover various aspects of family structure and dynamics:

1. Functions and roles of a family
2. Components of dysfunction
3. How to assess families and
4. Developing interventions and support

Due to the nature of the topics, the methods used include lectures, role plays and group discussions.

SUGGESTED TRAINERS: The units of this module are best taught by health care workers with skills and experience working with children and families.

Module Objectives

At the end the module participants will be able to:

5. Explain the family-centered approach to care
6. Explore the causes and consequences of dysfunctional family patterns
7. Gain practical skills and techniques for assessing families
8. Explain family interventions and support

Duration

180 minutes (3 hours, 30 minutes)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Reflection questions, Group work, Demonstration

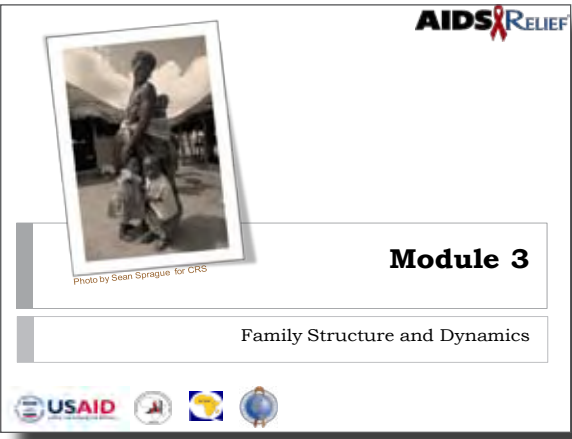
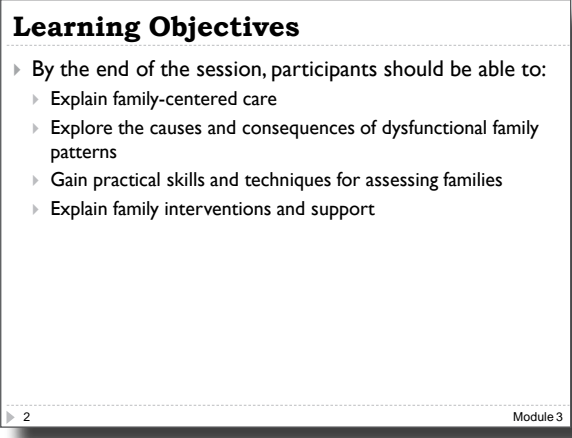
Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers

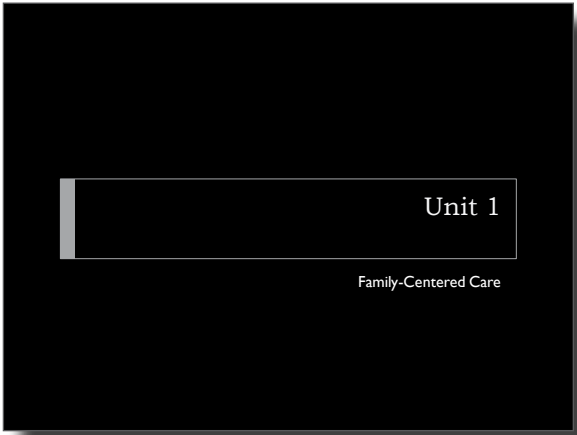
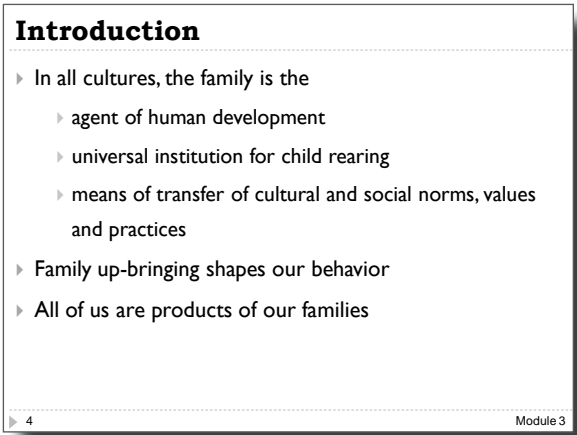
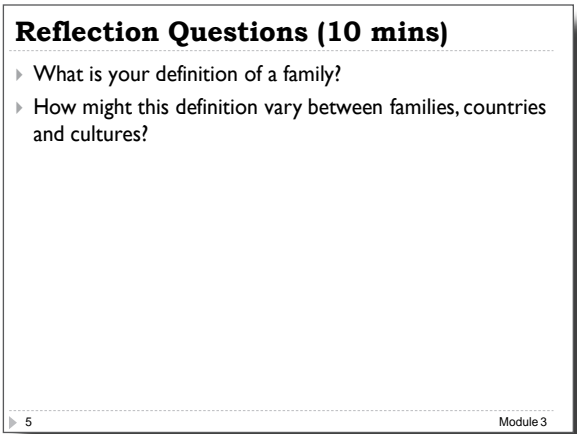
Module 3: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	45 mins	Explain Family-centered care	Definition of a family, types, roles and functions of families; roles and functions of a child in a family	<ul style="list-style-type: none"> Brainstorming Reflection questions Lectures Discussions 	<ul style="list-style-type: none"> Presentation slides Computer LCD projector Marker Flipchart Masking tape
2	60 mins	Explore dysfunctional families	Definition of dysfunctional families; factors that lead to dysfunction; characteristics of dysfunctional families and effects of dysfunctional families on the child	<ul style="list-style-type: none"> Lectures Discussions Group work Brainstorming 	<ul style="list-style-type: none"> Presentation slides Computer LCD projector Flip charts Masking tape Markers
3	75 mins	Gain practical skills and techniques for family assessment	Definition and family assessment: importance; methods and tools for family assessment	<ul style="list-style-type: none"> Brainstorming Lectures Discussions Demonstration 	<ul style="list-style-type: none"> Markers Flipcharts Masking tape Computer LCD Projector Presentation slides
4	30 mins	Explaining family interventions and support	Roles and responsibilities of health care providers in family interventions and support; family-centered approach	<ul style="list-style-type: none"> Lectures Discussions Brainstorming 	<ul style="list-style-type: none"> Markers Flipcharts Masking tape Computer LCD Projector

Module 3: Introduction

 <p>Module 3</p> <p>Family Structure and Dynamics</p> <p>USAID</p> <p>SLIDE 1</p>	<p>Begin presentation on Family Structure and Dynamics.</p>
 <p>Learning Objectives</p> <ul style="list-style-type: none">▶ By the end of the session, participants should be able to:<ul style="list-style-type: none">▶ Explain family-centered care▶ Explore the causes and consequences of dysfunctional family patterns▶ Gain practical skills and techniques for assessing families▶ Explain family interventions and support <p>2 Module 3</p> <p>SLIDE 2</p>	<p>Review module 3 objectives.</p>

Unit 1: Family-Centered Care

 <p>A black slide with a white rectangular box in the center containing the text "Unit 1" and "Family-Centered Care" below it.</p>	<p>Use slides 3-5 to introduce family centered care.</p>
<p style="text-align: center;">SLIDE 3</p>  <p>Introduction</p> <ul style="list-style-type: none">▶ In all cultures, the family is the<ul style="list-style-type: none">▶ agent of human development▶ universal institution for child rearing▶ means of transfer of cultural and social norms, values and practices▶ Family up-bringing shapes our behavior▶ All of us are products of our families <p>▶ 4 Module 3</p>	<p>Continue</p>
<p style="text-align: center;">SLIDE 4</p>  <p>Reflection Questions (10 mins)</p> <ul style="list-style-type: none">▶ What is your definition of a family?▶ How might this definition vary between families, countries and cultures? <p>▶ 5 Module 3</p>	<p>Continue</p>
<p style="text-align: center;">SLIDE 5</p>	

Definition of a Family

Family is a group of people typically affiliated by birth or marriage or comparable relationships. Family can also represent people joined by love and/or promises of commitment

▶ 6

Module 3

SLIDE 6

Use the slide to summarize the responses

There are Many Types of “Families”

- ▶ An elderly granny caring for her orphaned grandchildren
- ▶ A married couple with two children
- ▶ A single parent and his children

* Can you share another example of family?

▶ 7

Module 3

SLIDE 7

- Use this slide to emphasize the need to look at families that do not fit into the conventional definition above.
- Explore possible reasons behind each of the categories, e.g. the effects of HIV on families.
- The types of families identified influence the type of interventions and support services needed.

Brainstorm (10 mins)

- ▶ What is the role of the family?
- ▶ What are specific functions of an effective family?




▶ 8

Module 3

SLIDE 8

Ask participants to brainstorm on the roles and functions of a family.

<p>Family Roles and Functions</p> <ul style="list-style-type: none"> ▶ Roles are important to the function of a family system. ▶ Roles and responsibilities help to maintain order and function during predictable and unforeseen events. ▶ As we grow and mature we take on new roles, from child to sibling to parent and possibly grandparent. ▶ Each role has accompanying responsibilities and expectations for the successful functioning of the family. <p>▶ 9 Module 3</p> <p style="text-align: center;">SLIDE 9</p>	<p>Use slide to summarize the feedback from participants.</p>
<p>Five Essential Roles of an Effective Family</p> <ul style="list-style-type: none"> ▶ To provide resources (e.g., food, clothing and shelter) ▶ To nurture and support (emotional comfort) ▶ To assist in the development of life skills (success in school, and choosing a career) ▶ To maintain and manage the family system and ▶ Sexual gratification of marital partners <p>Reference: Peterson and Green (1999)</p> <p>▶ 10 Module 3</p> <p style="text-align: center;">SLIDE 10</p>	<p>Highlight the importance of family roles in maintaining order and healthy child development.</p>
<p>Healthy Families</p> <ul style="list-style-type: none"> ▶ Emotional expression is allowed and accepted ▶ Attention is asked for and given ▶ Rules are explicit and consistent but remain flexible ▶ Individuality is allowed ▶ Pursuit of interests is encouraged ▶ Boundaries are honored ▶ Children are treated with respect ▶ Children are given age appropriate responsibilities and are not expected to take on parenting responsibilities ▶ Mistakes are made and allowed <p>▶ 11 Module 3</p> <p style="text-align: center;">SLIDE 11</p>	<p>Use this slide to summarize the key characteristics of functional families.</p>

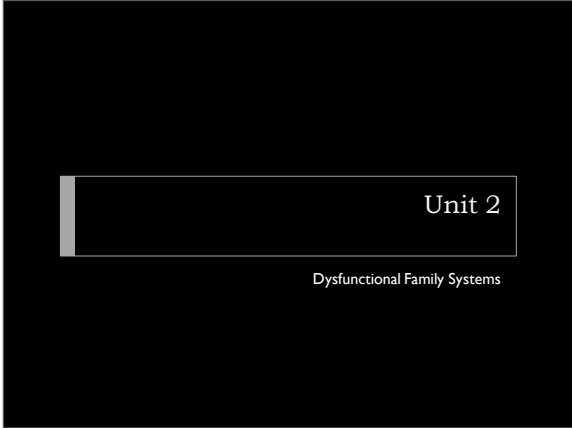
<p>Brainstorm (10 mins)</p> <ul style="list-style-type: none"> ▶ What are the roles and functions of a child in an effective family ?  <p>▶ 12 Module 3</p>	<p>Ask participants to brainstorm on this question.</p>
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SLIDE 12

<p>Roles and Functions of a Child</p> <ul style="list-style-type: none"> ▶ In an effective family a child can <ul style="list-style-type: none"> ▶ Acquire knowledge and skills ▶ Offer care and love and receive care and love in return ▶ Participate in household chores appropriate to their age ▶ Uphold family norms and values <p>▶ 13 Module 3</p>	<p>Use this slide to summarize the discussion.</p>
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SLIDE 13

Unit 2: Dysfunctional Family Systems

 <p>▶ 14 Module 3</p>	<p>Introduce section on dysfunctional family systems.</p>
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SLIDE 14

Brainstorm (5 mins)

- ▶ Define a dysfunctional family



▶ 15

Module 3

SLIDE 15

- Begin this unit by inviting the participants to define dysfunctional family.
- Allow at least 5 minutes for brainstorming session on the topic.

What is a dysfunctional family?

- ▶ “A dysfunctional family is a family in which conflict, misbehavior and even abuse on the part of individual members of the family occur continually leading other members to accommodate such actions.”
- ▶ Children growing up in such families sometimes see the dysfunction as “normal” and their needs are often not met.

▶ 16

Module 3

SLIDE 16

Summarize the feedback from participants using this slide.

Group Work (30 mins)

- ▶ Group 1- Discuss factors which lead to dysfunction in a family
- ▶ Group 2- Discuss the characteristics (symptoms) of a dysfunctional family
- ▶ Group 3- Discuss the effects of a dysfunctional family on a child

▶ 17

Module 3

SLIDE 17

- Use this slide to divide participants into groups and to address the issues as outlined in the slide.
- Note: The groups should preferably be randomly selected.

Factors Leading to Dysfunction

- ▶ Untreated mental illness
- ▶ Substance abuse or other addictions.
 - ▶ E.g., Alcoholism
- ▶ Parents imitating their own dysfunctional parents and childhood experiences
- ▶ Poverty
- ▶ Disease and chronic illness
- ▶ Divorce and separation
- ▶ Death
- ▶ Wars and conflicts

▶ 18

Module 3

SLIDE 18

Use the following sets of slides to consolidate learning.

Symptoms of Family Dysfunction

- ▶ Denial (“My dad isn’t an alcoholic, he just drinks too much”)
 - ▶ Closed and isolated from outsiders
- ▶ Inconsistent and unpredictable behaviors
 - ▶ Mixed messages
 - ▶ Lack of empathy for others in the family
- ▶ Role reversals
 - ▶ Lack of clear boundaries
- ▶ Extremes in conflict

▶ 19

Module 3

SLIDE 19

Use the slide content to elaborate on the symptoms of dysfunctional families.

Effects of Dysfunction on the Child

- ▶ There are many such as:
 - ▶ Low self esteem
 - ▶ Distrust of others
 - ▶ Difficulty expressing emotions
 - ▶ Difficulty forming healthy relationships
 - ▶ Feeling angry, anxious, depressed

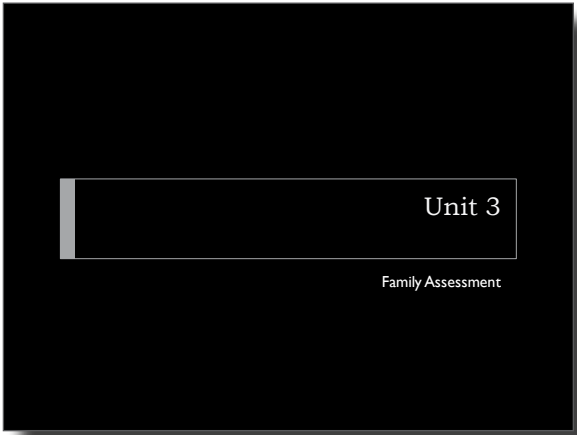

▶ 20

Module 3

SLIDE 20

- Ask participants to share knowledge of their own views on the effects of dysfunctional families on children.
- Use the slide to summarize the effects of dysfunction on the child.

Unit 3: Family Assessment

 <p>Unit 3 Family Assessment</p>	<p>Introduce Family Assessment unit.</p>
<p>Brainstorm (5 mins)</p> <ul style="list-style-type: none">▶ What is family assessment?  <p>22 Module 3</p>	<p>Introduce the unit by asking participants to share views on what family assessment means.</p>
<p>Definition of Family Assessment</p> <ul style="list-style-type: none">▶ It is a process of identifying and weighing factors which affect a child's wellbeing and safety.▶ It explores family relations, strengths, needs and resources as a basis of developing a care plan. <p>Reference-- http://dfsweb.state.wy.us/childprotection/05CPSCH4CAssessmentTrack.pdf</p> <p>23 Module 3</p>	<p>Use slide to outline what family assessment is.</p>

Why is family assessment important?

- ▶ To assess the psychosocial situation of a family
- ▶ To develop individual care plans
- ▶ To monitor family progress
- ▶ To assess outcomes of the individual care plans

▶ 24

Module 3

SLIDE 24

Use the content outlined in the slide to stress the importance of family assessment.

Brainstorm (5 mins)

- ▶ What methods and tools for family assessment do you know?



▶ 25

Module 3

SLIDE 25

Ask participants to share methods and tools for assessment.

Methods and Tools for Family Assessment

- ▶ Genogram
- ▶ Family trees
- ▶ Others?



▶ 26

Module 3

SLIDE 26

Continue

Brainstorm (5 mins)

- ▶ What is a Genogram?



▶ 27

Module 3

SLIDE 27

Allow a 5-minute session for brainstorming on what a genogram means.

Definition of a Genogram

A graphic representation of the family history and relationship patterns. Provides history of family norms and issues such as marriage, illnesses and deaths within a family.

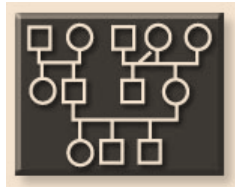
Male

Female

X = death

/ = marital separation

// = divorce



▶ 28

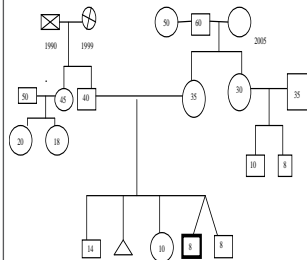
Module 3

SLIDE 28

Give a definition of a genogram, noting that a genogram can provide a history of family norms and issues such as age of marriage, illnesses and deaths within the family.

A Typical Genogram

THE GENOGRAM



- ▶ Should be completed in the first session during the history gathering process

- ▶ It is important to allow the child to assist in the design of the genogram


▶ 29

Module 3

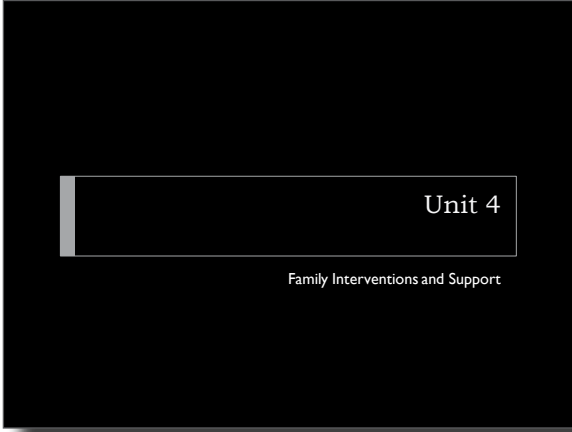
SLIDE 29

Use this illustration to show what a typical genogram would look like.

<p>Individual Participant Activity (20 mins)</p> <p>▶ Draw your own family genogram for 3 generations. <i>(Note: Include representation of important parts of the genograms such as still birth, multiple partners, adopted children, orphaned children and relationships)</i></p> <p>▶ 30 Module 3</p>	<ul style="list-style-type: none"> • Allow at least thirty minutes for this individual activity. • Invite 3 volunteers to present their genograms for presentation and discussion.
SLIDE 30	

<p>Brainstorm (10 mins)</p> <p>▶ How can you use the information obtained through a genogram to better assess the family?</p>  <p>▶ 31 Module 3</p>	<p>Allow a ten minute session for participants to brainstorm on how such information can be used.</p>
SLIDE 31	

Unit 4: Family Interventions and Support

	<p>Read slide.</p>
SLIDE 32	

Introduction

- ▶ It is crucial to involve the family in the treatment and care of the child
- ▶ Creating a family-centered approach in treatment will improve the child's overall treatment process and outcome
- ▶ The family possesses solutions. It may take some coaching support to uncover these solutions
- ▶ Remember to look for and utilize the family's strengths in the treatment process (e.g. utilize mother's perfectionist style to benefit the treatment)
- ▶ Facilitate the family to define the problem

▶ 33

Module 3

SLIDE 33

Use this slide to introduce the unit on family interventions and support.

Brainstorm (10 mins)

- ▶ What are the roles and functions of the health care provider?



▶ 34

Module 3

SLIDE 34

Ask participants to share what they know about the roles and functions of healthcare providers in family interventions and support.

Roles and Responsibilities of the Healthcare Providers

- ▶ The family is the client
- ▶ Understand and address individual needs within the family
- ▶ Assess family characteristics and roles, functions, strengths and weaknesses
- ▶ Treat the person within the family context
- ▶ Appreciate the family's importance in terms of the client's health and well-being

▶ 35

Module 3

SLIDE 35

Use the content of slides 34-35 to help consolidate learning of roles and responsibilities.

Roles and Responsibilities of the Healthcare Providers

- ▶ Be ready to discuss various problems that affect the family
- ▶ Enhance family interactions
- ▶ Advocate on the behalf of the family
- ▶ Provide preventive, supportive and therapeutic interventions

▶ 36

Module 3

SLIDE 36

Continue

Family-Centered Approach

- ▶ In your first session, always try to first spend some time getting to know the family
- ▶ Enlist the support of the family to be a valuable resource in the child's treatment process
- ▶ Obtain each family member's perspective of the problem and related issues and concerns
- ▶ Enquire about the various solutions the family has applied to various problems (e.g. how families approach medication adherence)
- ▶ Let the parents and family know you will partner with them to make treatment easier and more successful

▶ 37

Module 3

SLIDE 37

- Use this slide to emphasize the family centered approach and to summarize the unit.
- Ask for practical examples from the group.

Module 4

Psychosocial Aspects of Pediatric HIV Care

This module consists of four (4) units which cover psychosocial problems in children; the impact of psychosocial problems on HIV-infected and affected children; and psychosocial assessments and interventions.

Due to the nature of the topics in this module, the best teaching methods must involve active participation by all. Group discussions, presentations and demonstrations are the most appropriate methods for this module.

SUGGESTED TRAINERS: The units of this module are best taught by psychologists or trained counselors.

Module Objectives

At the end of this module participants will be able to:

1. Explain the psychosocial problems in HIV affected children
2. Explain the psychosocial impact of HIV in children
3. Outline the types of psychosocial assessments and interventions
4. Demonstrate psychosocial skills while handling children

Duration

255 minutes (4 hours, 30 minutes)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Reflection questions, Group work, Videos, Presentations, Role plays


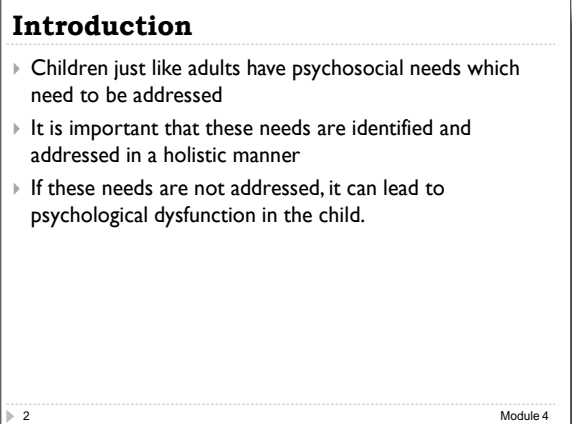
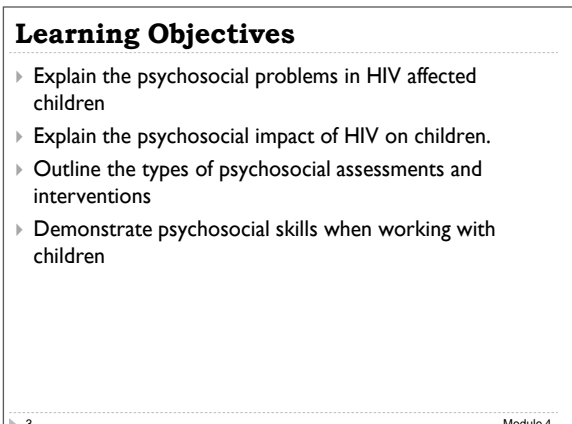
Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers

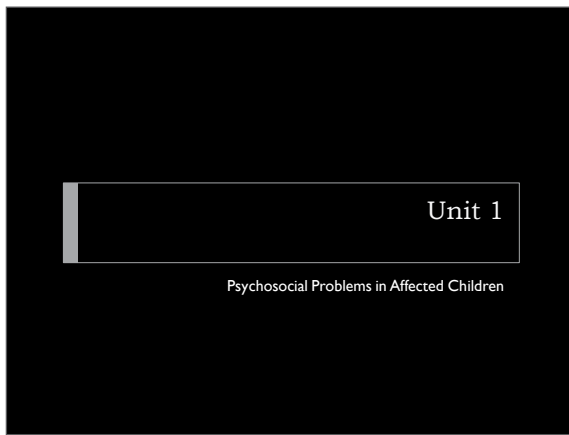
Module 4: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	150 mins	Explain the psychosocial problems in HIV affected children	Definition of psychosocial, causes and effects of psychosocial problems in HIV affected children	<ul style="list-style-type: none"> • Brainstorming • Reflection questions • Lectures • Discussions • Presentations • Videos 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape
2	45 mins	Explain the psychosocial impact of HIV in children	Physical, social Emotional, Cognitive and Psychiatric impact	<ul style="list-style-type: none"> • Lectures • Discussions • Presentations • Brainstorming 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Flip charts • Masking tape • Markers
3	60 mins	Outline the psychosocial assessments and interventions	Definition of psychosocial assessment, when, what, who, why of assessment, types and levels of psychosocial intervention	<ul style="list-style-type: none"> • Brainstorming • Lectures • Discussions • Role plays 	<ul style="list-style-type: none"> • Markers • Flipcharts • Masking tape • Computer • LCD Projector • Presentation slides

Module 4: Introduction

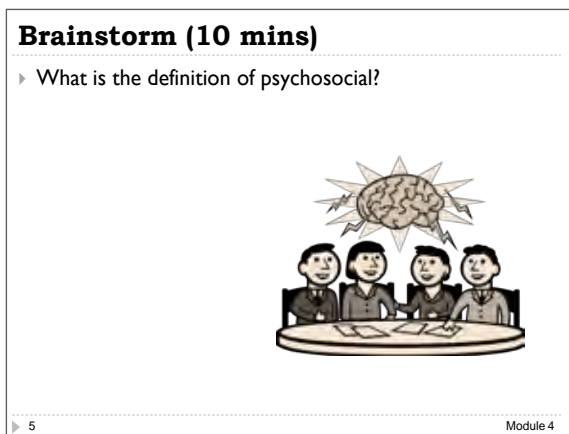
 <p>Module 4 Psychosocial Aspects in Pediatric HIV Care</p> <p>USAID</p> <p>SLIDE 1</p>	<p>Read slide.</p>
 <p>Introduction</p> <ul style="list-style-type: none">▶ Children just like adults have psychosocial needs which need to be addressed▶ It is important that these needs are identified and addressed in a holistic manner▶ If these needs are not addressed, it can lead to psychological dysfunction in the child. <p>2 Module 4</p> <p>SLIDE 2</p>	<p>Use this slide to introduce the topic.</p>
 <p>Learning Objectives</p> <ul style="list-style-type: none">▶ Explain the psychosocial problems in HIV affected children▶ Explain the psychosocial impact of HIV on children.▶ Outline the types of psychosocial assessments and interventions▶ Demonstrate psychosocial skills when working with children <p>3 Module 4</p> <p>SLIDE 3</p>	<p>Use the slide to introduce the objectives of this Module.</p>

Unit 1: Psychosocial Problems in Affected Children



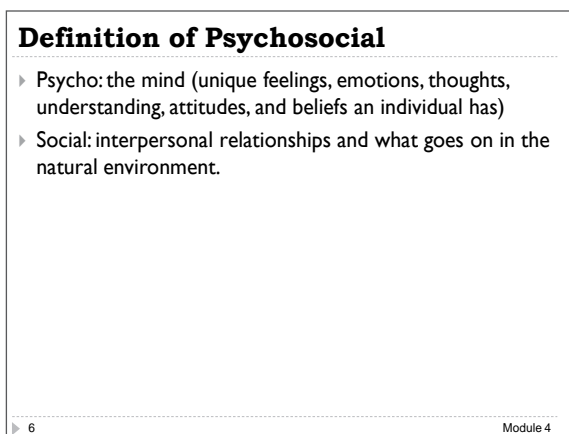
SLIDE 4

Begin by inviting participants to share their experiences on what psychosocial aspects are in pediatric HIV care.



SLIDE 5


- Ask participants to come up with a definition of 'psychosocial'.
- If necessary split the word into its meaningful words and see whether this can help.




SLIDE 6

Use the slide to summarize the definition to consolidate learning.

<div data-bbox="305 247 873 682" style="border: 1px solid black; padding: 10px;"> <p>Psychological vs Social Experiences</p> <ul style="list-style-type: none"> ▶ Psychosocial can mean the dynamic relationship between social and psychological experiences where the effects of one continually influences the other. ▶ Interconnected: <ul style="list-style-type: none"> ▶ Social experiences may lead to psychological consequences ▶ Some individuals with psychological problems will experience social consequences <p style="font-size: small; margin-top: 10px;">▶ 7 Module 4</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 7</p>	<p>Emphasize the inter-relationship between psychological and social experiences.</p>
<div data-bbox="305 793 873 1228" style="border: 1px solid black; padding: 10px;"> <p>Social experiences that can lead to psychological problems</p> <ul style="list-style-type: none"> ▶ Loss of loved ones ▶ Sickness (self and/or parent) ▶ Physical disability (self and/or parent) ▶ Lack of basic needs (food, shelter, love) ▶ Loss of social status ▶ Domestic violence (gender issues) <p style="font-size: small; margin-top: 10px;">▶ 8 Module 4</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 8</p>	<p>Emphasize the influence of each of the points outlined as social experiences that influence the psychological wellbeing of an affected person.</p>
<div data-bbox="305 1339 873 1774" style="border: 1px solid black; padding: 10px;"> <p>Psychological Experiences that can Lead to Social Problems</p> <ul style="list-style-type: none"> ▶ Anger ▶ Helplessness ▶ Suicidal thoughts ▶ Worries ▶ Frustration ▶ Mental illness ▶ Lack of peace of mind, anxiety <p style="font-size: small; margin-top: 10px;">▶ 9 Module 4</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 9</p>	<p>Use the slide to elaborate on each of the psychological experiences that can lead to social problems, especially helplessness and suicidal thoughts.</p>

<p>Causes of Psychosocial Problems in HIV Affected Children (1)</p> <ul style="list-style-type: none"> ▶ Group discussion and presentation (30 mins) ▶ What are the psychosocial Influences at: <ul style="list-style-type: none"> ▶ Group 1 - Individual child level ▶ Group 2 - Family level ▶ Group 3 - Community level  <p>▶ 10 Module 4</p>	<ul style="list-style-type: none"> • Divide participants into 3 groups to handle issues as outlined in the slide opposite. Allow time for group work (10 minutes) • Allow time for feedback and discussion (20 minutes) • The emphasis for this slide is HIV affected children
<p style="text-align: center;">SLIDE 10</p>	
<p>Causes of Psychosocial Problems in HIV Affected Children (2)</p> <p><u>At Individual Child Level</u></p> <ul style="list-style-type: none"> ▶ Poor Parenting ▶ Caring for both parents and other siblings ▶ Separation from brothers and sisters. ▶ Chronic illness ▶ Death or sickness of a parent ▶ Loss of home <p>▶ 11 Module 4</p>	<p>Use the following set of slides to summarize participants' feedback presentations on causes of psychosocial problems in children.</p>
<p style="text-align: center;">SLIDE 11</p>	
<p>Causes of Psychosocial Problems in HIV Affected Children (3)</p> <p><u>At Family Level</u></p> <ul style="list-style-type: none"> ▶ HIV illness in multiple family members ▶ Poverty ▶ Stigma and discrimination ▶ Multiple losses ▶ Dysfunctional relationships (abuse, substance abuse, domestic violence) ▶ Single parenting ▶ Child-headed households <p>▶ 12 Module 4</p>	<p>Family level causes.</p>
<p style="text-align: center;">SLIDE 12</p>	

<p>Causes of Psychosocial Problems in HIV Affected Children (4)</p> <ul style="list-style-type: none"> ▶ Elderly caregivers ▶ Chronic illness ▶ Death and bereavement <p>▶ 13 Module 4</p> <p style="text-align: center;">SLIDE 13</p>	<p>Continue</p>
<p>Causes of Psychosocial Problems in HIV Affected Children (5)</p> <p><u>At Community Level</u></p> <ul style="list-style-type: none"> ▶ Lack of knowledge of HIV ▶ Lack of knowledge of children's needs ▶ Worsening poverty ▶ Stigma and discrimination ▶ Over-stretched communities due to increasing numbers of orphans and vulnerable children ▶ Peer influence <p>▶ 14 Module 4</p> <p style="text-align: center;">SLIDE 14</p>	<p>Community level causes.</p>
<p>Video Clip: Brian (25 mins)</p> <ul style="list-style-type: none"> ▶ Viewing ▶ Brainstorming <ul style="list-style-type: none"> ▶ Psychosocial problems affecting Brian ▶ Effects of the psychosocial problems faced by Brian ▶ What is the support needed by Brian and his family to cope with the situation?  <p>▶ 15 Module 4</p> <p style="text-align: center;">SLIDE 15</p>	<p>Prepare the room for video-show (Brian video), allow 10 minutes for the show and 15 minutes for discussion of the questions outlined in the slide opposite</p> <p>See Facilitation Background Information on p. 68</p>

Facilitation Background Information (Video Clip)

Brian is 12 years old, staying with his mother. His father and siblings died of HIV. Brian is living with HIV and on an ART program at Nsambya Home Care program. He is aware of his status but still grapples with many psychosocial problems that accompany HIV.

SESSION:

WHAT ARE THE DIFFERENT PSYCHOSOCIAL PROBLEMS AFFECTING BRIAN?

- Rejection
- Stigma
- Discrimination
- Disinheritance of assets (loss of land leading to inability of family to grow food to feed themselves)
- Lack of basic needs
- Dysfunctional family
- Dropping out of school
- Depression
- Anger
- Anxiety

WHAT ARE THE LIKELY EFFECTS OF THE PSYCHOSOCIAL PROBLEMS FACED BY BRIAN?

- Anti-social behavior
- Failing to form relationships
- Failure to adhere to medication
- Running to the streets
- Exposed to risk behaviors

WHAT SUPPORT DOES BRIAN AND HIS FAMILY NEED TO COPE WITH THE SITUATION?

- Therapeutic support
- Basic needs (resource for basic needs)
- Going back to school
- Joining a support group
- Brian “needs to be allowed to be a child”

IDENTIFY THE DIFFERENT SKILLS AND TECHNIQUES THAT WERE USED IN THE SESSION

- Active listening
- Clarifying
- Summarizing and paraphrasing

HOW WILL YOU HANDLE CHILDREN FACING SIMILAR CHALLENGES?

- Need to develop the family care plan

<p>Psychosocial Problems Affecting Brian</p> <ul style="list-style-type: none"> ▶ Rejection ▶ Stigma ▶ Discrimination ▶ Basic needs remaining unmet ▶ Dysfunctional family system ▶ Dropping out of school ▶ Depression ▶ Anger ▶ Anxiety <p>▶ 16 Module 4</p> <p style="text-align: center;">SLIDE 16</p>	<p>Use slides 16-18 to summarize participants' responses to consolidate learning.</p>
<p>Effects of the Psychosocial Problems Faced by Brian</p> <ul style="list-style-type: none"> ▶ Anti-social behavior ▶ Failing to form relationships ▶ Failure to adhere to drugs ▶ Running to the streets ▶ Exposed to risky behaviors <p>▶ 17 Module 4</p> <p style="text-align: center;">SLIDE 17</p>	<p>Continue</p>
<p>Support for Brian and his Family to Cope with the Situation</p> <ul style="list-style-type: none"> ▶ Therapeutic support ▶ Basic needs(source of basic needs) ▶ Going back to school ▶ Joining a support group ▶ Brian "needs to be allowed to be a child" <p>▶ 18 Module 4</p> <p style="text-align: center;">SLIDE 18</p>	<ul style="list-style-type: none"> • Continue • Emphasize the need to identify practical strategies to address psychosocial problems.

Key Psychosocial Issues Facing HIV Positive Children

- ▶ Stigma and Discrimination
- ▶ Child Sexual abuse

▶ 19

Module 4

Ask participants to share what they know about the key issues facing HIV positive children? Use this slide to emphasize the key ones.

SLIDE 19

Stigma and Discrimination

Stigma and discrimination remain among the major causes of psychosocial problems in children

▶ 20

Module 4

Use the slide to highlight stigma and discrimination.

SLIDE 20

Brainstorm (10 mins)

- ▶ What is stigma?
- ▶ What is discrimination?



▶ 21

Module 4

Ask participants to share what they know about stigma and discrimination.

SLIDE 21

<p>What is Stigma?</p> <p>Stigma may refer to:</p> <ul style="list-style-type: none"> ▶ Negative labeling of a person or groups of persons in a way that reduces their dignity, self image and self esteem ▶ Negative attitudes, reactions and actions from self or others due to HIV infection ▶ Bad feeling about self or others <p>▶ 22 Module 4</p> <p style="text-align: center;">SLIDE 22</p>	<p>Use the following definitions to consolidate learning.</p> <ul style="list-style-type: none"> • Stigma is negative labeling of a person/group of persons in a way that reduces dignity, self-image and self-esteem. • Negative attitudes and actions from self or others due to HIV infection. • Bad feelings about self and others
<p>Expressions of Stigma and Discrimination (1)</p> <ul style="list-style-type: none"> ▶ Stigma <ul style="list-style-type: none"> ▶ Stereotyping ▶ Bias ▶ Distrust ▶ Labeling ▶ Unfounded fear ▶ Avoidance ▶ Aggression <p>▶ 23 Module 4</p> <p style="text-align: center;">SLIDE 23</p>	<ul style="list-style-type: none"> • Use the slide opposite to highlight the expressions of stigma and discrimination. • Summarize that these are signs and symptoms.
<p>Expressions of Stigma and Discrimination (2)</p> <ul style="list-style-type: none"> ▶ Discrimination <ul style="list-style-type: none"> ▶ Discrimination is stigma in action ▶ Stigmatizing thoughts and beliefs lead to discriminatory behavior ▶ Discrimination is an act or behavior as a result of stigma ▶ Treating someone differently may involve the following: <ul style="list-style-type: none"> ▶ Denial of rights and opportunities ▶ Social, psychological and physical abuse <p>▶ 24 Module 4</p> <p style="text-align: center;">SLIDE 24</p>	<p>Use this slide to summarize and emphasize discrimination.</p>

Child Sexual Abuse

- ▶ Child sexual abuse is not uncommon and is a serious problem
- ▶ Accepting that the child has been abused is not always easy for the person that the child talks to.
- ▶ Strategies and skills in handling the sexually abused children are vital

▶ 25

Module 4

SLIDE 25

- Use the slide opposite to emphasize the seriousness of sexual abuse of children.
- Sexual abuse of children is taboo. It is often kept a secret or even denied all-together.

Brainstorm (10 mins)

- ▶ What is child sexual abuse ?



▶ 26

Module 4

SLIDE 26

Ask participants to share what they know about child sexual abuse.

Child Sexual Abuse

- There is no universal definition of child sexual abuse.
- ▶ Abuse occurs when an adult forces or coerces a child into sexual activity.
 - ▶ Child sexual abuse may include fondling a child's genitals, masturbation, oral-genital contact, digital penetration, and vaginal and anal intercourse.
 - ▶ Non physical sexual abuse in children includes: sexual language, voyeurism, and child pornography.
 - ▶ Abuse between peers can occur through use of power or coercion.

▶ 27

Module 4

SLIDE 27

Use the content of the slide opposite to Summarize participants' responses.

Video Clip: Claire

(Viewing and Discussion – 30 mins)

- ▶ Causes of child sexual abuse
- ▶ Effects of child sexual abuse
- ▶ Strategies for handling child sexual abuse



▶ 28

Module 4

- Prepare for video-show (Claire) and allow 10 minutes for the video show and 20 minutes for discussion on the questions outlined in the slide.
- See Facilitation Background Information on p. 74.

SLIDE 28

Facilitation Background Information (Video Clip)

Clare is 14 years old and stays with her father and grandmother; her biological mother is separated from her father. Clare was defiled by her headmaster who was taken to prison after the incident but later released. Clare was tested later and found to be HIV positive. She still goes to school and is registered with Nsambya Home Program where she accesses ART treatment and cotrimoxazole prophylaxis.

SESSION:

IN WHAT WAYS HAS COUNSELING HELPED CLARE COPE WITH HER SITUATION?

- Assisted in disclosure of status
- Provided family support
- Provided her with information
- Discussed risk behaviors

WHAT ARE SOME OF THE CAUSES OF SEXUAL ABUSE IN CHILDREN?

- Broken families
- Alcoholism in the family
- Domestic violence

WHO ARE THE MOST LIKELY SEXUAL ABUSERS OF CHILDREN?

- Friends
- Relatives
- Teachers

IDENTIFY THE LIKELY EFFECTS OF SEXUAL ABUSE ON CLARE

- Suicidal thoughts
- Low self-esteem
- Dysfunctional relationships with opposite sex
- Infection with HIV and other sexually transmitted diseases
- Loss of trust even during adulthood
- Depression
- Unexplained anxiety

WHAT DID YOU NOTICE ABOUT CLARE'S BEHAVIOR DURING THIS INTERVIEW?

WHAT STEPS ARE TAKEN IN YOUR COUNTRY TO HELP SEXUALLY ABUSED CHILDREN?

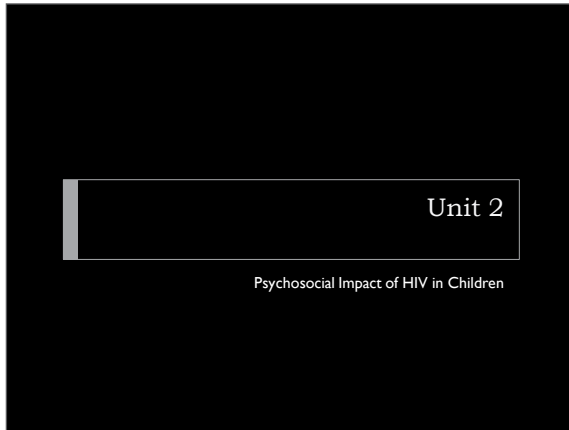
SUGGEST STRATEGIES TO PREVENT SEXUAL ABUSE IN CHILDREN

- Teaching children about sex and sexuality early enough
- Sensitizing children on the indicators and behaviors of sexual abusers
- Creating awareness and sensitizing caretakers and parents on the causes and effects of sexual abuse on children

<div data-bbox="310 254 873 680" style="border: 1px solid black; padding: 10px;"> <p>Causes of Sexual Abuse</p> <ul style="list-style-type: none"> ▶ Loss of parents ▶ Lack of security ▶ Extreme poverty ▶ Negative peer influence ▶ Poor and stretched living conditions ▶ Ignorance ▶ Myths about HIV and virginity ▶ Alcohol and drug abuse ▶ Isolation <p style="font-size: small; margin-top: 10px;">▶ 29 Module 4</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 29</p>	<p>Use the content of slide to summarize responses and elaborate on the causes of child sexual abuse</p>
<div data-bbox="310 789 873 1218" style="border: 1px solid black; padding: 10px;"> <p>Effects of Child Sexual Abuse (1)</p> <p>Children and adolescents who have been sexually abused can suffer a range of psychological and behavioral problems, from mild to severe, in both the short and long term.</p> <p>These include among others:</p> <ul style="list-style-type: none"> ▶ Withdrawal ▶ Loss of interest ▶ Increased anxiety ▶ Sleeping problems ▶ Nightmares ▶ Aggression <p style="font-size: small; margin-top: 10px;">▶ 30 Module 4</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 30</p>	<ul style="list-style-type: none"> • Summarize the effects of child abuse using the content in the slide. • Emphasize that nothing is to be taken lightly because child sexual abuse affects future relationships.
<div data-bbox="310 1325 873 1766" style="border: 1px solid black; padding: 10px;"> <p>Effects of Child Sexual Abuse (2)</p> <ul style="list-style-type: none"> ▶ Feeling “dirty” ▶ Absenteeism from school ▶ Decreased school performance ▶ Secretive behavior ▶ Mood swings ▶ Difficulty concentrating ▶ Complaining of pain while urinating or having a bowel movement ▶ Developing frequent unexplained health problems <p style="font-size: small; margin-top: 10px;">▶ 31 Module 4</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 31</p>	<p>Continue</p>

<p>Strategies for Handling Child Sexual Abuse (1)</p> <ul style="list-style-type: none"> ▶ Medical Support ▶ Legal support (e.g. police) ▶ Safe environment for child to talk ▶ Give relevant information ▶ Provide ongoing counseling support ▶ Involve family, social worker, etc. ▶ Support groups for sexually abused children <p>▶ 32 Module 4</p> <p style="text-align: center;">SLIDE 32</p>	<ul style="list-style-type: none"> • Summarize the strategies using the content of the slide opposite. • Emphasize the need to use practical strategies that do not traumatize the child.
<p>Strategies for Handling Child Sexual Abuse (2)</p> <p><u>Teach the children:</u></p> <ul style="list-style-type: none"> ▶ About basic sex education ▶ About their rights and the things they are allowed to do ▶ That their bodies are their own ▶ That sexual advances from adults are wrong and against the law ▶ To say “NO” when their bodies are touched ▶ About the differences between good and bad secrets ▶ About safe places and time <p>▶ 33 Module 4</p> <p style="text-align: center;">SLIDE 33</p>	<p>Use the slide to highlight the need to teach children an important strategy in prevention of child sexual abuse</p>
<p>Strategies for Handling Child Sexual Abuse (3)</p> <ul style="list-style-type: none"> ▶ Do not mix different genders in the same bed room, where possible. ▶ Parents/caregivers should know their children’s friends ▶ Equip children with life skills (e.g. assertiveness) ▶ If child is HIV negative give Post Exposure Prophylaxis (PEP) within 48 hours ▶ Assess need for treatment of other sexually transmitted infections ▶ Community sensitization on child sexual abuse <p>▶ 34 Module 4</p> <p style="text-align: center;">SLIDE 34</p>	<ul style="list-style-type: none"> • Emphasize assertiveness for children. • When they say no! They mean no! (and that it should be respected).

Unit 2: Psychosocial Impact of HIV in Children




SLIDE 35

Introduce the unit by inviting participants to explain the psychosocial impact of HIV in children.

Group Work (30 mins)

What is the impact of HIV on children?

- ▶ Group 1: Physical
- ▶ Group 2: Behavioral
- ▶ Group 3: Emotional
- ▶ Group 4: Cognitive
- ▶ Group 5: Psychiatric



▶ 36 Module 4

SLIDE 36

- Divide participants into 5 groups to address issues as outlined in the slide opposite.
- Allow time for group work (10 minutes).
- Allow time for feedback presentation and discussion (20 minutes).

Physical Symptoms

- ▶ Multiple pains
- ▶ Abdominal pain
- ▶ Headache
- ▶ Chest pain
- ▶ General malaise
- ▶ Fatigue

▶ 37 Module 4

SLIDE 37

At the end of the group work, use the following set of slides to summarize responses and to consolidate learning.

<p>Behavioral Symptoms</p> <ul style="list-style-type: none"> ▶ Restlessness ▶ Hyperactivity ▶ Withdrawal and self neglect ▶ Aggressiveness ▶ Sleep disturbance ▶ Acting out ▶ Stealing ▶ Drug abuse and sexual promiscuity <p>▶ 38 Module 4</p> <p style="text-align: center;">SLIDE 38</p>	<ul style="list-style-type: none"> • Continue • Behavioral symptoms
<p>Emotional Symptoms</p> <ul style="list-style-type: none"> ▶ Emotional neglect in infants from sick depressed mother ▶ Irritability ▶ Lack of interest in surroundings ▶ Depression, sadness and mood changes ▶ Suicidal tendencies ▶ Anxiety, fear and anger ▶ Temper tantrums <p>▶ 39 Module 4</p> <p style="text-align: center;">SLIDE 39</p>	<ul style="list-style-type: none"> • Continued • Emotional symptoms
<p>Cognitive Symptoms</p> <ul style="list-style-type: none"> ▶ Inability to concentrate ▶ Regression of milestones ▶ Forgetfulness or poor memory ▶ Confusion ▶ Poor academic performance <p>▶ 40 Module 4</p> <p style="text-align: center;">SLIDE 40</p>	<ul style="list-style-type: none"> • Continued • Cognitive symptoms

Social Symptoms

- ▶ Older children
 - ▶ Avoidance and rejection by peers (due to effects of wasting, skin lesions etc)
 - ▶ Social withdrawal and isolation
 - ▶ Complications of treatment
 - ▶ Antisocial behavior

▶ 41

Module 4

SLIDE 41

- Continued
- Social symptoms

Psychiatric Symptoms in Children

- ▶ Recognize psychiatric symptoms
- ▶ Refer for appropriate care

▶ 42

Module 4

SLIDE 42

Use the slide to emphasize the need to recognize and refer psychiatric symptoms for appropriate care

Psychiatric Symptoms

(*require referral to specialist services)

- | | |
|-----------------------|------------------|
| ▶ Confusion | ▶ Seizures |
| ▶ Forgetfulness | ▶ Agitation |
| ▶ Disorientation | ▶ Aggression |
| ▶ Memory loss | ▶ Hallucinations |
| ▶ Personality changes | ▶ Delusions |
| ▶ Anxiety | ▶ Mood disorders |

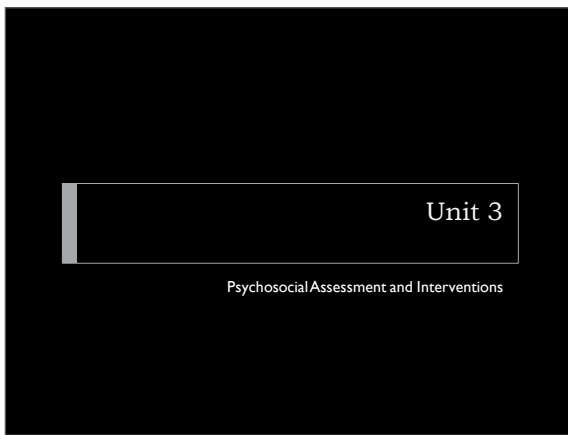
▶ 43

Module 4

SLIDE 43

- Use the content of the slide to highlight some of the psychiatric symptoms.
- Summarize that most people do not realize the severity of these and that they usually require specialized care. Thus, HCWs need to know when, where and how to refer

Unit 3: Psychosocial Assessment and Interventions




SLIDE 44

Read slide.

Brainstorm (5 mins)

- ▶ What is psychosocial assessment ?



▶ 45 Module 4

SLIDE 45

Ask participants to share what they know of psychosocial assessments and interventions.

Definition of Psychosocial Assessment

- ▶ An in-depth investigation of the psychosocial dynamics that affect the client and the client's environment.

▶ 46 Module 4

SLIDE 46

Use the content of the slide to elaborate the meaning of assessment.

Brainstorm (5 mins per question)

- ▶ Why are we assessing?
- ▶ What are we assessing?
- ▶ When should this assessment be conducted?
- ▶ Who should perform psychosocial assessments?



▶ 47

Module 4

SLIDE 47

- Ask participants to brainstorm on the outline in the slide opposite.
- This question can generate a lot of discussion, but facilitator needs to restrict the time (guideline of 5 minutes per question).

Why are we assessing?

- ▶ To identify areas that promote or inhibit maximum independence and functioning
- ▶ To develop an effective treatment plan that promotes maximum independence and functioning
- ▶ Poor assessment >> poor treatment
- ▶ Your assessment skills are a reflection of your treatment skills

▶ 48

Module 4

SLIDE 48

Use the following set of slides to summarize the responses.

Why?

What are we assessing? (1)

- ▶ Demographics
- ▶ Surroundings
- ▶ Living arrangements
- ▶ Family involvement and interaction
- ▶ Extended family strengths and supports
- ▶ Individual and family

* Refer to the guide in the appendix

▶ 49

Module 4

SLIDE 49

Continue: What?

<div data-bbox="305 235 873 667" style="border: 1px solid black; padding: 10px;"> <p>What are we assessing? (2)</p> <ul style="list-style-type: none"> ▶ Household ▶ Resources (e.g., financial) ▶ Community based supports ▶ Schools ▶ Spiritual/religious influences ▶ Emotional, physical conditions ▶ Cognitive functioning <p style="font-size: small;">▶ 50 Module 4</p> </div> <p style="text-align: center;">SLIDE 50</p>	<p>Continue: What?</p>
<div data-bbox="305 783 873 1215" style="border: 1px solid black; padding: 10px;"> <p>When should this assessment be conducted?</p> <ul style="list-style-type: none"> ▶ First visit recommended ▶ At each follow-up visit as needed <p style="font-size: x-small; margin-top: 10px;"><i>* Provider must be fully aware of all aspects of the patient's treatment, stage of the illness and readiness for ARV</i></p> <p style="font-size: small;">▶ 51 Module 4</p> </div> <p style="text-align: center;">SLIDE 51</p>	<p>Continue: When?</p>
<div data-bbox="305 1325 873 1757" style="border: 1px solid black; padding: 10px;"> <p>Who performs psychosocial assessments?</p> <ul style="list-style-type: none"> ▶ Trained providers can conduct this psychosocial assessment ▶ A simple guide to facilitate recognition and referral can be used <p style="font-size: small;">▶ 52 Module 4</p> </div> <p style="text-align: center;">SLIDE 52</p>	<p>Continue: Who?</p>

Types and Levels of Psychological and Social Interventions

With a good assessment (where problems are identified and a treatment plan designed) one can make appropriate psychological and social interventions

53

Module 4

SLIDE 53

Use the slide to emphasize the importance of good assessment that culminates in a treatment plan.

Brainstorm (10 mins)

- ▶ What are the types and levels of psychological and psychosocial interventions?
- ▶ How do they function?



54

Module 4

SLIDE 54

Ask participants to share different types and levels of interventions of psychosocial assessment and how they function.

Types and Levels of Psychological and Social Intervention

- ▶ Play therapy
- ▶ Family therapy
- ▶ Group therapy
- ▶ Support Groups (e.g., post-test clubs)
- ▶ Psychotherapy

55

Module 4

SLIDE 55

Use the content outline of the slide to state different levels of psychosocial interventions.

<div data-bbox="310 239 873 667"> <p>Family Therapy</p> <p>This is where the counselor works with the whole family for the benefit of the child taking into consideration the family systems, social and cultural values and the environment</p> <p>▶ 56 Module 4</p> </div> <p style="text-align: center;">SLIDE 56</p>	<p>Use the following set of slides to elaborate on different types and levels of psychosocial interventions.</p>
<div data-bbox="310 785 873 1213"> <p>Support Groups</p> <ul style="list-style-type: none"> ▶ An informal group made of clients/patients with similar problems ▶ Not necessarily structured ▶ Can be open to new participants or closed ▶ It is a common psychosocial intervention offered to willing participants (important to prepare the clients in advance) <p>▶ 57 Module 4</p> </div> <p style="text-align: center;">SLIDE 57</p>	<p>Use the slide to emphasize the importance of support groups.</p>
<div data-bbox="310 1327 873 1755"> <p>Group Therapy</p> <ul style="list-style-type: none"> ▶ This is a therapeutic process between a counselor and a group with common problems ▶ The group benefits from sharing experiences, learning from others, counselor's professionalism and personal interaction <p>▶ 58 Module 4</p> </div> <p style="text-align: center;">SLIDE 58</p>	<p>Emphasize group therapy. Highlight the need to have a group of people with common problems thus common goals.</p>

<p>Play Therapy</p> <ul style="list-style-type: none"> ▶ This is a therapy directed through play and games using toys and other tools or appropriate media ▶ Art therapy is directed through drawings and paintings <p>▶ 59 Module 4</p> <p style="text-align: center;">SLIDE 59</p>	<p>Use the content of the slide to emphasize that play is a form of therapy.</p>
<p>Psychotherapy</p> <ul style="list-style-type: none"> ▶ This is a process between a therapist and a child where the child and his family are assisted to acknowledge, comprehend, understand and adjust through their feelings, thoughts and behavior to handle a problem ▶ More intense, one-to-one intervention ▶ It's also known as talk therapy, counseling, psychosocial therapy, or simply therapy. <p>▶ 60 Module 4</p> <p style="text-align: center;">SLIDE 60</p>	<p>Summarize that psychotherapy is a process and not a one time activity.</p>
<p>Psychotherapy</p> <ul style="list-style-type: none"> ▶ Most forms of psychotherapy use only spoken conversation. ▶ Some forms also use various other types of communication such as the written word, art work, drama, narrative story or therapeutic touch <p>▶ 61 Module 4</p> <p style="text-align: center;">SLIDE 61</p>	<p>Continue</p>

<div data-bbox="305 235 873 667"> <p>Referral Points</p> <ul style="list-style-type: none"> ▶ Support groups for psychosocial and economic empowerment ▶ Psychologists for psychological interventions ▶ Psychiatrists for treatment of mental disorders ▶ Social workers, NGOs and CBOs for contact tracing and case management ▶ Community health workers for home based care ▶ Religious leaders for spiritual care <p>▶ 62 Module 4</p> </div> <p style="text-align: center;">SLIDE 62</p>	<ul style="list-style-type: none"> • Use the content of the slide to emphasize need for referral. It is often necessary to seek further assistance and even to refer. • Emphasize the importance of not trying to do everything by oneself and to accept one's own limits.
<div data-bbox="305 781 873 1213"> <p>Directory for Referral and Networking</p> <ul style="list-style-type: none"> ▶ Referral and networking directory needed at each clinic ▶ Linkages with medico-legal team ▶ Children's department ▶ Social services ▶ Police ▶ Others <p>▶ 63 Module 4</p> </div> <p style="text-align: center;">SLIDE 63</p>	<ul style="list-style-type: none"> • Ask participants to list some of the available referral linkages and use the content of the slide to list some of the necessary linkages. • Note: Course Director should compile a list of relevant organizations.
<div data-bbox="305 1327 873 1759"> <p>Case Study</p> <p><i>Stephan is a 14 year old boy who was diagnosed with TB as an outpatient . He was admitted to the wards for treatment and further investigation. Some of the investigations included an HIV test. He was not counseled for the test nor was he informed. His result was positive. His mother was given the result but she declined to disclose to the boy. He later learned his status through a nurse who accidentally disclosed his status to him while administering medication. The mother informed the father who became withdrawn from the boy and later stopped visiting him. The boy developed lack of appetite and sleep disturbance. He started refusing medication and he developed confusion. Meanwhile his parents separated as his father married another woman. The ward doctor decided to call a counselor to assess and manage the patient. How will you proceed?</i></p> <p>▶ 64 Module 4</p> </div> <p style="text-align: center;">SLIDE 64</p>	<p>Role Play:</p> <ul style="list-style-type: none"> • Ask participants to volunteer to do the role play as described in the slide. Let participants take some time to go through this case study. • Allow participants to give feedback and comments on the presented role play.

Summary

- ▶ Several psychosocial factors impact on HIV infected/affected children
- ▶ HIV affects the psychological functioning of infected children
- ▶ Causes of psychosocial problems in HIV affected children can be at child, family or community levels.
- ▶ There are different levels of psychological interventions in the care of infected/affected children
- ▶ It is of great importance that psychosocial factors impacting on HIV infected/affected children are addressed.

▶ 65

Module 4

- This slide summarizes the module. Ask participants to share what they have learned?
- Summarize using the slide content.

SLIDE 65

Module 5

Communicating with Children

This module consists of two (2) units which focus on the principles of communication, effective communication with children, and the causes and consequences of barriers to effective communication. The units also address tools and media used in communicating with children, facilitating the demonstration of appropriate skills and techniques.

The methods used in this module are lectures, demonstrations, group discussions, role play and viewing of video clips.

SUGGESTED TRAINERS: The units of this module are best taught by trained counselors.

Module Objectives

At the end of this module participants will be able to:

1. Explain basic communication with children
2. Explain the principles of communication with children
3. Describe barriers to communication with children
4. Explain different Tools and Media used in communication with children
5. Demonstrate knowledge and skills necessary to communicate with children.

Duration

255 minutes (4 hours, 30 minutes)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Group work, Videos, Presentations, Role plays, Summary Presentations, Practice sessions , Demonstrations (Demos)


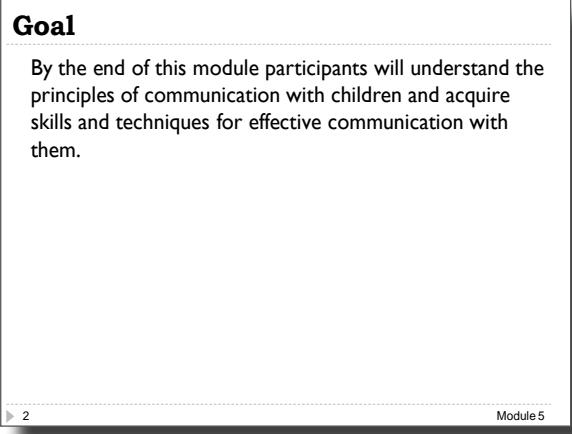
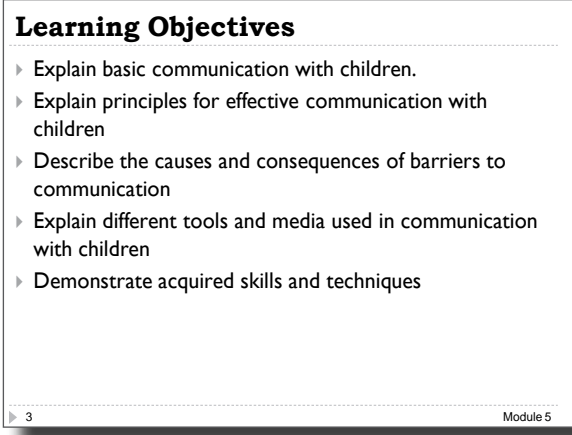
Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers, Toys, Pencils, Pens, Paper, Work books

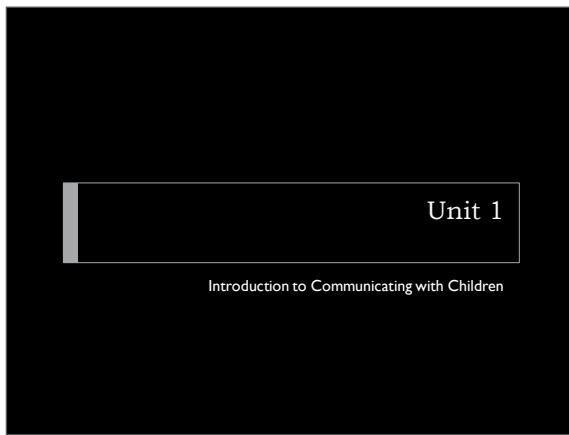
Module 5: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	120 mins	Explain basic communication with children	Definition of communication with children, ground rules for effective communication, case scenarios	<ul style="list-style-type: none"> • Lectures • Experience sharing • Role plays • Brainstorming • Presentations • Video • Discussions 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape
2	40 mins	Explain principles of communication with children	Introduction of, 12 principles: trust, honesty, touch, attitude, information needs, freedom to express, etc.	<ul style="list-style-type: none"> • Lectures • Discussions • Brainstorming 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector
3	80 mins	Describe barriers to communication with children	Definition, barriers, consequences	<ul style="list-style-type: none"> • Brainstorming • Lecture • Discussions • Summary presentation 	<ul style="list-style-type: none"> • Markers • Flipcharts • Masking tape • Computer • LCD Projector • Presentation slides
4	20 mins	Explain different tools and media used in communicating with children	Tools and media, attitudes, games and songs	<ul style="list-style-type: none"> • Brainstorming • Lectures • Discussions • Practical session with children • Video • Demos 	<ul style="list-style-type: none"> • Computer • LCD projector • Flipcharts • Toys • Paper/Pens • Crayons • Markers • Work books
5	90 mins	Demonstrate knowledge and skills used to communicate with children	Games, songs, face-to-face sessions with children	<ul style="list-style-type: none"> • Practical session with children • Video • Discussion 	<ul style="list-style-type: none"> • Toys • Paper • Pens • Crayons • Markers • Work books

Module 5: Introduction

 <p>Slide 1 content: A photograph of a young child's face, with the text "Photo by David Snyder for CRS" below it. The slide features the "AIDS RELIEF" logo in the top right corner, the title "Module 5" in a large font, and the subtitle "Communicating with Children" below it. At the bottom, there are logos for USAID, UNICEF, and the United Nations.</p>	<p>Read slide.</p>
<p>SLIDE 1</p>  <p>Slide 2 content: The word "Goal" is at the top. Below it, the text reads: "By the end of this module participants will understand the principles of communication with children and acquire skills and techniques for effective communication with them." The slide number "2" is in the bottom left corner and "Module 5" is in the bottom right corner.</p>	<p>Use the slide to outline the goal of the module.</p>
<p>SLIDE 2</p>  <p>Slide 3 content: The title "Learning Objectives" is at the top. Below it is a list of five objectives, each preceded by a right-pointing arrow: "Explain basic communication with children.", "Explain principles for effective communication with children", "Describe the causes and consequences of barriers to communication", "Explain different tools and media used in communication with children", and "Demonstrate acquired skills and techniques". The slide number "3" is in the bottom left corner and "Module 5" is in the bottom right corner.</p>	<p>Use the content of the slide to state the module objectives.</p>
<p>SLIDE 3</p>	

Unit 1: Introduction to Communicating with Children



SLIDE 4

Ask participants to share what they know about communicating with children.



SLIDE 5

- Ask participants to share and demonstrate songs and favorite games. Allow time for group activity as indicated on the slide.
- Divide participants into 3 groups. Each group should prepare one childhood favorite game and song for presentation in plenary.
- After the plenary, ask participants to share the importance of games and songs while communicating with children.
- Games and songs help identify children with psychosocial problems (e.g. depressed child, isolated child)
- Games and songs help build self-esteem, acceptance, free-sharing and friendship.

Communication???



6

Module 5

SLIDE 6

- Ask participants to pair up as depicted in the slide opposite and communicate while in that position.
- After the exercise ask participants to share their feelings while communicating in that position.
- Summarize the responses and emphasize need for effective communication while maintaining culturally appropriate eye contact and paying attention.

Brainstorm (5 mins)

- ▶ What is communication with children?



7

Module 5

SLIDE 7

Ask participants to share what they know about communication with children.

Definition


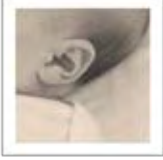

Communication with children is the use of age appropriate language to facilitate both the passage of information to the child and the expression of their feelings.

8




Module 5




SLIDE 8

Use the content of the slide opposite to summarize the responses and consolidate learning.

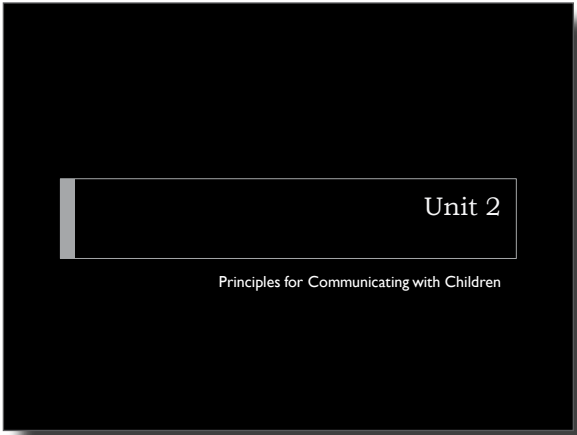
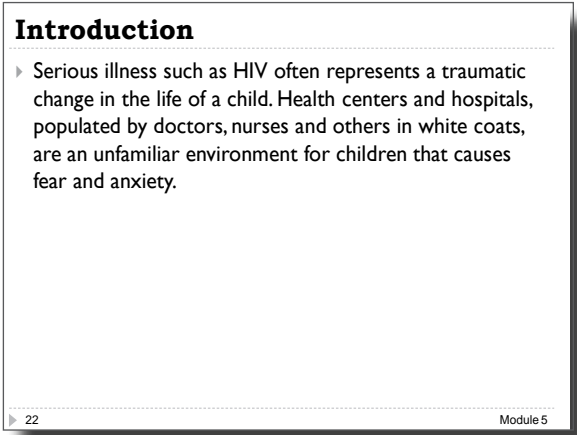
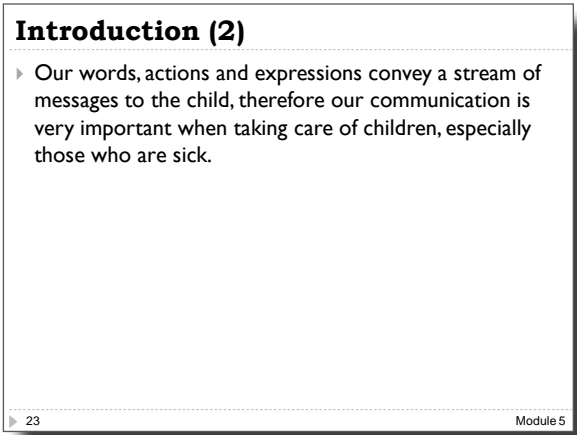
<p>Good Ground Rules for effective Communication</p> <p>Listen with your</p> <p>Eyes </p> <p>Ears </p> <p>Heart </p> <p>9 Module 5</p> <p style="text-align: center;">SLIDE 9</p>	<p>Use the slide opposite to emphasize the need to pay attention while communicating with children, to what is said, as well as body language and the feelings expressed.</p>
<p>Ground Rules ...</p> <ul style="list-style-type: none"> ▶ Actively listen – “listen to what is said and what is not said” (verbal and non-verbal communication) ▶ Show empathy ▶ Keep it simple ▶ Keep it short <p>10 Module 5</p> <p style="text-align: center;">SLIDE 10</p>	<p>Emphasize the ground rules and use the slide to consolidate learning.</p>
<p>What’s so different about communication with children?</p> <ul style="list-style-type: none"> ▶ Children are unique... they are not small adults ▶ They have physical, psychosocial and spiritual needs that are different and our responses need to be different than those we would give to adults. ▶ Effective care requires us to understand these differences... <p>11 Module 5</p> <p style="text-align: center;">SLIDE 11</p>	<ul style="list-style-type: none"> • Ask participants to share what they know about the uniqueness of communication with children. • Ask for personal experiences. • Use the content of the slide to emphasize the need to appreciate the unique needs of children (that are different from adults).

<p>A Child’s Right to be Seen and Heard</p> <p>UN Convention on the Rights of the Child-1989 states in Article 17 that “children have a right to information being presented in a such a way to take account of their linguistic and communication needs.”</p> <p>▶ 12 Module 5</p> <p style="text-align: center;">SLIDE 12</p>	<p>Use the slide opposite to emphasize the UN charter on the rights of the child regarding information needs.</p>
<p>Child Friendly Health Care</p> <p>▶ There are 12 standards of Child Friendly Health Care based on the UN Convention: Standard 5 relating to communication and states that</p> <p>“ Parents/guardians will be kept fully informed and children will be involved in all decisions affecting their care and communication will be in a language appropriate for their age and culture.”</p> <p>▶ 13 Module 5</p> <p style="text-align: center;">SLIDE 13</p>	<p>Use the content of the slide to emphasize the importance of child friendly health care.</p>
<p>Communicating....</p> <p>▶ Communication is a two-way process</p> <p>▶ Communicating skilfully with children can be learned and requires the healthcare worker to understand how children communicate.</p> <p>▶ 14 Module 5</p> <p style="text-align: center;">SLIDE 14</p>	<p>Use this slide to talk about communication being a two-way process and that it takes skill to allow the two-way communication to take place.</p>


<p>Role Plays (60 mins)</p> <p>Scenario A</p> <p>You are taking care of a 3-year-old child; he/she is misbehaving and throwing a tantrum, how do you communicate with the child?</p>  <p>15 Module 5</p> <p style="text-align: center;">SLIDE 15</p>	<ul style="list-style-type: none"> • Divide participants into 5 groups (A, B, C, D, E). Each group should prepare a role play according to instructions in the following set of slides. Allow 10 minutes for group discussion on the role play and 10 minutes for each group presentation of the role play and discussion. • Allow time for the participants to prepare, present role plays and receive feedback.
<p>Role Plays (Cont.)</p> <p>Scenario B</p> <p>You find 3 children quarreling. One is very unhappy, almost in tears. How would you intervene?</p>  <p>16 Module 5</p> <p style="text-align: center;">SLIDE 16</p>	<p>Follow instructions in slide opposite for the role play.</p>
<p>Role Plays (Cont.)</p> <p>Scenario C</p> <p>You are passing the school and you notice that children are taunting another child and namecalling. You know the child is HIV+ and this is the reason for the problem. How would you deal with the situation?</p>  <p>17 Module 5</p> <p style="text-align: center;">SLIDE 17</p>	<p>Continue</p>

<p>Role Plays (Cont.)</p> <p>Scenario D</p> <p>Three children ages 3, 5 and 7 are playing a hide and seek game. The 3-year-old asks you, 'Aunt, can you play with us?' You are very busy and tired after a long day at work.</p> <p>What do you do?</p>  <p>▶ 18 Module 5</p>	<p>Follow the instructions given in the slide for this role play.</p>
<p>Role Plays (Cont.)</p> <p>Scenario E</p> <p>A child comes to your office looking very scared and suspicious. How do you communicate with the child?</p>  <p>▶ 19 Module 5</p>	<p>Continue</p>
<p>Video Clip: Angela (5 mins)</p> <p>▶ Communicating at their level</p>  <p>▶ 20 Module 5</p>	<ul style="list-style-type: none"> • Use the video clip "ANGELA". Allow participants to view the clip. • And then emphasize the need to "communicate with children at their level."

Unit 2: Principles for Communicating with Children

 <p>Unit 2 Principles for Communicating with Children</p>	<p>Use this slide to begin presentation on the principles of communication with children.”</p>
<p>SLIDE 21</p>  <p>Introduction</p> <ul style="list-style-type: none">▶ Serious illness such as HIV often represents a traumatic change in the life of a child. Health centers and hospitals, populated by doctors, nurses and others in white coats, are an unfamiliar environment for children that causes fear and anxiety. <p>▶ 22 Module 5</p>	<ul style="list-style-type: none">• Ask participants to share what serious illness may mean for a child or how it may impact the life/development of a child.• Use the content of the slide to consolidate learning.
<p>SLIDE 22</p>  <p>Introduction (2)</p> <ul style="list-style-type: none">▶ Our words, actions and expressions convey a stream of messages to the child, therefore our communication is very important when taking care of children, especially those who are sick. <p>▶ 23 Module 5</p>	<p>Continue</p>
<p>SLIDE 23</p>	

<p>Principles of Communication (1)</p> <p>Trust</p> <ul style="list-style-type: none"> ▶ Trust is important and both the child and the parent/guardian/caregiver need to be able to trust those who are caring for them. <p>▶ 24 Module 5</p> <p style="text-align: center;">SLIDE 24</p>	<ul style="list-style-type: none"> • Use the following set of slides to highlight important principles in communicating with children. • Emphasize trust.
<p>Principles of Communication (2)</p> <p>Honesty</p> <ul style="list-style-type: none"> ▶ NEVER lie to a child! A child's trust in those who are caring for him can be destroyed, future care will be feared and a child's anxiety increased! <p>▶ 25 Module 5</p> <p style="text-align: center;">SLIDE 25</p>	<p>Emphasize honesty.</p>
<p>Principles of Communication(3)</p> <p>Respect</p> <ul style="list-style-type: none"> ▶ Respect children for who they are with a non-judgemental attitude. ▶ Do not ignore the child's viewpoint and feelings. <p>▶ 26 Module 5</p> <p style="text-align: center;">SLIDE 26</p>	<p>Emphasize respect.</p>

<p>Principles of Communication (4)</p> <p>Information Needs</p> <ul style="list-style-type: none"> ▶ These are often neglected, sometimes on the pretext that children's understanding is limited. <p>▶ 27 Module 5</p> <p style="text-align: center;">SLIDE 27</p>	<ul style="list-style-type: none"> • Children need information on issues concerning their lives. • Use any example that is applicable in your own practice and setting.
<p>Principles of Communication (5)</p> <p>Freedom To Express</p> <ul style="list-style-type: none"> ▶ Allow children to express their worries and anxieties through play, drawing, songs or other activities. ▶ Open discussion (5 minutes) <p>▶ 28 Module 5</p> <p style="text-align: center;">SLIDE 28</p>	<p>Emphasize allowing children to express themselves freely.</p>
<p>Principles of Communication (6)</p> <p>Attitude</p> <ul style="list-style-type: none"> ▶ Speak <i>with</i> the child and not <i>to</i> the child <div style="text-align: center;">  <p>YOU ↔ CHILD</p> </div> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>Role play: demonstration of good communication and bad communication</p> </div> <p>▶ 29 Module 5</p> <p style="text-align: center;">SLIDE 29</p>	<ul style="list-style-type: none"> • Illustrate the point about talking with children. • The attitude towards a child is also important. We need to respect childrens' participation in decisions that affect their lives.

<p>Principles of Communication (7)</p> <p>Our Own Feelings</p> <ul style="list-style-type: none"> ▶ Be careful of your own feelings: children are very perceptive to the attitudes of those around them. ▶ They pick up on the distress and anxiety of those around them. <p>▶ 30 Module 5</p> <p style="text-align: center;">SLIDE 30</p>	<ul style="list-style-type: none"> • Use the slide to emphasize the fact that children can detect your feelings including your anxiety. • Health care providers need to be conscious of their own feelings in influencing communication with children.
<p>Principles of Communication (8)</p> <p>Participatory Approach</p> <ul style="list-style-type: none"> ▶ Include children in their care ▶ Teach them about their illness ▶ Encourage them to make decisions when appropriate <p>▶ 31 Module 5</p> <p style="text-align: center;">SLIDE 31</p>	<p>Emphasize the need to include and involve children in their own care.</p>
<p>Principles of Communication (9)</p> <p>Unconditional Care</p> <ul style="list-style-type: none"> ▶ Treat children equally regardless of gender, background, socio-economic status. ▶ Treat each child as an individual <p>▶ 32 Module 5</p> <p style="text-align: center;">SLIDE 32</p>	<p>Emphasize the importance of dealing with children fairly and equally despite their unique characteristics.</p>

Children Communicate



▶ 33

Module 5

SLIDE 33

- Ask the participants to describe how children communicate.
- Use the illustration to explain use of different methods of communication with children.

Principles of Communication (10)

Patience

- ▶ Communicating well with sick children takes time; develop patience and make the time you have with the child COUNT.

▶ 34

Module 5

SLIDE 34

- Use the slide to highlight the need for patience when communicating with children.
- It takes time to communicate with and deal with children, especially sick children.

Principles of Communication (11)

Touch

- ▶ Can convey more than words in terms of comfort and reassurance.
- BUT**
- ▶ Be conscious that it can also be misused (male/female)

▶ 35

Module 5

SLIDE 35

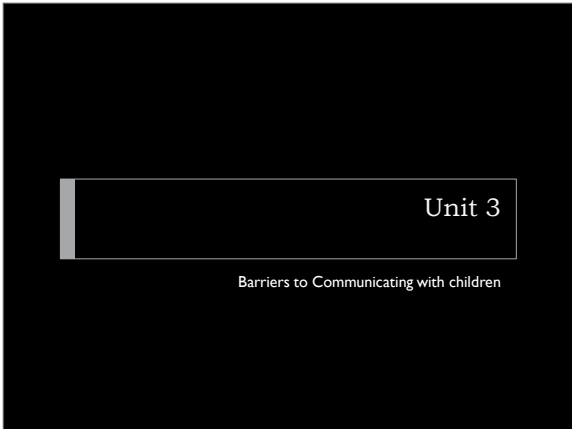
Use the slide to emphasize the importance of touch.

<p>Principles of Communication (12)</p> <p>Family Involvement</p> <ul style="list-style-type: none"> ▶ Ensure that close family or other significant adults in the family are involved in the care of the child. <p>▶ 36 Module 5</p>	<p>Emphasize the importance of family involvement.</p>
<p>Finally...</p> <p>“Healthcare professionals and all healthcare staff working with children have a responsibility to act as advocates for their rights, needs and protection”</p> <p>International Child Health Care (Child Advocacy International, 2003)</p> <p>▶ 37 Module 5</p>	<p>Use the slide to summarize need for people working with children to advocate for their rights, needs and protection.</p>


SLIDE 36

SLIDE 37

Unit 3: Barriers to Communicating with Children


 <p>Unit 3</p> <p>Barriers to Communicating with children</p>	<p>Ask participants to define barriers to effective communication with children that they know.</p>
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SLIDE 38

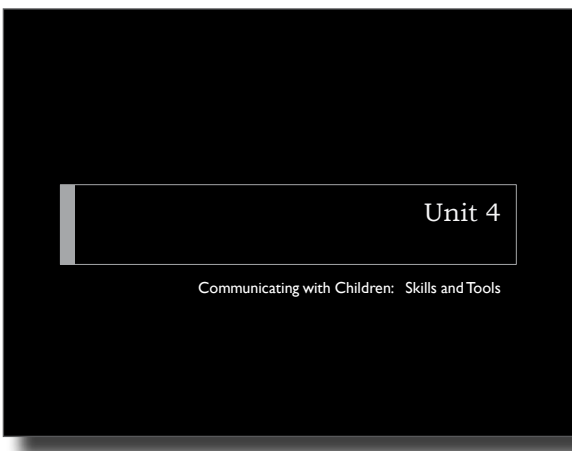
<p>Communication Barriers</p> <p>Definition:</p> <ul style="list-style-type: none"> ▶ Communication barriers refer to anything that negatively affects effective communication between two or more people. <p>▶ 39 Module 5</p> <p style="text-align: center;">SLIDE 39</p>	<p>Use the slide to summarize the responses to consolidate learning.</p>
<p>Language Barriers</p> <ul style="list-style-type: none"> ▶ A Language barrier is when there is not a common language (e.g. when an adult uses non-age appropriate language with a child) <p>▶ 40 Module 5</p> <p style="text-align: center;">SLIDE 40</p>	<p>Use the slide to elaborate on language barriers.</p>
<p>Group Work (1 hour)</p> <p><u>Barriers to communicating with children</u></p> <ul style="list-style-type: none"> ▶ Q1: What barriers are faced when communicating with children? ▶ Q2: What are the consequences of these barriers? <div style="text-align: center;">  </div> <p>▶ 41 Module 5</p> <p style="text-align: center;">SLIDE 41</p>	<ul style="list-style-type: none"> • Determine the most appropriate way to divide the participants into groups. • Allow them to carry out the group activity as outlined in the slide.


<p>Barriers to communication</p> <ul style="list-style-type: none"> ▶ Language ▶ Culture ▶ Skills ▶ Knowledge ▶ Age <p>▶ 42 Module 5</p> <p style="text-align: center;">SLIDE 42</p>	<p>Allow participants to list the barriers first and then use the content of this slide to consolidate learning.</p>
<p>Barriers to Effective Communication</p> <ul style="list-style-type: none"> ▶ Language: inappropriate age level ▶ Adult's failure to come to a child's level ▶ Wrong message or wrong information ▶ Recipient problem ▶ Lack of active listening <p>▶ 43 Module 5</p> <p style="text-align: center;">SLIDE 43</p>	<p>Encourage group to think of others from personal experience.</p>
<p>Barriers to Effective Communication</p> <ul style="list-style-type: none"> ▶ The assumption that parents/guardians will handle communication with the child and therefore there is no need to communicate with the child ▶ The assumption that the child is too young to understand ▶ The assumption that certain medical information might harm the child or that the child is too weak to receive the information <p>▶ 44 Module 5</p> <p style="text-align: center;">SLIDE 44</p>	<p>Continue</p>


<p>Consequences of Barriers</p> <ul style="list-style-type: none"> ▶ Miscommunication ▶ Misinformation ▶ Mistrust ▶ Anger and frustration ▶ Isolation ▶ Blame ▶ Denial <p>▶ 45 Module 5</p>	<p>Summarize the consequences of barriers to effective communication with children.</p>
<p>SLIDE 45</p>	

 <p>THE AUDIENCE MUST OVERCOME ITS OWN BARRIERS</p> <ul style="list-style-type: none"> the non-listener the know-it-all the impatient type the negative personality 	<p>Use slide as a general summary for effective communication.</p>
<p>SLIDE 46</p>	

Unit 4: Communicating with Children: Skills and Tools


 <p style="text-align: center;">Unit 4</p> <p style="text-align: center;">Communicating with Children: Skills and Tools</p>	<ul style="list-style-type: none"> • Ask participants to share what they know about skills, media and tools for communicating with children? • Use the following set of slides to summarize responses and consolidate learning.
<p>SLIDE 47</p>	


<p>Practical Tools and Media for Communicating with Children (1)</p> <ul style="list-style-type: none"> ▶ Most children of any age will respond to a cuddle. ▶ Drawing: Allow children to draw pictures of their feelings especially about their illness, home and other issues that affect them. ▶ Story telling: children love to tell stories, help them tell their own. <p>▶ 48 Module 5</p>	<p>Emphasize the importance of cuddling.</p>
<p>Practical Tools and Media for Communicating with Children (2)</p> <ul style="list-style-type: none"> ▶ <u>Play</u> can be used as an effective means of communicating with the child to explain illness, medication, procedures. Toys can be used as tools to do this; games and puppets are especially effective tools. <p>* Play Therapy video clip (5 mins)</p>  <p>▶ 49 Module 5</p>	<p>Emphasize the use of toys to facilitate communication with children.</p>
<p>Practical Tools and Media for Communicating with Children (3)</p> <p>Environment is everything! Create a child-friendly environment for care</p> <ul style="list-style-type: none"> ▶ Spacious bright room ▶ Child friendly decor: colors, children's furniture including comfortable seating, wall paintings etc. <p>▶ 50 Module 5</p>	<p>Emphasize the need for a child friendly environment.</p>

<p>Practical Tools and Media for Communicating with Children (4)</p> <ul style="list-style-type: none"> ▶ Ensure plenty of age appropriate toys/activities like games, songs, dance, drama ▶ Provide drawing materials: pens, paper, crayons, paints <p>*Writing/drawing video clips (3 mins)</p>  <p>▶ 51 Module 5</p>	<p>Use the slide to emphasize the need for plenty of age appropriate toys and drawing materials.</p>
SLIDE 51	

<p>Practical Attitudes</p> <ul style="list-style-type: none"> ▶ Assure the child ▶ Honesty speaks louder than words! ▶ Love: let the child know that s/he is still valued, still loved and is still special. ▶ Encouragement is important: give positive words and messages to the child. ▶ Become like a child! <p>▶ 52 Module 5</p>	<p>Emphasize the need to have positive attitudes as a health care provider.</p>
SLIDE 52	

Unit 5: Demonstration of Communication Skills with Children

 <p style="text-align: center;">Unit 5</p> <p style="text-align: center;">Demonstration of Communication Skills with Children</p>	<ul style="list-style-type: none"> • Group activity. Use the instructions outlined in the slide for group activity. • Note: The course organizer should arrange for some children from a local school or orphanage to come to meet and play with the participants.
SLIDE 53	

<p>Practical Sessions and Feedback (60 mins)</p> <ul style="list-style-type: none">▶ Two children will be interviewed by each participant; play therapy, drawing, etc. can be used.▶ Group games and song <p>▶ 54 Module 5</p>	<ul style="list-style-type: none">• Use the instructions in the slide for group activity.• Allow for the group to give feedback at the end of the session.
<p>Video Clip (20 mins)</p> <ul style="list-style-type: none">▶ Communication with Children <div data-bbox="646 877 760 982" style="text-align: center;"></div> <p>▶ 55 Module 5</p>	<ul style="list-style-type: none">• Show the video clip and allow time for the participants to view and discuss lessons learned.• Summarize lessons learned to conclude this unit and module presentation.

SLIDE 54

SLIDE 55

Module 6

Counseling Children

This module consists of five (5) units and it is the core module for this course. It covers the basics of child counseling; the process of counseling children as well as the skills required for counseling children; the attributes of an effective counselor as well as demonstrating the use of media and activities in working with children.

Due to the varied nature of the topics covered in this module, group discussions, presentations, role plays as well as lecture presentations are used to cover the essential material.

SUGGESTED TRAINERS: The units of this module are best taught by a combination of counselors or psychologists and trained clinicians.

Module Objectives

At the end of this module participants will be able to:

1. Describe the basics of child counseling
2. Outline the process of child counseling
3. Explain key child counseling skills
4. Identify the attributes of an effective counselor
5. Demonstrate the effective use of media in child counseling

Duration

330 minutes (5 hours, 30 minutes)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Role plays, video

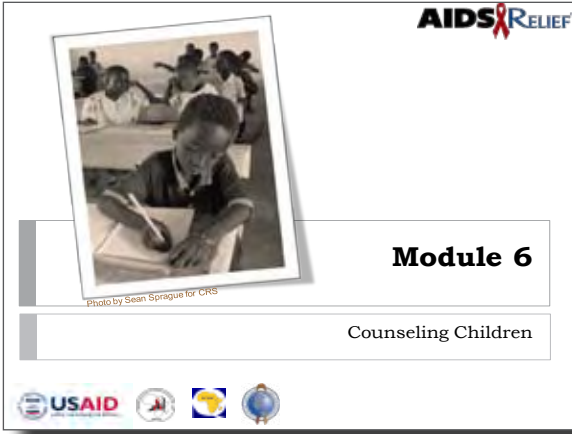
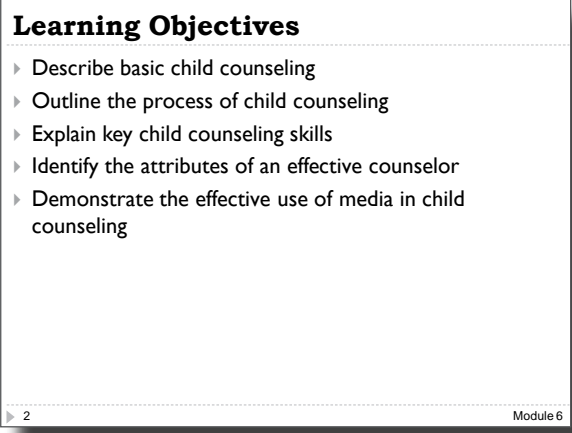
Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers, Toys, Pencils, Pens, Paper, Work books, DVD/Video player

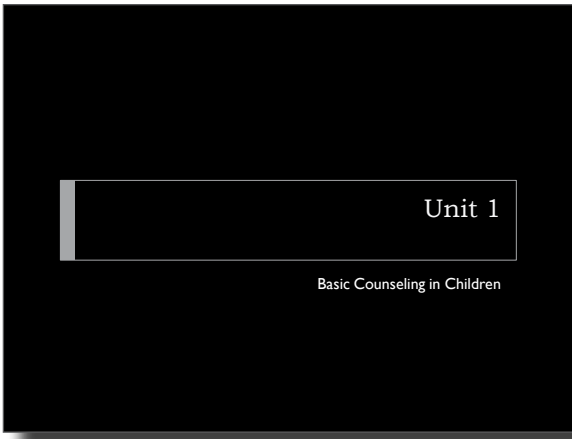
Module 6: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	60 mins	Describe basic counseling in children	Definition, Basic child counseling strategies and principles	<ul style="list-style-type: none"> • Lecture • Small group discussion • Brainstorming 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape
2	60 mins	Outline the child counseling process	The 7-step child counseling process	<ul style="list-style-type: none"> • Brainstorming • Lecture • Discussion • Role play 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector
3	60 mins	Explain the child counseling Skills	Basic child counseling skills	<ul style="list-style-type: none"> • Brainstorming • Small group discussion • Role plays 	<ul style="list-style-type: none"> • Markers • Flipcharts • Masking tape • Computer • LCD Projector • Presentation slides
4	30 mins	Identify the attributes of an effective Counselor	Qualities and characteristics of an effective counselor	<ul style="list-style-type: none"> • Brainstorming • Lecture • Small group discussion 	<ul style="list-style-type: none"> • Markers • Flipcharts • Masking tape • Computer • LCD Projector • Presentation slides
5	120 mins	Demonstrate use of media in counseling children	The role of play in counseling children. Types of media used in counseling children	<ul style="list-style-type: none"> • Video • Lecture • Discussion • Role play 	<ul style="list-style-type: none"> • Computer • LCD projector • Presentation slides • Flip charts • Markers • Masking tape • Video clip (<i>Working with Eric</i>) • Toys • Crayons • Markers

Module 6: Introduction

 <p>Module 6 Counseling Children</p> <p>USAID</p> <p>SLIDE 1</p>	<p>Read slide.</p>
 <p>Learning Objectives</p> <ul style="list-style-type: none">▶ Describe basic child counseling▶ Outline the process of child counseling▶ Explain key child counseling skills▶ Identify the attributes of an effective counselor▶ Demonstrate the effective use of media in child counseling <p>2 Module 6</p> <p>SLIDE 2</p>	<p>Use this slide to outline the objectives of the module.</p>

Unit 1: Basics of Counseling Children

 <p>Unit 1 Basic Counseling in Children</p> <p>SLIDE 3</p>	<p>Read slide.</p>
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Brainstorm (5mins)

- ▶ How would you define counseling?



▶ 4

Module 6

SLIDE 4

Ask participants to brainstorm the definition of counseling.

Definition of Counseling

- ▶ Counseling
 - ▶ is a 'professional' relationship between a trained counselor and a client.
 - ▶ The two forms include person-to-person and group therapy
- ▶ Counseling helps clients
 - ▶ to understand/clarify their views
 - ▶ to reach self-determined goals through meaningful well informed choices.
- ▶ Counseling
 - ▶ Gives the client an opportunity to explore, discover, and clarify ways of living more satisfyingly and resourcefully.

▶ 5

Module 6

SLIDE 5

- Summarize participants' responses on the definition.
- Emphasize that counseling is not giving advice, nor arguing with the client; it is not interrogative interviewing, nor imposing one's own views. Counseling is facilitating people's ability to explore and understand their situation, to come up with an informed practical decision to cope with, reduce or solve their problems.

Brainstorm (5 mins)

- ▶ How is child counseling similar or different to adult counseling?

Similarities	Differences
--------------	-------------



▶ 6

Module 6

SLIDE 6

Ask participants to share what they know about the differences and similarities between child and adult counseling.

Counseling Children Versus Adults

Similarities

- ▶ Both hurting and vulnerable
- ▶ Have the need to build enough trust
- ▶ Need acceptance (UPR)
- ▶ Need motivation to change
- ▶ Imposed change won't work
- ▶ Affected by circumstances and situations

Differences

- ▶ Children need a variety of communication media to help aid communication
- ▶ Adults communicate primarily through words and actions
- ▶ Children communicate through play
- ▶ Children are more open
- ▶ Children are dependent on their caretakers and others

▶ 7

Module 6

SLIDE 7

- Summarize responses. Emphasize the need to use a variety of communication media while counseling children.
- There should be unconditional positive regard. Both child and adult counseling involves empowerment.

Child Counseling

- ▶ We primarily counsel adults through conversation.
- ▶ With children we counsel through conversation as well as the use of media

PLAY DRAWING STORYTELLING

▶ 8

Module 6

SLIDE 8

Further elaborate on the same and consolidate learning.

Brainstorm (5 mins)

- ▶ What are the various counseling strategies and principles?




▶ 9

Module 6

SLIDE 9

Ask participants to brainstorm about different child counseling strategies and principles.

<p>Child Counseling Principles and Strategies</p> <ul style="list-style-type: none"> ▶ Use of play ▶ Setting goals ▶ Proper joining ▶ Child -counselor relationship ▶ Confidentiality ▶ Understanding transference and counter-transference <p>▶ 10 Module 6</p>	<p>Summarize on the basic strategies and principles of child counseling.</p>
<p>Play</p> <ul style="list-style-type: none"> ▶ Play with appropriate use of media such as: <ul style="list-style-type: none"> ▶ Miniature animals ▶ Clay or various forms of art ▶ Story telling ▶ Activity sheets ▶ Imaginary journeys <p><i>Play creates an opportunity for the child to join with us in a therapeutic process.</i></p> <p>▶ 11 Module 6</p>	<p>Use the following set of slides to elaborate on the different strategies and principles in child counseling.</p>
<p>Setting Counseling Goals</p> <ul style="list-style-type: none"> ▶ Setting clear counseling goals helps to focus the session  <p>▶ 12 Module 6</p>	<p>Emphasize counseling goals.</p>

Brainstorm (5 mins)

- ▶ Who should be setting the 'goals' for counseling children?



▶ 13

Module 6

SLIDE 13

Ask participants to brainstorm about who should be setting the counseling goals.

Who should set the goals?

- ▶ the child's parents or guardians
- ▶ the counselor
- ▶ the child

▶ 14

Module 6

SLIDE 14

Emphasize that all 3 parties should participate in goal setting.

Setting Goals Require

Interaction, consultation, participation and involvement of:

- ▶ the child,
- ▶ the parents, guardian and/or family if necessary
- ▶ and the counselor

Remember: In setting goals the child is our primary client
Also, through the counseling process, parents' goals may also be achieved.

▶ 15

Module 6

SLIDE 15

- Emphasize the need to look at the child as our primary client. Thus the goals should be in the best interest of the child.
- There is also a need for flexibility while setting and trying to achieve the goals. Goals may change as problems are solved and new challenges emerge.

<div data-bbox="310 254 873 682"> <p>Fundamental Goals for Counseling Children</p> <ul style="list-style-type: none"> ▶ Counseling should enable the child to: <ul style="list-style-type: none"> ▶ deal with painful emotional issues ▶ achieve a therapeutic level of being themselves (congruence) ▶ express thoughts, emotions and behaviors ▶ feel good about themselves ▶ accept their limitations and strengths ▶ change behavior – to minimize negative consequences ▶ function comfortably ▶ adapt to the external environment. (e.g., home, school, families etc.) <p>▶ 16 Module 6</p> </div> <p style="text-align: center;">SLIDE 16</p>	<ul style="list-style-type: none"> • Summarize and emphasize the fundamental goals for counseling children. • The main goal for counseling children is to allow normal functioning at the individual, family and community levels.
<div data-bbox="310 793 873 1222"> <p>When Achieving Goals</p> <ul style="list-style-type: none"> ▶ Work with child's agenda <ul style="list-style-type: none"> ▶ The counselor MUST stay with the child's own process, and leave aside their own agenda ▶ The child's priorities must be addressed first ▶ Ensure child's safety <ul style="list-style-type: none"> ▶ The child needs to feel safe at all times. ▶ Feeling safe enables the child to build trust to address and explore fears ▶ Flexibility <ul style="list-style-type: none"> ▶ Counselors' must keep reviewing goals in order to fit in with the child's immediate needs <p>▶ 17 Module 6</p> </div> <p style="text-align: center;">SLIDE 17</p>	<ul style="list-style-type: none"> • Emphasize the need to move with the child's agenda. • The counselor's own trigger issues, values and beliefs should not interfere with the child's own agenda but only help facilitate change.
<div data-bbox="310 1329 873 1757"> <p>Joining</p> <ul style="list-style-type: none"> ▶ Joining clarifies the reason for bringing the child to counseling in the presence of the child. ▶ If child has difficulty separating from parents, both can be invited to the counseling room. At this time, the child can explore while counselor talks with parents. ▶ Parents can be invited to play with the child in the play therapy room until the child feels safe and comfortable, trusts their surrounding and the counselor. ▶ Counselors need to lay down guidelines and rules in the very beginning about what is permissible and what is not. <p style="text-align: center;">JOINING MUST MEET THE CHILD'S NEED TO BE SAFE AND COMFORTABLE.</p> <p>▶ 18 Module 6</p> </div> <p style="text-align: center;">SLIDE 18</p>	<ul style="list-style-type: none"> • Elaborate on Joining as a strategy and principle to enhance effective communication for counseling children. • Joining enables the child to relax and start talking freely; it helps in building trust between a child and a counselor. Show genuine interest in the child.

Confidentiality

- ▶ Considered the backbone of counseling
- ▶ Essential for building child's trust
- ▶ Creates a safe environment for openness
- ▶ Should be maintained except if there is potential harm to the child or others
- ▶ Parents/guardian are made aware of confidentiality requirements but are informed of the counseling progress

▶ 19

Module 6

SLIDE 19

- Emphasize the need for confidentiality when counseling children.
- Because child counseling requires involvement of the parent or care taker on some issues, discuss with the child the need to involve another person. Explore the child's fears and concerns of involving another person. Address the expressed fears and concerns; work to bond the relationship before proceeding.
- Emphasize getting the consent of the child before involving other people.

Shared Confidentiality

- ▶ Involves sharing information from the session with others for the benefit of the client (e.g. with health workers, teachers, parents)
- ▶ Requires the child's consent

▶ 20

Module 6

SLIDE 20

- Summarize participants' concerns on breaching confidentiality at a health facility.
- Shared confidentiality is allowed among the multi-disciplinary health care team. Information shared should only aim at improving the quality of care given to a child.

The Child-Counselor Relationship



- ▶ A link between child's world and counselor
- ▶ Exclusive: built on good rapport and trustworthiness
- ▶ Safe: permissive, non damaging and respectful of the child's rights
- ▶ Authentic: the counselor does not pretend to be someone else
- ▶ Non intrusive: posing no intrusive questioning/probing
- ▶ Purposeful: the 'reason and goal' for counseling is clear to all concerned

▶ 21

Module 6

SLIDE 21

- Emphasize creation of professional helping relationship.
- The relationship should facilitate healing and coping. It should be empowering, but not create dependency.

<p>Transference and Countertransference</p> <p>Remaining an effective counselor requires identification of and dealing with transference and countertransference.</p> <p>22 Module 6</p>	<p>Explain transference.</p>
<p>Brainstorm (5 mins)</p> <p>Which of the following roles would be useful for a counselor to have when working with a child?</p> <ul style="list-style-type: none"> ▶ a parent ▶ a teacher ▶ an aunt or uncle ▶ a peer ▶ Any other role you can think of?  <p>23 Module 6</p>	<p>Ask participants to brainstorm about the role of a counselor as outlined in the slide.</p>
<p>Answer</p> <ul style="list-style-type: none"> ▶ NONE of the roles would <i>fit</i> for counselors. ▶ If any counselors find themselves behaving like parents, teachers, aunt, uncle, peers, etc. it is <p style="text-align: center;">TIME TO VISIT OUR SUPERVISORS!</p> <p style="text-align: center;">And discuss</p> <div style="text-align: center;">  </div> <p>24 Module 6</p>	<ul style="list-style-type: none"> • Summarize the responses. Emphasize the need for a counselor to remain a counselor and not take on any of the listed roles. • Counselors need to refer or even go for counseling themselves in case they start looking at their clients as their own children.

Transference and Countertransference

- ▶ **Transference:** occurs when the child behaves toward the counselor as though the counselor is the child's mother, father or another significant adult in the child's life.
- ▶ **Countertransference:** occurs when the counselor responds as if they were really the parent, or if the child triggers the counselor's own unresolved issues from their past.

If either transference or countertransference occurs discuss with your 'Supervisor' to find ways to be more objective.

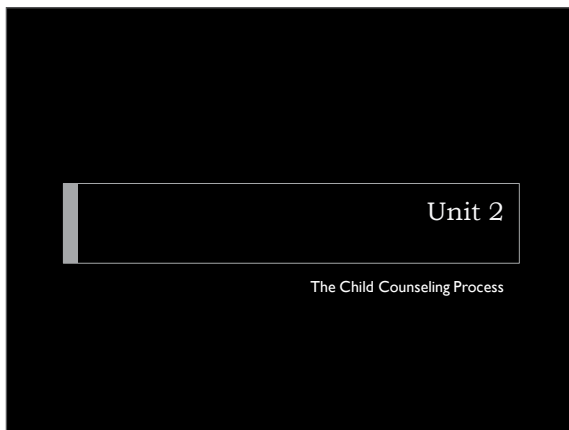
▶ 25

Module 6

SLIDE 25

- Explain circumstances when transference and counter transference occurs.
- Summarize the unit by asking participants to share what they have learned from this unit.

Unit 2: The Child Counseling Process



Read slide.

SLIDE 26

Brainstorm (10 min)

- ▶ What is the process for counseling a child?




▶ 27

Module 6

SLIDE 27

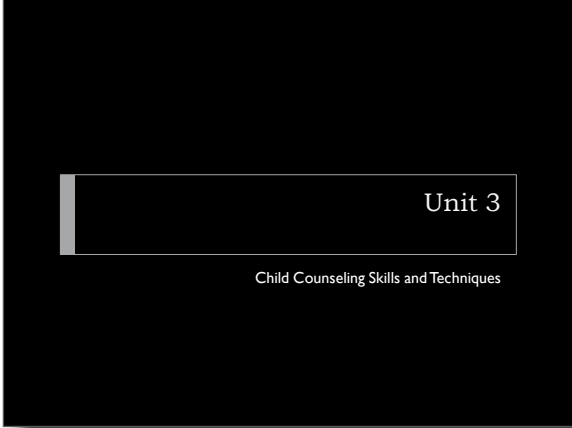
- Ask participants to brainstorm about the general counseling process.
- Find participants who have been involved in counseling children.

<p>Child Counseling Process - 7 steps (1)</p> <ol style="list-style-type: none"> 1. <u>Receiving referral</u>: The counselor requires information about child's behavior, emotional state, personality, history, cultural background, and the environment in which the child lives. 2. <u>Contracting with parents</u>: The counselor must consult with the parents first, without the child being present to get history, parental understanding, expectations, and care thus far. <p>28 Module 6</p> <p style="text-align: center;">SLIDE 28</p>	<p>Use the following set of slides to elaborate on the steps of child counseling.</p>
<p>Child Counseling Process - 7 steps (2)</p> <ol style="list-style-type: none"> 3. <u>Joining with the child</u>: Counselors start to join with the child in the waiting room. Process begins by first joining with the parents or primary caregiver. This allows the child to feel safe and comfortable in the care of their parents. 4. <u>Enabling the child to tell their story</u>: Involves building trust with the child through a conducive environment including the use of media 5. <u>Empowering the child</u>: Through effective counseling the child "masters" the problem. <p>29 Module 6</p> <p style="text-align: center;">SLIDE 29</p>	<p>The child is helped to own the issue.</p>
<p>Child Counseling Process - 7 steps (3)</p> <ol style="list-style-type: none"> 6. <u>Moving on helps the child to think and behave differently</u>. The counselor's responsibility is to help the child to learn new ways of thinking and behaving, to be able to function adaptively. (if previous behavior had negative consequences) 7. <u>Final assessment and evaluations</u>: This is best done in collaboration with the child and the parent or primary caregiver. Confirm that further work is not required at the time, effectiveness of the work done, and offer recommendations. After the final assessment and evaluation, the counseling process can be terminated and the case can be closed.* <p>* Coming back for "check-ins" as needed.</p> <p>30 Module 6</p> <p style="text-align: center;">SLIDE 30</p>	<p>Continue</p>


<p>Role Play (30 mins)</p> <p>▶ The child counseling process</p>  <p>▶ 31 Module 6</p>	<p>Role play.</p>
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SLIDE 31

Unit 3: Child Counseling Skills and Techniques

	<p>Read slide.</p>
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SLIDE 32

<p>Brainstorm (10 mins)</p> <p>▶ What are the different child counseling skills and techniques?</p>  <p>▶ 33 Module 6</p>	<p>Ask participants to share the different counseling skills that they know of.</p>
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SLIDE 33

Child Counseling Skills and Techniques

- ▶ Observation
- ▶ Active Listening
- ▶ Helping the child to tell the story
- ▶ Dealing with resistance and self-destructive behavior
- ▶ Facilitating change
- ▶ Managing termination

▶ 34

Module 6

SLIDE 34

- Summarize the participants' responses.
- Use the following set of slides to elaborate on the different child counseling skills.

Observing a Child

Interaction with Counselor

Play

Attention Span

General appearance

Responses

Moods


▶ 35

Module 6

SLIDE 35

- General appearance: dressing, discrepancies from normal, physical development, level of nutrition, etc.
- Behavior: quiet, noisy, aggressive, cautious, destructive, scared?
- Attention Span: distractible, alert.
- Interaction with counselor: affectionate, dependant, distant, shy, response to touch.
- Responses: defensive, responsive, searching for contact?
- Moods: happy, sad, angry, depressed, excited, no emotion, flat, blank.
- Play: quality of play, goal directed, sequential, use of play materials appropriately or creatively and age appropriate.

<p>Active Listening (1)</p> <ul style="list-style-type: none"> ▶ Matching body language: e.g., if child is sitting on floor, counselor to sit on floor as well. Be present and available. ▶ Use of minimal responses: nodding, using minimal responses such as “ah, ha”, “Uh hm”, “yes”, “ok”, “right”, etc. Longer responses might be like “I hear what you say”, or “ I understand”, or “Tell me more.” ▶ Reflecting or Paraphrasing: The most effective way to give the child this assurance is by using the skill called “reflection” e.g., “It sounds like your uncle and auntie are not around very much for you” Or “You sound scared.” <p>▶ 36 Module 6</p> <p style="text-align: center;">SLIDE 36</p>	<ul style="list-style-type: none"> • Use the content of slide to elaborate on active listening. • Emphasize the need to listen to “what is said” as well as to “what is not said.”
<p>Active Listening (2)</p> <ul style="list-style-type: none"> ▶ Summarizing: A summary from the counselor draws together the key issues that the child has been talking about. It is an opportunity to make sure you have heard things correctly. <p>▶ 37 Module 6</p> <p style="text-align: center;">SLIDE 37</p>	<p>Continue</p>
<p>Dealing with Resistance and Self-Destructive Beliefs</p> <ul style="list-style-type: none"> ▶ Resistance is a method of self-protection for coping with stressful situations. Through therapy, the child unlearns self-destructive behaviors and replaces them with productive ones. ▶ Through counseling a child can explore better alternatives. <p>▶ 38 Module 6</p> <p style="text-align: center;">SLIDE 38</p>	<p>Elaborate on dealing with resistance and self destructive behavior among children.</p>

<p>Facilitating Change</p> <p>Identify past experiences and behaviors which had negative consequences</p> <ul style="list-style-type: none"> ▶ The child is helped to explore options <ul style="list-style-type: none"> ▶ Advantages/disadvantages of available choices ▶ Weigh risks, gains, losses, costs, and also consequences, involved in making changes ▶ The child is helped to rehearse and experiment with change through therapy <p>▶ 39 Module 6</p>	<p>Elaborate on facilitating change but allow for participants' views.</p>
<p>Encourage Children to Tell Their Story</p> <ul style="list-style-type: none"> ▶ Ask the child to discuss non threatening subjects (songs, likes, school, friends, home, etc.) ▶ Offer drawing materials and other media ▶ Offer your own story to help the child to start ▶ Ask the child, "Do you have any stories to share?" ▶ (Show Daniel video clip)  <p>▶ 40 Module 6</p>	<p>Elaborate on child's story and spare some time to show the small video clip (Daniel).</p>
<p>Termination</p> <p>The decision of 'when to terminate' can sometimes be challenging for a counselor.</p> <p><u>Termination and/or referral can be considered when:</u></p> <ul style="list-style-type: none"> ▶ The child has reached his/her goal (e.g., behavior has changed, reported by parents/school. The child is happily engaged in social activities) ▶ The child is not moving, blocked, unable to let go of resistance. ▶ The focus of counseling is shifting: child continues to play rather than get involved in therapeutic work. <p>▶ 41 Module 6</p>	<p>Ask participants to brainstorm about when to refer or when to terminate counseling? Use this slide to consolidate learning.</p>

Role Play (20 mins)

- ▶ Demonstrate the skills that a counselor possesses



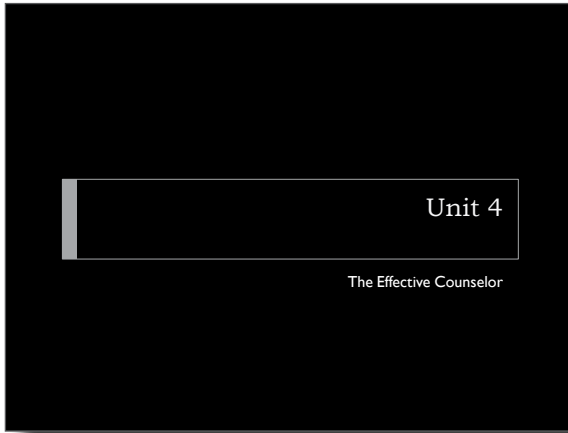
▶ 42

Module 6

SLIDE 42

- Ask participants to volunteer to role play on counseling skills (10 mins).
- Allow use of a scenario of their choice.
- Ask the rest of the group to comment and give constructive feedback on the skills used (10 mins)
- Summarize their responses to focus on paying attention while listening, facilitating change, use of media, tone of voice, etc.

Unit 4: The Effective Counselor



SLIDE 43

Read slide.

Brainstorm (5 mins)

- ▶ What are the attributes of an effective child counselor?



▶ 44

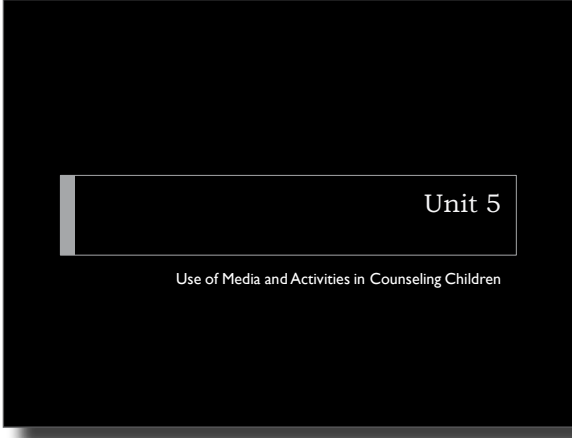
Module 6


SLIDE 44

Ask participants to share the different characteristics and qualities of an effective counselor.

<p>Attributes of an Effective Child Counselor</p> <ul style="list-style-type: none"> ▶ <u>Congruent</u> : integrated, grounded, genuine, consistent, and stable ▶ <u>In touch</u> with inner child: As adults we have not lost our child in us, which is still a part of our personality ▶ <u>Controlled</u> emotional involvement ▶ <u>Accepting</u>, non critical and non judgmental <p>▶ 45 Module 6</p>	<p>Use this slide to summarize the characteristics.</p>
<p>SLIDE 45</p>	

Unit 5: Use of Media and Activities in Counseling Children

 <p>The slide features a black background with a white rectangular box in the center. Inside the box, the text 'Unit 5' is displayed in a white serif font. Below the box, the text 'Use of Media and Activities in Counseling Children' is written in a smaller white font.</p>	<p>Read slide.</p>
<p>SLIDE 46</p>	

<p>Video Clip: Working with Eric (13 min)</p> <ul style="list-style-type: none"> ▶ What challenges is Eric facing? ▶ What lessons did you learn from this video clip? ▶ Using the lessons learned, identify strategies for dealing with children in similar situations  <p>▶ 47 Module 6</p>	<p>Allow time to view and discuss the video clip (Eric).</p>
<p>SLIDE 47</p>	

Facilitation Background Information (Video Clip)

Eric, 11 years old, is living with HIV. He is an orphan, staying with his aunt. Eric lost both his parents to HIV.

SESSION:

WHAT CHALLENGES IS ERIC FACING?


- Stigma
- Discrimination
- Self rejection
- Anger
- Isolation
- Hurtful feelings

WHAT LESSONS HAVE YOU LEARNED FROM THE SESSION?

- Children, like any other human beings, feel hurt when they are discriminated against
- HIV positive children are very sensitive about the way they are handled
- There is a lot of stigma and discrimination at the family level
- Play is a powerful tool to facilitate communication with children

IDENTIFY STRATEGIES IN DEALING WITH CHILDREN IN YOUR OWN SETTINGS

- Counseling support for Eric and his Aunt
- Care takers' training workshops
- Life skills training workshop for adolescents to raise self-esteem
- Support groups to facilitate creation of a positive self image.
- Creating awareness at school and community level about the challenges facing HIV-positive children

<p>Children’s Natural Language is Play</p> <ul style="list-style-type: none"> ▶ Play is more than just recreation ▶ Through play children process and make sense of their experiences ▶ Children are compelled to play ▶ Play is vital to healthy development ▶ Play allows children to explore and “master” their world  <p>▶ 48 Module 6</p>	<p>Use the following set of slides to emphasize the importance of play while counseling children.</p>
<p style="text-align: center;">SLIDE 38</p>	<p>Continue</p>
<p>The Play Therapy Room</p> <ul style="list-style-type: none"> ▶ Specifically designed for a purpose ▶ Minimal distractions ▶ Helps the child to believe that no one else is listening. ▶ Well ventilated ▶ Must have a warm and comfortable feel ▶ Sufficient space for active, constructive play ▶ A sink in a wet area, for messy play (clay and paint etc) <p>▶ 49 Module 6</p>	<p>Use the slide to elaborate on the media selection criteria.</p>
<p style="text-align: center;">SLIDE 49</p>	<p>Use the slide to elaborate on the media selection criteria.</p>
<p>Media Selection Criteria</p> <ul style="list-style-type: none"> ▶ Consider the child’s development and age ▶ Whether the child is being counseled individually or in a group ▶ The current counseling goals <p>▶ 50 Module 6</p>	<p>Use the slide to elaborate on the media selection criteria.</p>
<p style="text-align: center;">SLIDE 50</p>	<p>Use the slide to elaborate on the media selection criteria.</p>

Types of Media



▶ 51

Module 6

SLIDE 51

Use this slide to elaborate on the different types of media. These should also be culturally appropriate.

Useful Media in Child Counseling

- ▶ Books and Stories: Encourage the child to alter or master the story.
- ▶ Drawing: Allows children to make pictures depicting events, which can make them feel powerful and in control.
- ▶ Miniatures: Can be useful for dramatic or imaginary play to express events and situations.
- ▶ Puppets/Soft Toys: Allow child to assume powerful roles, and various imaginary pretend play.

▶ 52

Module 6

SLIDE 52

Use the slide to summarize useful media in child counseling.

Useful Media in Child Counseling

- ▶ Sand tray work: Allows children to create fantasy environments in which they can feel in control. Also allows them to bury figures, objects in the sand to conceal them.
- ▶ Work sheets: Can be used to directly address problem solving and decision making skills, issues related to self-esteem, self concept etc.
- ▶ Games: Can be selected which target the child's specific skills and give child the opportunity to perform well.

▶ 53

Module 6

SLIDE 53

Continue

Principles of Non Directive Play
The child leads the way, the therapist follows.

- ▶ Accepts the child exactly as s/he is.
- ▶ Establishes a feeling of permissiveness in the relationship
- ▶ Does not attempt to direct the child's actions or conversation
- ▶ Does not attempt to hurry the therapy along.
- ▶ Recognizes the 'feelings' that the child is expressing and reflects these back to the child so that s/he gains insights
- ▶ Maintains a deep respect for the child's ability to solve his or her problem
- ▶ Establishes only those limits that are necessary to anchor the therapy in the world of reality and to make the child aware of his/her responsibility in the relationship

▶ 54

Module 6

SLIDE 54

Use the following set of slides to elaborate on principles of non-directive play.

A Therapist can Best Facilitate a Play Session Through

Creativity

Autonomy

Relationship

▶ 55

Module 6

SLIDE 55

Use slide to elaborate on how to facilitate non-directive play with children.

Relationship

- ▶ Warmth, trust, and acceptance are all present
- ▶ Safe, authentic, confidential, purposeful, non intrusive
- ▶ Respectful of child's values and beliefs. Never "makes fun"
- ▶ Counselor is a silent, empathic companion
 - ▶ congruent at all times and levels.

▶ 56

Module 6

SLIDE 56

Emphasize the importance of a facilitating relationship during play therapy.

<div data-bbox="310 262 873 693" style="border: 1px solid black; padding: 10px;"> <p>Autonomy</p> <ul style="list-style-type: none"> ▶ The counselor allows the child to lead the session ▶ The counselor is available and attentive <ul style="list-style-type: none"> ▶ Aids the child in using the medium of expression, ▶ Suggests options of materials if child is stuck ▶ The counseling session concentrates on the process of the child's creation <ul style="list-style-type: none"> ▶ through painting, drawing or making an object, etc. <p style="font-size: small; margin-top: 10px;">▶ 57 Module 6</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 57</p>	<p>Continue</p>
<div data-bbox="310 808 873 1239" style="border: 1px solid black; padding: 10px;"> <p>Creativity</p> <p>All children are able to be creative if</p> <ul style="list-style-type: none"> ▶ they have the materials available ▶ they feel safe enough to express themselves <p><i>Hint: Drawing in sand can be safer than marks on a paper that cannot be erased for a child who is reluctant to express themselves.</i></p> <p style="font-size: small; margin-top: 10px;">▶ 58 Module 6</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 58</p>	<p>Elaborate on creativity.</p>
<div data-bbox="310 1339 873 1770" style="border: 1px solid black; padding: 10px;"> <p>It's the Process that Matters</p> <ul style="list-style-type: none"> ▶ Emphasize the process rather than product! ▶ Value the child's attempt and courage ▶ Ensure that materials are well kept and easily available ▶ Ensure a variety of available media <p><i>Just like poets who would be stuck if they had limited vocabulary, a child will be stuck if appropriate media is not available to them to express themselves.</i></p> <p style="font-size: small; margin-top: 10px;">▶ 59 Module 6</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 59</p>	<p>Emphasize that it is the process that matters, not the outcome.</p>

Role Play (20 mins)

- ▶ On use of different media



▶ 60

Module 6

- Select 2 participants randomly to role play using different available media.
- Allow feed back comments after the role play. Emphasize the need for the use of different media while communicating with and counseling children.
- Summarize the responses and address expressed challenges.

SLIDE 60

Module 7

Working with Adolescents

This module consists of five (5) units and it requires use of group discussions and presentation, experience sharing, brainstorming, lecture presentation. It also uses video clips.

SUGGESTED TRAINERS: The units of this module are best taught by a combination of counselors or psychologists.

Module Objectives

At the end of this module participants will be able to:

1. Explain adolescence
2. Explain adolescence and sexuality
3. Identify issues, concerns and challenges of adolescents living with HIV
4. Develop desirable strategies to communicate and counsel adolescents
5. Explain life skills for adolescents

Duration

255 minutes (4 hours, 30 minutes)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Group work, Videos, Presentations, Experience sharing, Presentations


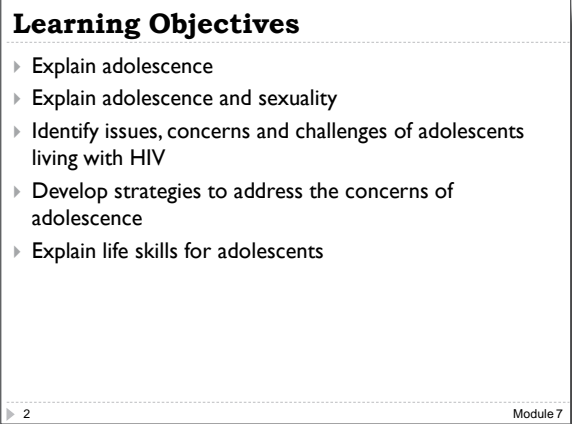
Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers, Pencils, Pens, Paper, DVD/Video player, DVD

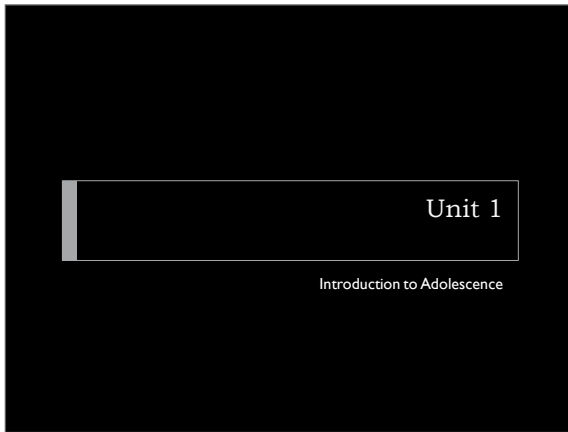
Module 7: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	120 mins	Explain adolescence	Introduces the situation of adolescence, definition of adolescence, characteristics, risk factors for HIV infection especially among young women	<ul style="list-style-type: none"> • Lecture • Small group discussions • Presentations • Brainstorming 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape
2	90 mins	Explain adolescence and sexuality	Presents definition of sex and sexuality, factors that influence sex and sexuality among adolescents	<ul style="list-style-type: none"> • Lectures • Brainstorming • Small group discussions 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Flipcharts • Marker • Masking tape
3	30 mins	Describe challenges around HIV and adolescence	Highlights challenges faced by HIV-infected adolescents	<ul style="list-style-type: none"> • Brainstorming • Lecture • Discussions • Video 	<ul style="list-style-type: none"> • Markers • Flipcharts • Masking tape • Computer • LCD Projector • Presentation slides • Video player • DVD
4	75 mins	Develop desirable strategies to work with adolescents	Presents strategies to work with adolescents, challenges in communicating with adolescents, attributes, counseling and communication skills with adolescents	<ul style="list-style-type: none"> • Brainstorming • Lectures • Discussions • Video • Experience sharing • Group work 	<ul style="list-style-type: none"> • Computer • Presentation slides • LCD projector • Flipcharts • Markers • Masking tape • DVD player • DVD
5	45 mins	Explain life skills for adolescents	Presents life skills: definition, importance and categories of life skills	<ul style="list-style-type: none"> • Video • Discussion • Brainstorming • Lecture • Group work • Presentations 	<ul style="list-style-type: none"> • Computer, • LCD Projector • Flipchart • Markers • Masking tape • Presentation slides

Module 7: Introduction

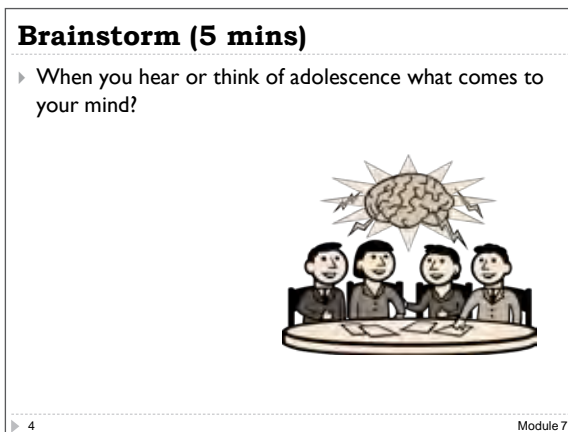
 <p>Module 7 Working with Adolescents</p> <p>USAID UNICEF World Bank</p> <p>SLIDE 1</p>	<ul style="list-style-type: none">• Introduce the topic by asking participants whether counseling adolescents is the same as counseling children or adults?• Allow for participant responses.
 <p>Learning Objectives</p> <ul style="list-style-type: none">▶ Explain adolescence▶ Explain adolescence and sexuality▶ Identify issues, concerns and challenges of adolescents living with HIV▶ Develop strategies to address the concerns of adolescence▶ Explain life skills for adolescents <p>2 Module 7</p> <p>SLIDE 2</p>	<p>Use the slide to outline the module objectives.</p>

Unit 1: Introduction to Adolescence



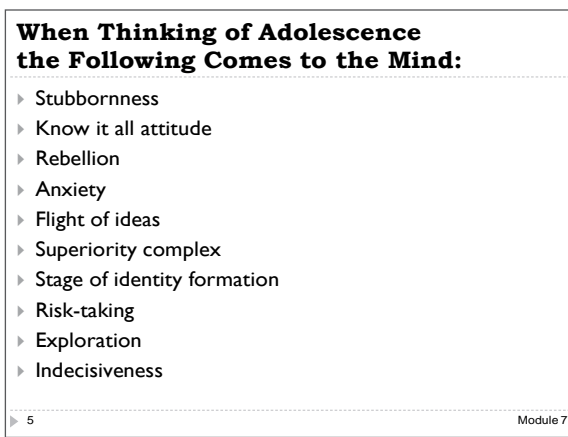
Read slide.

SLIDE 3




Ask participants to share about what comes to their mind when they hear or think of adolescence.

SLIDE 4



Summarize the responses and consolidate learning.

SLIDE 5

<p>Brainstorm (10 mins)</p> <ul style="list-style-type: none"> ▶ What were some of your personal experiences as adolescents? <ul style="list-style-type: none"> ▶ Best experiences ▶ Worst experiences  <p>▶ 6 Module 7</p>	<p>Allow participants to share own experiences of adolescence both good and bad, or noteworthy experiences of others.</p>
<p style="text-align: center;">SLIDE 6</p> <p>Introduction (1)</p> <ul style="list-style-type: none"> ▶ 30% of the people living with HIV world-wide are under 25 years old. Refer to the graph. ▶ Adolescents are the adults of “tomorrow”. They are our future leaders. ▶ Adolescence is a difficult stage of passing from childhood. It entails physical changes and sexual attractions which bring insecurity and anxiety. <p>▶ 7 Module 7</p>	<p>Use the content of the slide to introduce the unique situation of adolescents, continue to allow for participant responses.</p>
<p style="text-align: center;">SLIDE 7</p> <p>Introduction (2)</p> <ul style="list-style-type: none"> ▶ In their search for identity and stability amid the numerous changes of puberty, adolescents communicate in unique ways such as rebellion, criticism, withdrawal, and risky behavior. <p>▶ 8 Module 7</p>	<p>Continued</p>
<p style="text-align: center;">SLIDE 8</p>	

Brainstorm (5 mins)

- ▶ What are the risk factors for HIV infection among young women in the general population?



▶ 9

Module 7

SLIDE 9

Ask participants to share what they know about the risk factors for HIV infection among young women.

Risk Factors for HIV Infection Among Young Women in the General Population

- ▶ Youthful age (15-24 years)
- ▶ Number of sexual partners
- ▶ Sex in exchange for money
- ▶ Married young women
- ▶ Having an older sexual partner
- ▶ Transgenerational sex
- ▶ HIV positive sexual partner

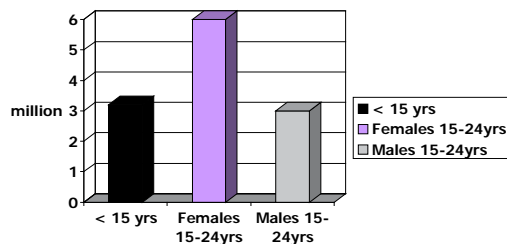
▶ 10

Module 7

SLIDE 10

Summarize the responses and consolidate the learning.

22% of the People Living with HIV World-Wide are <25years




▶ 11

Module 7

SLIDE 11

Use slide as an illustration to highlight the vulnerability of young women to HIV infection.

<p>Brainstorm (5 mins)</p> <ul style="list-style-type: none">▶ What is the definition of adolescence?  <p>▶ 12 Module 7</p>	<p>Ask participants to share their ideas about adolescence.</p>
<p>Definition of Adolescence</p> <ul style="list-style-type: none">▶ A person who is no longer a child and not yet an adult▶ The period in between the beginning of puberty and adulthood▶ From approximately 10-19 years<ul style="list-style-type: none">▶ with individual variations some earlier and some later. <p>▶ 13 Module 7</p>	<p>Summarize responses to the definition.</p>
<p>Stages of Adolescence</p> <ul style="list-style-type: none">▶ Early adolescence (10-13 years)▶ Mid-adolescence (14-16 years)▶ Late adolescence (>17 years) <p>▶ 14 Module 7</p>	<p>Explain the stages of adolescence.</p>

<p>Categories of Adolescent Changes</p> <ul style="list-style-type: none"> ▶ Physical ▶ Social and ▶ Psychological <p>▶ 15 Module 7</p> <p style="text-align: center;">SLIDE 15</p>	<p>Discuss general characteristics of adolescence.</p>
<p>General Characteristics</p> <ul style="list-style-type: none"> ▶ Developing autonomy ▶ Establishing satisfying relationships ▶ Developing an identity ▶ Developing moral reasoning <p>▶ 16 Module 7</p> <p style="text-align: center;">SLIDE 16</p>	<p>Use this slide to talk about the changes that take place in adolescence.</p>
<p>Group Discussion (30 mins)</p> <ul style="list-style-type: none"> ▶ Group 1: physical changes ▶ Group 2: social changes ▶ Group 3: psychological changes <p>▶ 17 Module 7</p> <p style="text-align: center;">SLIDE 17</p>	<ul style="list-style-type: none"> • Divide participants into 3 groups to discuss changes of adolescents as outlined in the slide. • Group discussion should take 15 minutes; presentation and feedback should take 5 minutes for each group. • Use the following set of slides to summarize responses and consolidate learning.

Physical Changes

- ▶ Growth of pubic hair and arm pit hair
- ▶ Profuse sweating and body odor
- ▶ Acne on the face
- ▶ Physical attraction to others

▶ 18

Module 7

Use the slide to summarize physical changes.

SLIDE 18

Boys

- ▶ Deepening of voice
- ▶ Muscle development
- ▶ Wet dreams
- ▶ Growth of facial hair



Photo by David Snyder for CRS

▶ 19

Module 7

Focus on boys.

SLIDE 19

Girls

- ▶ Enlargement of breasts
- ▶ Menstruation begins (menarche)
- ▶ Widening of hips



Photo by Sean Spiegel for CRS

▶ 20


Module 7

Focus on girls.

SLIDE 20

<p>Social Changes</p> <ul style="list-style-type: none"> ▶ Friendship formation ▶ Attraction to opposite sex ▶ Formation and joining of peer groups ▶ Dress to fit fashion and peers ▶ Seeking recognition ▶ Need for adventure <p>▶ 21 Module 7</p> <p style="text-align: center;">SLIDE 21</p>	<p>Social changes</p>
<p>Psychological Changes</p> <ul style="list-style-type: none"> ▶ Emotional and moody ▶ Rebellious ▶ Egocentric ▶ Increased sexual feelings ▶ Curious and inquisitive ▶ Sense of independence ▶ Creative and innovative ▶ Seeking and doubting the meaning of life <p>▶ 22 Module 7</p> <p style="text-align: center;">SLIDE 22</p>	<p>Focus on psychological changes</p>

Unit 2: Adolescence and Sexuality

 <p style="text-align: center;">Unit 2</p> <p style="text-align: center;">Adolescence and Sexuality</p> <p style="text-align: center;">SLIDE 23</p>	<p>Introduce the unit by stating the meaning of adolescence as the period in human development that occurs between the beginning of puberty and adulthood.</p>
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Brainstorm (10 mins)

- ▶ What is Sex?



▶ 24

Module 7

SLIDE 24

- Ask participants to brainstorm about the meaning of sex.
- Question – What is sex?

Hint: If necessary break silence and shyness by giving the answer.

Sex

- ▶ The state of being male and female (maleness or femaleness)
- ▶ The gender roles that are associated with each sex (e.g., nurturing is left to women whereas the security and breadwinner role is for men)
- ▶ The emotions associated with being a male or a female
- ▶ Anatomy of the female and the male and the functions

▶ 25

Module 7

SLIDE 25

Use this slide to summarize the definition and consolidate learning.

Brainstorm (10 mins)

- ▶ What is sexuality?




▶ 26

Module 7

SLIDE 26

- Ask participants to define sexuality
- Ask whether it is the same as sex to clarify the question?
- Facilitator needs to clarify the differences between sex and sexuality.

<p>Sexuality - definition</p> <p>The inter-play of physical, psychological, social and spiritual make up of gender, gender roles, gender identity, sexual orientation, sexual preference, and social norms as they affect physical, emotional and spiritual life.</p> <p>▶ 27 Module 7</p> <p style="text-align: center;">SLIDE 27</p>	<p>Use this slide to summarize the responses.</p>
<p>Experience Sharing (20 mins)</p> <p>▶ Factors that influence sex and sexuality in adolescents?</p>  <p>▶ 28 Module 7</p> <p style="text-align: center;">SLIDE 28</p>	<p>Ask participants to share what they know about factors influencing sex and sexuality.</p>
<p>Social Status of Girls and Women</p> <ul style="list-style-type: none"> ▶ In many African societies, a girl's status is only recognized when she enters into a sexual relationship and demonstrates the ability to have a baby ▶ Older men seek younger sexual partners. In such a relationship the girl is vulnerable because an older man poses a greater risk of infection. <p>▶ 29 Module 7</p> <p style="text-align: center;">SLIDE 29</p>	<p>Summarize the responses.</p>

Adolescent Physical Development and Risk of STD's

- ▶ Immature genital tract is more vulnerable to STD's and HIV
 - ▶ Insufficient thickness of the vaginal wall
 - ▶ Insufficient mucous protection
 - ▶ Cervical cells (columnar epithelium) which are protective against infection are not yet fully developed.
- ▶ Early maturing adolescents may be at greater risk of peer pressure to engage in high risk behavior

▶ 30

Module 7

SLIDE 30

Use the slide content to emphasize physical development and risk of sexually transmitted infections.

Environment Influences Risk-Taking Behavior

- ▶ Social and cultural environments are strong determinants of sexual risk-taking
- ▶ Poverty and isolation may increase an adolescent's likelihood of becoming sexually active
 - ▶ Several studies of orphans in Kenya found that a significant percentage of girls aged 11-15 years had either had a baby, an abortion or were pregnant (Mutemi et al.)

▶ 31

Module 7

SLIDE 31

- Use the content in the slide to emphasize risk-taking behavior and the influence of the environment
- For example children who grow up in slums, where sex is practiced in the open, tend to engage in sex early in life.

Brainstorm (5 mins)

- ▶ From your experience how do adolescents prefer getting information on sex and sexuality?



▶ 32

Module 7

SLIDE 32

- Ask participants to share their experience on how adolescents prefer getting information on sex and sexuality.
- Emphasize that adolescents prefer to get information on sex and sexuality from their parents. However, parents' own fears and culture hinder the free sharing of sex education between them and their children.

<div data-bbox="305 262 873 693" style="border: 1px solid black; padding: 10px;"> <p>Role of Parents in Sex Education</p> <ul style="list-style-type: none"> ▶ Parents may have limited knowledge about HIV ▶ The ideal practice is for parents to talk about sex and sexuality with their adolescent children ▶ Parents experience many barriers to communicating about sexuality with their children including <ul style="list-style-type: none"> ▶ lack of information ▶ lack of confidence with their own sexuality and ▶ history of not discussing these issues with their parents <p style="font-size: small; margin-top: 10px;">▶ 33 Module 7</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 33</p>	<p>Use the slide to highlight challenges faced by parents regarding sex education discussions with their children.</p>
<div data-bbox="305 808 873 1239" style="border: 1px solid black; padding: 10px;"> <p>Gender and Peer Influences on Sexuality</p> <ul style="list-style-type: none"> ▶ Sexually active adolescent girls tend to rely on their male partners for sexual decision making. ▶ Girls will tend to have sex to please their boyfriends even when they themselves do not enjoy it. ▶ For boys, to have sex is a sign to prove manhood. <p style="font-size: small; margin-top: 10px;">▶ 34 Module 7</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 34</p>	<p>Emphasize the influence of peers on sexuality and general risk-taking adventures.</p>
<div data-bbox="305 1354 873 1785" style="border: 1px solid black; padding: 10px;"> <p>Factors which Influence Sexual Activity</p> <ul style="list-style-type: none"> ▶ An adolescent's attributes <ul style="list-style-type: none"> ▶ Adolescents possess values, attitudes, beliefs, perceptions, standards, etc. ▶ Adolescents with a high sense of self-esteem and strong goal orientation are more likely to delay sexual activity. <p style="font-size: small; margin-top: 10px;">▶ 35 Module 7</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 35</p>	<ul style="list-style-type: none"> • Use the slide content to discuss factors that influence sexual activity. • Emphasize attributes, values and beliefs in influencing involvement in sexual activities.

Emotional Development

Early (10-13years)	Wide mood swings, Intense feelings, Low impulse control
Mid (14-16 years)	Sense of invulnerability: risk-taking behavior peaks
Late (≥ 17 years)	Sense of responsibility for one's health, increasing sense of vulnerability, able to think of others and suppress one's needs, less risk-taking

▶ 36

Module 7

SLIDE 36

Use the following set of slides to emphasize psychosocial factors that influence sex and sexuality of adolescents.

Cognitive Development

Early (10-13years)	Concrete thinking Little ability to anticipate long term consequences of their actions Literal interpretation of ideas
Mid (14-16 years)	Able to conceptualize abstract ideas such as love, justice, truth and spirituality
Late (≥ 17 years)	Formal operational thought. Decision-making tree can be made. Essential to understanding the consequences of various actions. Ability to understand and set limits. Can understand other's thoughts and feelings

▶ 37

Module 7

SLIDE 37

Focus on cognitive development.

Relationship with Peers

Early Adolescence (10-13years)	Increased importance and intensity of same sex relationships
Mid-Adolescence (14-16 years)	Peak of peer conformity Increased sexual relations
Late Adolescence (≥ 17 years)	Peers decrease in importance Begin to develop mutually supportive, mature, intimate relationships

▶ 38

Module 7

SLIDE 38

Focus on the peer relationships.

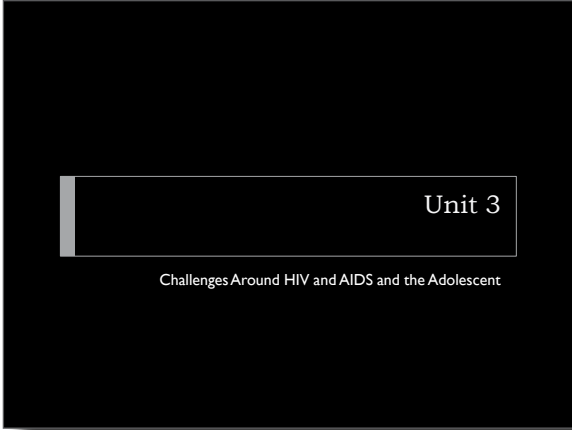
Relationship with Family	
Early Adolescence (10-13years)	Estranged Need for privacy
Mid-Adolescence (14-16 years)	Peak of parental conflict Rejection of parental values
Late adolescence (≥ 17 years)	Improved communication Acceptance of parental values

▶ 39 Module 7

SLIDE 39

Focus on how adolescents relate to family.

Unit 3: Challenges Around HIV and AIDS and the Adolescent



Unit 3
Challenges Around HIV and AIDS and the Adolescent


▶ 40 Module 7

SLIDE 40

Use this slide to initiate a discussion on the challenges around HIV and adolescents.

Video Clip: Josephine

- ▶ What lessons have you learned?
- ▶ What counseling skills and techniques did you see being used?
- ▶ What support does Josephine require to cope?
- ▶ Identify practical strategies to facilitate positive living among HIV-positive adolescents.



▶ 41 Module 7

SLIDE 41

- Prepare the room for video show (Josephine video).
- 10 minutes for viewing and 20 minutes for discussing the slide outline.

Facilitation Background Information (Video Clip)

Josephine is 16 years old, living with HIV, and on an ART program at Nsambya Home Care. She stays with her aunt who is a health care provider. Josephine is currently in school and preparing to sit for her Primary Level Exams (PLE). She is 5 months pregnant.

SESSION:

WHAT LESSONS DO YOU LEARN FROM JOSEPHINE'S SHARING?

- Many adolescents living with HIV are exposed to risky behaviors.
- Children can start sexual relationships as early as 10 years of age.
- Adolescents can be very open to sexual information if gently handled.
- Difficulties of disclosure because of fear of rejection, stigma and discrimination prevail.

HOW WOULD YOU HELP SUCH AN ADOLESCENT?

- Enroll her in antenatal care and ensure that the baby receives prophylaxis
- Discuss reproductive issues
- Educate her regarding positive prevention

IDENTIFY STRATEGIES TO FACILITATE POSITIVE LIVING AMONG HIV-POSITIVE ADOLESCENTS

- Establishment of adolescent-friendly corners at health facilities
- Bring in the family in order to encourage a supportive environment
- Reproductive health education should be incorporated into counseling messages for adolescents; discuss at what age this should be started.
- Formation and establishment of behavior change clubs in schools and health facilities
- Develop networks and collaborations with schools around health facilities.

WHAT COUNSELING TECHNIQUES DID YOU OBSERVE?

- Discuss pros and cons of taking an action
- Empathy

<div data-bbox="310 254 873 680"> <p>Lessons Learned</p> <ul style="list-style-type: none"> ▶ Adolescents should be empowered to disclose their HIV status at all times ▶ There is a lot of HIV among adolescents ▶ Girls should be empowered with life skills ▶ Adolescents engage in activities without analyzing the consequences ▶ Disclosure can be a challenge to intimate relationships <p>▶ 42 Module 7</p> </div> <p style="text-align: center;">SLIDE 42</p>	<p>Use this slide to help summarize the lessons learned from the session with Josephine.</p>
<div data-bbox="310 793 873 1220"> <p>Skills and Techniques</p> <ul style="list-style-type: none"> ▶ Commenting on the process ▶ Open-ended questions ▶ Paraphrasing ▶ Facilitating expression of emotions <p>▶ 43 Module 7</p> </div> <p style="text-align: center;">SLIDE 43</p>	<ul style="list-style-type: none"> • Ask participants to identify the skills and techniques used in the session with Josephine. • Summarize the responses using the slide content • Good communication skills and positive attitude encourage adolescents to open up. • A non-judgmental attitude allowed Josephine to talk freely. The counselor did not blame Josephine because of her situation. • Working with adolescents requires counselors to accept them, not blame or judge them.
<div data-bbox="310 1360 873 1787"> <p>Support Needed for Josephine</p> <ul style="list-style-type: none"> ▶ A lot of psychosocial support ▶ Pregnancy counseling ▶ Life skills support ▶ Nutritional support counseling <p>▶ 44 Module 7</p> </div> <p style="text-align: center;">SLIDE 44</p>	<p>Use slide to emphasize the support needed by Josephine to cope with her situation.</p>

Strategies

- ▶ Develop support systems for adolescents
- ▶ Address sexual issues among adolescents
- ▶ Address reproductive health issues among adolescents
- ▶ Encourage parenting seminars for care takers

▶ 45

Module 7

SLIDE 45

Summarize practical strategies to facilitate positive living among HIV infected adolescents.

Brainstorm (10 mins)

- ▶ Are there other challenges faced by HIV-affected adolescents?



▶ 46

Module 7

SLIDE 46

Ask participants to list other challenges faced by HIV affected adolescents.

Challenges Faced by HIV-Affected Adolescents (1)

- ▶ Limited knowledge about HIV transmission and prevention
- ▶ Limited access to health information and care
- ▶ Lack of adolescent-friendly health facilities
- ▶ Myths and misconceptions about sex and sexuality
- ▶ Issues of marriage and child bearing
- ▶ Conforming to cultural sexual roles and expectations.

▶ 47

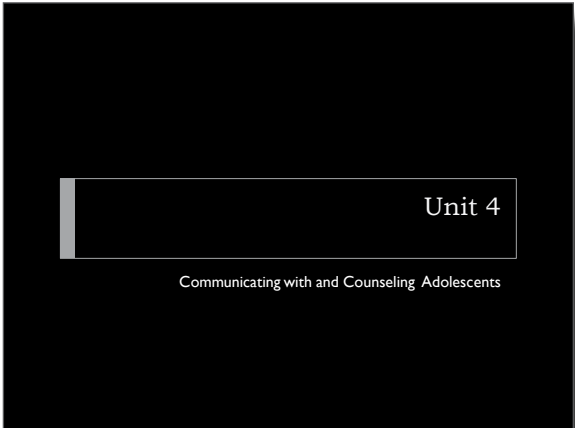
Module 7

SLIDE 47

Summarize the challenges.

<p>Challenges Faced by HIV-Affected Adolescents (2)</p> <ul style="list-style-type: none"> ▶ Disclosure ▶ Poverty ▶ Sex in exchange for money with “sugar daddies and mummies” ▶ Growing up in dysfunctional families ▶ Peer influences ▶ Stigma and discrimination <p>▶ 48 Module 7</p> <p style="text-align: center;">SLIDE 48</p>	<p>Continue</p>
<p>Risk-Taking</p> <ul style="list-style-type: none"> ▶ Risk-taking is typical of adolescents all over the world and is characterized by: <ul style="list-style-type: none"> ▶ Drug use – cigarette smoking is often the entry point into other substance abuse ▶ Violence ▶ Casual sex <p>▶ 49 Module 7</p> <p style="text-align: center;">SLIDE 49</p>	<p>Emphasize risk-taking among adolescents.</p>

Unit 4: Communicating with and Counseling Adolescents

 <p style="text-align: center;">SLIDE 50</p>	<p>Read slide.</p>
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Brainstorm (10 mins)

- ▶ Share experiences on working with adolescents



▶ 51

Module 7

SLIDE 51

Ask participants to share their experiences counseling and communicating with adolescents.

Challenges in Communicating with Adolescents

- ▶ Adolescents tend not to have pre-conceived ideas regarding the treatment process.
- ▶ They tend to take time to build trust in therapist and to settle into counseling process
- ▶ Adolescents are more likely to be non-compliant with medication or other treatments
- ▶ And they are less likely to seek health care from other sources, including health centers

▶ 52

Module 7

SLIDE 52

Use the following set of slides to summarize the responses and consolidate learning in this area.

Challenges and Issues (1)

- ▶ Adolescents are physically and sexually mature enough to engage in what is perceived as “adult” activities (smoking, drinking alcohol, sex etc.)
- ▶ There is lack of cognitive maturation and experience which makes it difficult for the adolescent to perceive today’s actions as directly related to tomorrow’s consequences.
- ▶ Adolescents need positive responses from adults.
- ▶ Adolescents need a balance between structure and freedom to express their feelings in order to gain stability.

▶ 53


Module 7

SLIDE 53

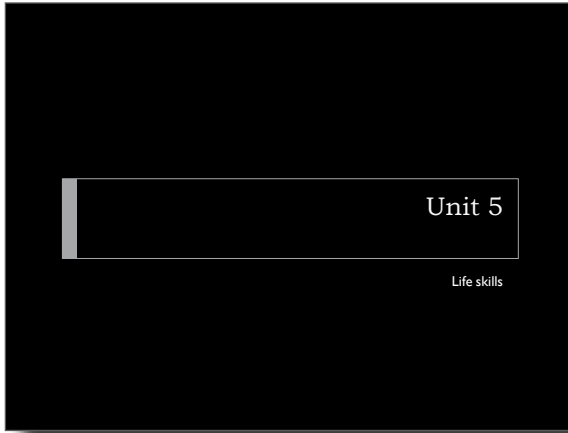
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<p>Challenges and Issues (2)</p> <ul style="list-style-type: none"> ▶ If adolescents receive a positive response, they are able to develop new inner resources such as identity, purpose in life, independence, responsibility and the ability to endure problems. <p>▶ 54 Module 7</p> <p style="text-align: center;">SLIDE 54</p>	<p>Continue</p>
<p>Counseling the Adolescent</p> <ul style="list-style-type: none"> ▶ Identify assets/strengths ▶ Be creative in counseling (take a walk together, listen to music) ▶ Encourage responsibility ▶ Understand adolescent “language” <p>▶ 55 Module 7</p> <p style="text-align: center;">SLIDE 55</p>	<p>Elaborate on counseling skills for adolescents.</p>
<p>The First Session</p> <ul style="list-style-type: none"> ▶ Create a safe, adolescent friendly environment ▶ Establish rapport ▶ Join: get to know client and help the adolescent feel comfortable ▶ Discuss reasons for referral ▶ Explore related issues ▶ Assess risks, including emergent psychological concerns ▶ Provide relevant information ▶ Discuss next course of action <p>▶ 56 Module 7</p> <p style="text-align: center;">SLIDE 56</p>	<p>Use the slide content to outline the steps of the first session with an adolescent.</p>

<p>Desirable Attributes of an Effective Care Provider</p> <ul style="list-style-type: none"> ▶ Empathy ▶ Genuineness ▶ Warmth ▶ Promotes open dialogue ▶ Non-judgmental ▶ Unconditional Positive Regard (UPR) ▶ Maintains confidentiality <p>▶ 57 Module 7</p>	<p>Discuss and define attributes.</p>
<p style="text-align: center;">SLIDE 57</p>	
<p>Empathy</p> <p><i>“The best way to step on a teen’s toes, is to put yourself in their sneakers” – Unknown</i></p> <ul style="list-style-type: none"> ▶ Convey that you hear their words, understand their thoughts, and sense their feelings ▶ Empathy is different than identification ▶ Best conditions for growth occur when clients feel accepted unconditionally, trusted, and understood <p>▶ 58 Module 7</p>	<ul style="list-style-type: none"> • Elaborate on each of the following attributes. • Focus on empathy.
<p style="text-align: center;">SLIDE 58</p>	
<p>Genuineness</p> <p><i>“Authenticity is something you are, not something you do.” – Les Parrot III</i></p> <ul style="list-style-type: none"> ▶ Essential to building rapport ▶ Can be expressed through verbal and nonverbal communication ▶ Solicits active involvement in treatment <ul style="list-style-type: none"> ▶ Creates personal investment in well-being <p>▶ 59 Module 7</p>	<p>Focus on genuineness.</p>
<p style="text-align: center;">SLIDE 59</p>	

<p>Warmth</p> <p><i>"I have no methods. All I do is accept people" – Paul Tourmivier</i></p> <ul style="list-style-type: none"> ▶ The key to non-possessive warmth is acceptance ▶ Accepts the thoughts, feelings, and actions of the client <ul style="list-style-type: none"> ▶ Helps develop a base of self-worth ▶ Facilitates the therapeutic relationship <p>▶ 60 Module 7</p>	<p>Focus on warmth.</p>
<p>Keys to Effective Counseling With Adolescents</p> <ul style="list-style-type: none"> ▶ The most important instrument is you! ▶ The therapeutic alliance/relationship is crucial to moving forward and is key to all future stages of therapy ▶ Attitude and behavior are critical ▶ Adolescents are more likely to improve when treatment is integrated with warmth, genuineness, and empathy ▶ Support groups are commonly used with adolescents ▶ Teach adolescents life skills <p>▶ 61 Module 7</p>	<p>Use the slide to summarize important keys to counseling adolescents.</p>
<p>Video Clip: Unique Girls (20 mins)</p> <ul style="list-style-type: none"> ▶ Identify the skills used ▶ Share lessons learned <div style="text-align: center;">  </div> <p>▶ 62 Module 7</p>	<ul style="list-style-type: none"> • Show the video (Unique Girls): 10 minutes viewing and 10 minutes discussion. • Ask participants to identify the skills used and lessons learned. • Discussion question: What counseling techniques are observed? <ul style="list-style-type: none"> - Introductions - Seating arrangement - Ensuring all are involved in the discussion - Non judgmental attitude - Using peer support to reinforce positive behaviors - How to teach life skills <p>Note different development among the girls, all of whom are between 15-16 years old.</p>

Unit 5: Life Skills




Read slide.

SLIDE 63

Brainstorm (5 mins)

▶ What are life skills?



▶ 64 Module 7

Ask participants to define life skills.

SLIDE 64

Definition – Life Skills

- ▶ These are skills needed by an individual to operate effectively in society in an active and constructive way.
- ▶ Personal and social skills are required for young people to function confidently and competently with themselves, with other people and the wider community.

▶ 65 Module 7

Summarize responses on the definition of life skills.

SLIDE 65

<p>Why Life Skills?</p> <ul style="list-style-type: none"> ▶ To facilitate development of adaptive and positive behaviors ▶ To enable adolescents to effectively deal with the demands and challenges of life <p>▶ 66 Module 7</p> <p style="text-align: center;">SLIDE 66</p>	<p>Use the slide to discuss the importance of life skills.</p>
<p>Categories of Life Skills (1)</p> <ol style="list-style-type: none"> 1. The skills of knowing and living with oneself: <ul style="list-style-type: none"> ▶ Self awareness ▶ Self esteem ▶ Assertiveness ▶ Coping with emotions ▶ Coping with stress <p>▶ 67 Module 7</p> <p style="text-align: center;">SLIDE 67</p>	<p>Use the following set of slides to elaborate on the different categories of life skills.</p>
<p>Categories of Life Skills (2)</p> <ol style="list-style-type: none"> 2. The skills of knowing and living with others: <ul style="list-style-type: none"> ▶ Inter-personal relationships ▶ Friendship formation ▶ Empathy ▶ Peer pressure/resistance ▶ Negotiation ▶ Non-violent conflict resolution ▶ Effective communication <p>▶ 68 Module 7</p> <p style="text-align: center;">SLIDE 68</p>	<p>Continue</p>

<p>Categories of Life Skills (3)</p> <p>3. The skills of making effective decisions</p> <ul style="list-style-type: none"> ▶ Decision making ▶ Critical Thinking ▶ Creative Thinking ▶ Problem solving <p>▶ 69 Module 7</p> <p style="text-align: center;">SLIDE 69</p>	<p>Continue</p>
<p>Take note!</p> <ul style="list-style-type: none"> ▶ Learning life skills is a process ▶ Life skills cannot be imparted in one day ▶ It is important to continually help adolescents to build life skills at any opportunity <p>▶ 70 Module 7</p> <p style="text-align: center;">SLIDE 70</p>	<ul style="list-style-type: none"> • Emphasize that acquiring skills is a process not an activity. • Behavior change is a process. • Teaching adolescents is a continuous process that requires a lot of patience and understanding.
<p>Conclusion (1)</p> <ul style="list-style-type: none"> ▶ Adolescents will take time to trust and build the therapeutic alliance which will help in all stages of therapy ▶ Adolescence is a stage of rapid physical growth and psychological development ▶ Sexual maturation is completed well before emotional and cognitive development <p>▶ 71 Module 7</p> <p style="text-align: center;">SLIDE 71</p>	<p>Use the following set of slides to summarize discussion on working with adolescents and consolidate learning.</p>

<p>Conclusion (2)</p> <ul style="list-style-type: none">▶ In order to work with adolescents and gain their trust it is important to have a realistic approach▶ Understand the background of the problem because behind every action there is a cause▶ Help the adolescent to discover him or herself▶ Be present and listen to what the adolescent has to say <p>▶ 72 Module 7</p> <p style="text-align: center;">SLIDE 72</p>	<p>Continue</p>
<p>Conclusion (3)</p> <ul style="list-style-type: none">▶ Be open to his or her ideas and be non-judgmental.▶ Ask open-ended questions and give the adolescent plenty of time to explain his or her actions▶ Remember to involve the family▶ Understand and speak their language <p>Do not <i>impose your values on adolescents, this creates conflict!</i></p> <p>▶ 73 Module 7</p> <p style="text-align: center;">SLIDE 73</p>	<p>Continue</p>

Module 8

Counseling Children on HIV and AIDS

This module consists of three (3) units which cover HIV counseling with children in terms of the key issues of testing, as well as the process and the skills required in counseling children.

Due to the varied nature of the topics covered in this module, group discussions, presentations, role plays as well as over view lectures are used.

SUGGESTED TRAINERS: The units of this module are best taught by a combination of psychologists, counselors and trained clinicians.

Module Objectives

At the end of this module participants will be able to:

1. Explain basic HIV counseling in children
2. Describe important aspects of ART counseling in children.
3. Demonstrate skills necessary to explain ART to children in their own language

Duration

240 minutes (4 hour)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Group work, Videos, Presentations, Role plays, Summary Presentations, Practice sessions


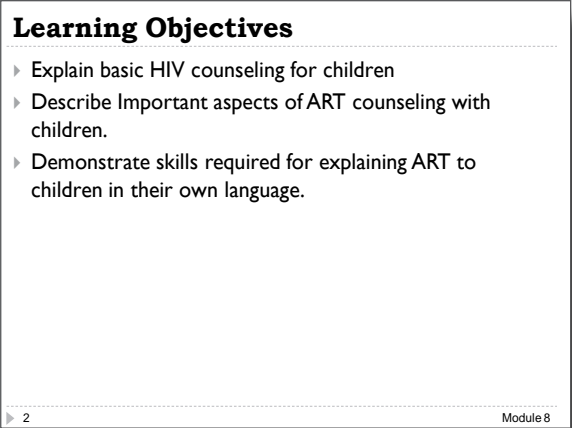
Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers, Pictorial slides, video/DVD player

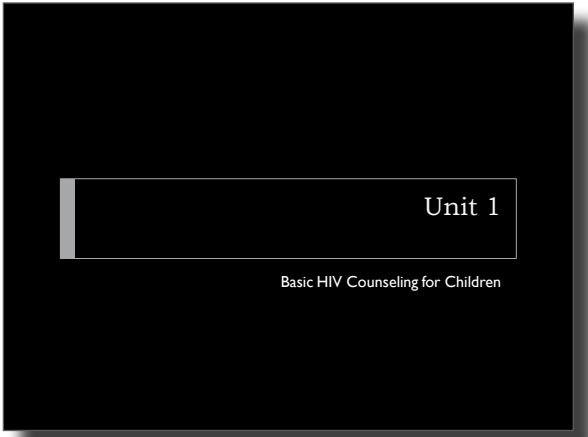

Module 8: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	120 mins	Basic HIV Counseling Information	Key issues to consider before HIV testing of children; process for pre- and post-test counseling	<ul style="list-style-type: none"> • Lectures • Brainstorming • Presentations • Video • Discussions 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Markers • Flipchart • Masking tape • Video/DVD player
2	40 mins	Counseling Children for ART	Importance of counseling children for/on ART, including benefits and challenges.	<ul style="list-style-type: none"> • Lectures • Discussions • Brainstorming • Role Plays 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Flip charts • Markers • Masking tape
3	40 mins	Demonstrate the Importance of ART to a child in their own language	<u>Job Aid</u> Describing how ARVs work in children	<ul style="list-style-type: none"> • Lecture • Discussions • Pictorial slides 	<ul style="list-style-type: none"> • Computer • LCD Projector • Presentation slides • Posters with pictorial

Module 8: Introduction

 <p>Slide 1 content: AIDS RELIEF logo, photo of a child, text: Photo by Sean Sprague for CRS (used for illustrative purposes and does not indicate HIV status), Module 8, Counseling Children on HIV and AIDS, USAID logo, and other organizational icons.</p>	<p>Read slide.</p>
 <p>Slide 2 content: Learning Objectives section with three bullet points: Explain basic HIV counseling for children, Describe Important aspects of ART counseling with children, Demonstrate skills required for explaining ART to children in their own language. Includes a slide number '2' and 'Module 8' at the bottom.</p>	<p>Outline the objectives of the module as indicated in the slide.</p>

Unit 1: Basic HIV Counseling for Children

 <p>Unit 1 Basic HIV Counseling for Children</p>	<p>Read slide.</p>
<p>Brainstorm (5 mins)</p> <p>▶ What are the important factors we should consider in HIV counseling for children?</p>  <p>▶ 4 Module 8</p>	<ul style="list-style-type: none">• Ask participants to brainstorm special factors related to HIV counseling in children• Summarize the responses on a flip chart
<p>HIV Counseling for Children</p> <ul style="list-style-type: none">▶ Assessing children's knowledge and their understanding of HIV and AIDS.▶ Preparing children and caregivers for HIV testing▶ Giving age related HIV information to children and caregivers <p>▶ 5 Module 8</p>	<p>Use the contents of this slide to help summarize the factors to consider (above).</p>

Group Work (45 mins)

- ▶ Group 1: Issues to consider when counseling a child for HIV
- ▶ Group 2: Who should talk to children about HIV and why?
- ▶ Group 3: Process for pre- test counseling for children
- ▶ Group 4: Process for post test counseling



▶ 6

Module 8

SLIDE 6

- Divide the participants into 4 groups. Allow time for group work to address the issues as shown in the slide (15 mins).
- Allow feedback and discussion (30 mins)

Issues to Consider when Preparing to Test Children for HIV

- ▶ Who is asking for the child to be tested?
- ▶ What is the relationship? Is it the parent, guardian or neighbor?
- ▶ What are the reasons for the test?
- ▶ Is the adult thinking about the child's needs, their own needs?
- ▶ Parents of a child under 18 give informed consent. (Always refer to country specific guidelines)
- ▶ Children have their rights and legal issues that must be taken into consideration.

▶ 7

Module 8

SLIDE 7

- Use the slide to help consolidate learning.
- Emphasize the point that testing children should be in the children's best interests.

(The module on legal issues will address this in more detail)

Who should talk to children about their sero-status?

- ▶ Guiding Principles
 - ▶ Health workers and counselors should be a source of support
 - ▶ It should be the parent or caregiver who talks to the child
 - ▶ Parents should be equipped with proper skills and supported by health workers

▶ 8

Module 8

SLIDE 8

Emphasize that involvement of parents or care takers encourages ownership of shared issues.

<p>Encourage Parents/Care Takers to Talk to Children about HIV</p> <ul style="list-style-type: none"> ▶ Children like to communicate with people they trust, people who love them and people who give them a sense of security ▶ Health workers/counselors work to bind relationships between children and their care takers ▶ Counselors must not take over responsibility from care takers ▶ Each child should be treated as an individual ▶ Keep in mind the child's and parent's understanding of the consequences of the test <p>▶ 9 Module 8</p>	<p>Use this to emphasize that counselors must not take over responsibility but need to work hand- in-hand with parents and caregivers.</p>
SLIDE 9	
<p>Process of Pre-test Counseling in Children (Preparing for the HIV test)</p> <ul style="list-style-type: none"> ▶ Join (orientation with child and caregiver; may need to meet with child and caregiver separately) ▶ Understand reasons for referral ▶ Assess HIV knowledge and correct misconceptions of either the child or the parent/caregiver. ▶ Discuss the advantages and disadvantages of testing ▶ Consequences of the test results (positive or negative) ▶ Positive living <p>▶ 10 Module 8</p>	<ul style="list-style-type: none"> • Didactic presentation. Present the contents of this slide, but allow participants to contribute and ask questions. • Sharing of information with the child will be determined by how much the child knows about HIV, age and general understanding level.
SLIDE 10	
<p>Process of Pre-test Counseling in Children (Preparing for the HIV test) (cont.)</p> <ul style="list-style-type: none"> ▶ Support system (who will the child tell and why) ▶ Get informed consent in writing (if the child is a minor parent or guardian gives consent) ▶ Provide information on test procedure and set appointment for post-test ▶ Escort to lab for procedure <p>▶ 11 Module 8</p>	<ul style="list-style-type: none"> • In cases where the child is very young (determined in counseling assessment) the parent or the care taker becomes the main client on behalf of the child. • Note: There is always need to assess how much the child knows.
SLIDE 11	

Process of Post-test Counseling in Children (Result giving session)

- ▶ May need to meet with child and caregiver separately
- ▶ Re-cap from last session; child and caregiver together
- ▶ Provide and discuss HIV test results
- ▶ Use chart (talking to children about “slim”) to explain HIV and AIDS to a child and care taker.
- ▶ Address fears and support appropriately and invite for follow-up visits

▶ 12

Module 8

SLIDE 12

Continue

Post-Test Information

- ▶ You have to come to the clinic because you have an illness
- ▶ That means that you may get sick sometimes
- ▶ You have a germ that lives in your blood
- ▶ Another name for a germ is a ‘virus’
- ▶ What do you know about germs and illness?



HIV is a virus



▶ 13

Module 8

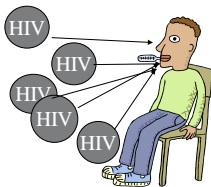
SLIDE 13

Emphasize the need to simplify communication to the level of the child.

How to Say it...

- ▶ The name of the virus you have is HIV
- ▶ What have you heard about HIV? Or What do you know about HIV?
- ▶ Correct any misinformation
- ▶ The virus (HIV) can harm the healthy cells that protect you from sicknesses
- ▶ Viruses can make someone very sick, and medicines are necessary to keep you healthy

HIV attacks the immune system



▶ 14

Module 8

SLIDE 14

Different from the way we talk to adults, you need to say things in a way that will help you reach or communicate with the child.

Explaining MTCT

- ▶ HIV was in your blood when you were born.
- ▶ Your mom has the same virus in her blood and you got it from your mom
- ▶ You cannot get this virus or give it to anyone else just by being around them or by being close to them.
- ▶ It is ok to play, go to school, and to hug your friends and family.
- ▶ They will not get the virus just because you are close to them
- ▶ If you fall and hurt yourself and are bleeding, don't let others touch your blood



▶ 15

Module 8

SLIDE 15

- Ask participants “How do you explain MTCT?”
- Then use the slide to outline the answer.
- For children who come with their parents, encourage and empower the parents to be the ones to give this information to the child.

How does someone get HIV? (Explain according to age level)

95% MTCT



Others



▶ 16

Module 8

SLIDE 16

- HIV is spread from one person to another through:
- Sexual fluids (having sex)
 - Blood (infected needles or blood transfusions)
 - Mother to baby during pregnancy, delivery or through breast milk
 - When a person is infected with HIV, the virus is in their blood and any other body fluids.

Explaining Process...

- ▶ When all your healthy cells are damaged by the virus (HIV), your body has trouble staying healthy.
- ▶ Without your healthy cells you can get sick with a bad cough, diarrhea, or other things that make you feel bad
- ▶ The medicine that you take will fight this bad virus (HIV) in your blood
- ▶ If you take your medicine every day, your healthy T-cells can grow back and you can stay healthy





▶ 17

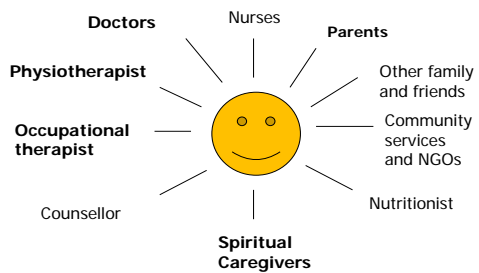
Module 8

SLIDE 17

- “The medicine that you take fights the bad virus (HIV) in your blood.” should be the emphasis while talking to the child.
- Also emphasize that you will take drugs all your life because “your body is like a car which needs fuel to continue moving. Thus your body needs drugs to keep you healthy.”

<p>Role Play: Mary (20 mins)</p> <ul style="list-style-type: none"> ▶ Mary is 10 years old ▶ Mary's parents are HIV positive, they want Mary to be tested for HIV as a health worker prepare Mary for her HIV test.  <p>▶ 18 Module 8</p>	<ul style="list-style-type: none"> • Identify two volunteers • Allow 20 minutes time for role play as outlined in the slide.
SLIDE 18	
<p>Video Clip: Sharon (20 mins)</p> <ul style="list-style-type: none"> ▶ Identify skills and techniques used to communicate to Sharon and her mother. ▶ What lessons have you learned from the session? ▶ What challenges are you likely to encounter in your own work? ▶ How will you deal with the challenges?  <p>▶ 19 Module 8</p>	<ul style="list-style-type: none"> • Prepare the room for video-show. Allow 20 minutes for the show and 20 minutes for discussion. • Refer to summary of this interview at the end of this section. • Emphasize being creative as a counselor to tailor counseling issues to the prevailing situation. • Refer to the summary of this interview at the end of the session.
SLIDE 19	
<p>Supportive Counseling Sessions</p> <ul style="list-style-type: none"> ▶ Involves various issues that come along after HIV positive results ▶ Discuss disclosure (benefits and potential barriers) ▶ Refer to psychosocial support, post-test support group and adherence counseling ▶ Multidisciplinary care team <p>▶ 20 Module 8</p>	<p>Use the content of the slide to help explain the meaning of supportive counseling sessions.</p> <p>Issues that may arise include:</p> <ul style="list-style-type: none"> • Stigma • Discrimination • Lack of food • Rejection and loneliness • Sexual abuse • Poor attendance/performance in school <p>Disclosure: To be covered in more detail in another module.</p> <p>Stress the importance of multi-disciplinary teams.</p>
SLIDE 20	

Multidisciplinary Team Managing the Child



21

Module 8

SLIDE 21

- This slide is a good illustration of a multi-disciplinary team managing a child. Emphasize the importance of developing a care plan with the multi disciplinary team.
- Ask the participants if they can add to the list of the team members shown.

Role Play: Post-Test (20 mins)

▶ Mary , 10 years old, is HIV positive. She comes to you for results and follow-up.
How do you proceed?



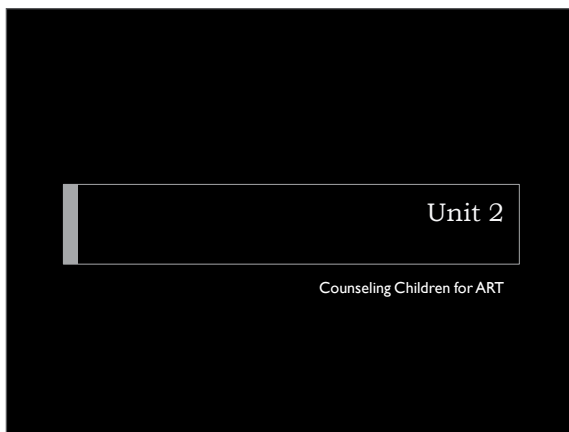
22

Module 8

SLIDE 22

- Mary has come for her results. Use the details given in the slide to help participants do a role play.
- Ask for volunteers (ensure that all participants have a chance to volunteer for role plays). Allow about 20 minutes for the role play.

Unit 2: Counseling Children for ART



SLIDE 23

Read slide.

ARVs: Why Counsel?

- ▶ Children have a right to participate in issues that affect their lives.
- ▶ Awareness, Understanding and Education can prepare children and their care takers to accept and deal with the consequences and side effects of ARVs, and to manage their lives more effectively.

▶ 24

Module 8

SLIDE 24

Ask participants the question: “We are giving ARVs to children. Is there any need for counseling the children?”

Benefits of ARV Treatment

- ▶ ARVs are drugs, which if taken correctly, can be highly successful in reducing viral loads in the body.
- ▶ ARV medications are not a cure for HIV, but help prevent rapid damage to the immune system.
- ▶ ARV treatment also helps prevent opportunistic infections.
- ▶ Eventually, proper ARV therapy improves quality of life.

▶ 25

Module 8

SLIDE 25

Ask participants to list the benefits of ARVs. Then use the contents of the slide to summarize.

Children Need Information on Issues that Affect Their Lives





▶ 26

Module 8

SLIDE 26

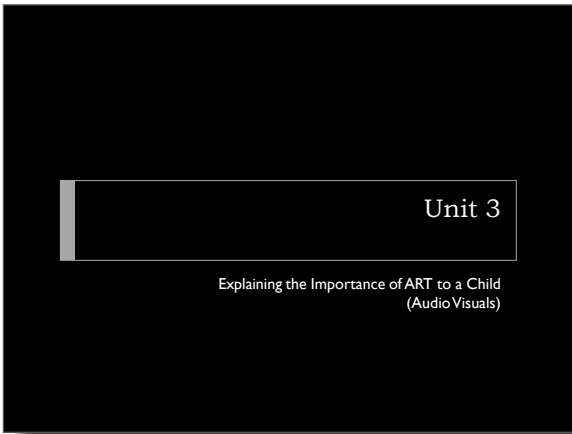
Read slide.

<p>Summarize Children’s Needs During ARV Therapy</p> <ul style="list-style-type: none"> ▶ Information giving and decision making ▶ Reasons why they are on ARVs ▶ Attention and reassurance ▶ Freedom of speech ▶ Understanding ▶ Physical affection ▶ Approval and acceptance ▶ Not to be imposed on.  <p>▶ 27 Module 8</p>	<p>Read slide.</p>
<p>Role Play: Juma (30 mins)</p> <ul style="list-style-type: none"> ▶ Juma is 6 yrs old. Both parents died of AIDS when Juma was three. His guardian had him tested and Juma was found to be HIV-positive. The child is often brought to the clinic for opportunistic infections, but Juma knows nothing about his status; now, the doctor informs the guardian that Juma needs to be put on ARVs. He refers Juma’s guardian to a counselor to talk more about Juma’s option on ARVs. ▶ Role Play: Counselor, Guardian, Juma ▶ Focus Question: How would you proceed with the session? with the Guardian only? Juma only?  <p>▶ 28 Module 8</p>	<p>Ask 3 Participants to volunteer to do the role play as described in the slide.</p>

SLIDE 27

SLIDE 28

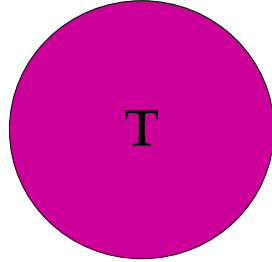
Unit 3: Explaining the Importance of ART to a Child

	<ul style="list-style-type: none"> • This unit demonstrates the use of materials which can help to explain HIV care and treatment to children and their caregivers. • Note: It is important in this demonstration to use simple language.
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SLIDE 29

T-Cells and HIV

- ▶ The most important cell of our healthy immune system is called a T-cell or CD4 cell.



▶ 30

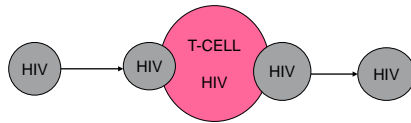
Module 8

SLIDE 30

- Explain the CD4 cell. Use simple analogies that can help children understand.
- T cell defends your body; the virus attacks those defense cells.

T-Cells and HIV (cont.)

- ▶ HIV uses the T-cell to make more HIV.



▶ 31

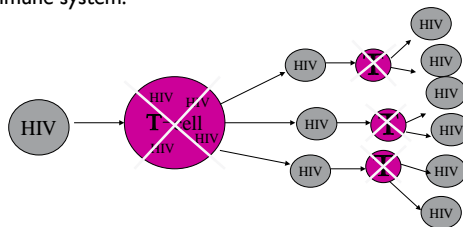
Module 8

SLIDE 31

Explain how the virus uses the CD4 cell.

T-Cells and HIV (cont.)

- ▶ As the virus grows, many T-cells are destroyed
- ▶ The T cells (CD4 cells) become depleted, weakening the immune system.



▶ 32

Module 8

SLIDE 32

Explain how the T-cells are destroyed.

HIV infection but T-Cells still plentiful

AIDS T-Cells low

T-Cells and HIV (cont.)
When T-Cells get dangerously low, people get very, very sick.

ARVs can help You feel better

33 Module 8

SLIDE 33

Explain how some people get very ill. “When most of your defense soldiers are attacked in your body, then you get sick.”

How can we know how much HIV is in your body?

► By taking a blood test called the “HIV Viral Load”

34 Module 8

SLIDE 34

Explain the importance of blood tests. (This kind of explanation may help the child see the need to persevere when the tests need to be done).

Viral Load

► You want the viral load to be LOW!

Too many HIV Viruses

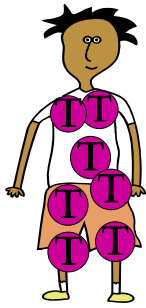
Less Virus

35 Module 8

SLIDE 35

Read slide.

Checking for T-Cells



▶ We can also check to see how many T-cells you have in your body. You want this number to be **HIGH!**

▶ 36

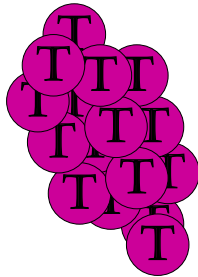
Module 8

SLIDE 36

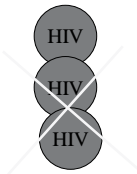
- Remember, T-cells are the cells of your immune system that keep you healthy and fight off infections.
- The HIV virus destroys T-cells.
- This blood test checks to see if there are a lot of T-cells in your blood, or fewer T-cells in your blood.
- You want this number to be high!

Keeping Healthy

Having Lots of T-Cells Keeps You Healthy!



Having a low viral load will keep you healthy!



▶ 37

Module 8

SLIDE 37

These are good and simple illustrations, which help the child to understand how good health can be maintained.

Keeping Healthy

- ▶ ARV medications can help you.
- ▶ They keep the viral load low, and T-cells high.



▶ 38

Module 8

SLIDE 38

A simple conclusion that the child can understand.

Staying Healthy

How will the medicines help you?

▶ 39 Module 8

SLIDE 39

Begin to conclude, e.g.,

If you take your medicine correctly the HIV viral load will go down, and your T-cell count will go up. This means you can stay healthy for a long time.

Staying Healthy

▶ HIV medicine must be taken every single day, just as the directions say.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Without fail for life!

▶ 40 Module 8

SLIDE 40

Use the slide to emphasize the importance of taking the HIV medicine everyday at regular times.

Type of Medicines and Dosages

▶ Medicine is available in tablets or syrup.

To be taken according to Clinician's instructions

Your doctor or nurse will work with you to choose the medicine that is **BEST** for you

▶ 41 Module 8

SLIDE 41

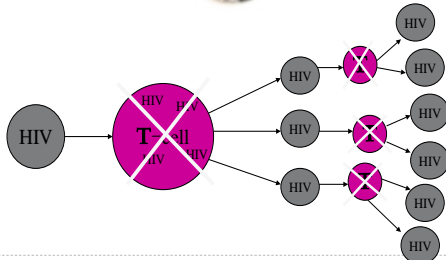
Explain the importance of different types of medicines, and the dosages.

CAUTION !

What happens if you don't take your medicines?



HIV virus can multiply



▶ 42

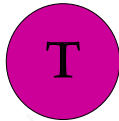
Module 8

SLIDE 42

If you forget to take your medicine everyday and at the right times, the HIV virus will continue to grow, and your T-cells will continue to be destroyed. Resistance can develop.

What to Tell the Child...

- ▶ If your **T-cells** are **high** and your **Viral Load** is **low**, you can be **healthy** for a very long time



▶ 43

Module 8

SLIDE 43

Use this slide to emphasize that taking medicines correctly, will help the child remain healthy for a long time.

Module 9

Disclosure of HIV Status to Children

This module consists of three (3) units which cover disclosure to children, its benefits and disadvantages, barriers to disclosure, and the process. Allow for demonstration of knowledge and skills in disclosure.

The methods used in delivery of this module are brainstorming, overview lectures and discussions, video clips.

SUGGESTED TRAINERS: The units of this module are best taught by a combination of counselors or psychologists.

Module Objectives

At the end of this module participants will be able to:

1. Explain disclosure of HIV status to children.
2. Explain the process of disclosure
3. Describe post disclosure support for children
4. Demonstrate knowledge and skills in disclosure

Duration

255 minutes (4 hours, 30 minutes)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Group work, Videos, Presentations, Role plays

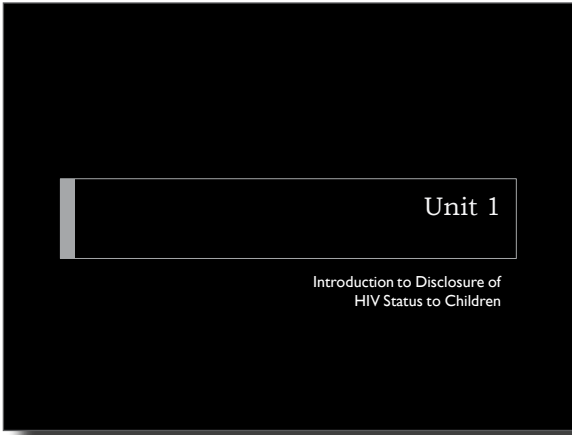
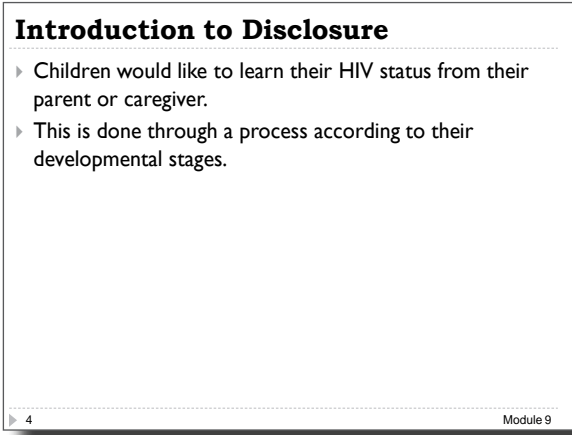
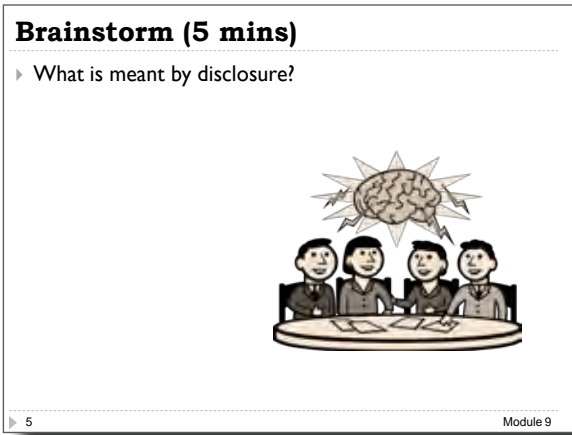

Required Materials


LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers, Video/DVD player

Module 9: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	120 mins	<p>Introduction to disclosure.</p> <p>Explain disclosure of HIV status to children</p>	<p>Introduces disclosure in children, definition of disclosure, benefits, barriers, disadvantages of non-disclosure and who should disclose to children</p>	<ul style="list-style-type: none"> • Lectures • Brainstorming • Discussions • Video 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape • Video/DVD player
2	60 mins	<p>Explain the process of disclosure to children</p>	<p>Introduces preparation for disclosure, the process of disclosure and post disclosure support.</p>	<ul style="list-style-type: none"> • Lectures • Discussions • Brainstorming • Role play 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Masking tape • Flip chart • Markers
3	60 mins	<p>Describe post-disclosure support for children</p> <p>Demonstrate disclosure skills and techniques</p>	<p>Highlights support for the child and care taker after disclosure.</p>	<ul style="list-style-type: none"> • Lecture • Discussions • Role plays • Video 	<ul style="list-style-type: none"> • Markers • Flipcharts • Masking tape • Computer • LCD Projector • Presentation slides • Video/DVD player

Unit 1: Introduction to Disclosure of HIV status to Children

 <p>Unit 1</p> <p>Introduction to Disclosure of HIV Status to Children</p>	<p>Read slide.</p>
<p>SLIDE 3</p>  <p>Introduction to Disclosure</p> <ul style="list-style-type: none">▶ Children would like to learn their HIV status from their parent or caregiver.▶ This is done through a process according to their developmental stages. <p>▶ 4 Module 9</p>	<p>Use the slide to introduce the importance of disclosure to children.</p>
<p>SLIDE 4</p>  <p>Brainstorm (5 mins)</p> <ul style="list-style-type: none">▶ What is meant by disclosure?  <p>▶ 5 Module 9</p>	<p>Ask participants to share what they know about disclosure.</p>
<p>SLIDE 5</p>	

<p>Disclosure of HIV Status to Children</p> <ul style="list-style-type: none"> ▶ Disclosure is the process of informing a child of her/his HIV status ▶ Disclosure may also involve the sharing of caregiver's and other family members' HIV status  <p>▶ 6 Module 9</p>	<p>Use slide to summarize responses for the definition of disclosure to consolidate learning.</p>
<p style="text-align: center;">SLIDE 6</p> <p>Brainstorm (10 mins)</p> <ul style="list-style-type: none"> ▶ Brainstorm the importance and benefits of disclosure: In 4 discussion groups (5 mins) <ul style="list-style-type: none"> 1. for the child, 2. Parent or caregiver, 3. health worker and 4. community <p>Feedback (15 mins)</p> <p>▶ 7 Module 9</p>	<ul style="list-style-type: none"> • Divide participants into 4 small groups to discuss the benefits of disclosure as outlined in the slide • Group discussion should take 5 minutes and presentations 5 minutes each (20 minutes for 4 groups).
<p style="text-align: center;">SLIDE 7</p> <p>Benefits of Disclosure</p> <ul style="list-style-type: none"> ▶ Allows children to cope better with HIV ▶ Increases self esteem among children and adolescents ▶ Helps children adhere to treatment ▶ Helps adolescents make informed decisions when contemplating sexual intercourse with a partner ▶ Children and caregivers psychologically adjust to living with HIV ▶ Works towards reducing stigma, discrimination, and misconceptions and myths regarding HIV <p>▶ 8 Module 9</p>	<p>Use the slide content to summarize the responses.</p>
<p style="text-align: center;">SLIDE 8</p>	

Benefits of Disclosure (cont.)

- ▶ Family-centered disclosure builds trust in relationships and improves healthy communication between parents and children
- ▶ NB. children who are disclosed to tend to adhere better to treatment

▶ 9

Module 9

SLIDE 9

Continue.



▶ 10

Module 9

SLIDE 10

- Ask participants to share what they are seeing in this illustration?
- The responses will form a basis for disadvantages of non-disclosure

Brainstorm (5 mins)

- ▶ Disadvantages of non-disclosure in children.



▶ 11

Module 9

SLIDE 11

Ask participants to brainstorm the disadvantages of non-disclosure.

Disadvantages of Non-Disclosure

- ▶ Depression
- ▶ Development of self-stigma for looking sick
- ▶ Development of inappropriate actions, like refusal to take drugs
- ▶ Discover HIV status from wrong sources
- ▶ Loss of confidence and trust in parents
- ▶ Poor child parent relationship, communication etc.
- ▶ Confusion resulting from unclear messages

▶ 12

Module 9

SLIDE 12

Use slide content to summarize disadvantages of non-disclosure.

Group Activity (30 mins)

- ▶ **Barriers to disclosure:** Discuss according to the following four categories:
 - ▶ Health providers
 - ▶ Parent or Caregiver
 - ▶ Community and environment
 - ▶ The child



▶ 13

Module 9

SLIDE 13

- Divide participants into 4 groups to identify barriers to disclosure as outlined in the slide.
- Group discussion should take 10 minutes plus a 5 minute presentation for each group.

Barriers to Disclosure

- ▶ Health care provider: lack of skills, hesitant to address disclosure and challenge secrecy
- ▶ Caregiver: fear of isolation, belief that child is too sick/weak/young/small to receive the necessary information
- ▶ Social-cultural: stigma, discrimination, taboos and religion
- ▶ Individual: self-blame, anxiety, cognitive capacity and developmental stage, too sick

▶ 14

Module 9

SLIDE 14

Use the slide content to summarize the discussion and consolidate learning.

Brainstorm (5 mins)

- ▶ Brainstorm on the likely reasons why parents/guardians fear to disclose to their children? (5mins)



▶ 15

Module 9

SLIDE 15

Use the slide to generate a discussion on reasons why parents and guardians fear to disclose to their children.

Reasons Parent or Guardians may Fear to Disclose

- ▶ Self-blame and guilt
- ▶ Concern about breach of confidentiality
- ▶ Do not want to “hurt” the child
- ▶ Concern about children’s reactions; suicidal, for example

▶ 16

Module 9

SLIDE 16

Use this slide to summarize participants’ responses.

“Telling my son about my infection and his HIV status is like stripping naked in front of him and letting him know about my sexual life” - 38 yr old

Mum on Disclosing to her 11 yr son

“If my husband doesn’t know about my status, how do I begin telling my son” - 36 yr old Mum about disclosing to her 12 yr old, who is living with a step father

“There is no value added in disclosing to my daughter her status. Let her continue having a normal childhood” - 37 yr Mum on disclosing to her 11 yr old daughter

It’s too painful to face my little girl and start discussing HIV - 28 yr old
Mother on disclosing to her 10 yr old daughter

▶ 17

Module 9

SLIDE 17

Use the illustration to help consolidate learning.

Brainstorm (5 mins)

- ▶ How to deal with disclosure barriers



▶ 18

Module 9

SLIDE 18

Ask participants to share what they know about dealing with barriers to disclosure.

How to Deal with Barriers

- ▶ Thoughts, feelings, self-perception, fears related to their HIV status need to be addressed.
- ▶ Assess child's knowledge regarding HIV; correct misconceptions and provide current information.
- ▶ Address parent's or caregivers' perceptions, thoughts, feelings, fears regarding HIV; particularly related to their family and community system.

▶ 19

Module 9

SLIDE 19

Use the slide content to summarize responses and consolidate learning.

Video Clip: Alija (20 mins)

- ▶ What lessons have you learned from the session?
- ▶ Identify the gaps in the disclosure process that caused Alija to doubt his serostatus
- ▶ Who should be involved in the disclosure process for children and why?
- ▶ What role should health care providers play in the disclosure process?



▶ 20

Module 9

SLIDE 20

- Show the 10-minute video clip on challenges of disclosure (Alija)
Allow discussion for 10 minutes
- Ask participants to share lessons learned using the outline in the slide.

Facilitation Background Information (Video Clip)

Alija is a 14-year-old HIV-positive boy on the ART program at Nsambya Home Care. Alija is in secondary school Kampala. His parents are separated and he is currently staying with his step-mother while his biological mother stays up-country. Alija's father is not always at home because he works.

At one of his clinic visits, Alija entered the social worker's office to specifically inquire why he was taking drugs. "Why am I taking drugs yet I am not sick?" asked Alija.

Alija was tested for HIV and his serostatus was disclosed, which he still doubts. He was consequently requested to come to counseling support along with his care taker.

SESSION:

WHAT LESSONS HAVE YOU LEARNED FROM THE SESSION?

- Children can deny information if disclosure is not properly done.
- Children often have a lot of information about HIV which they have received in school or through other information sources – "they know much more than one realizes"

IDENTIFY THE GAPS IN THE DISCLOSURE PROCESS THAT CAUSED ALIJA TO DOUBT HIS SEROSTATUS

- The family (biological parents and the step-mother) were not involved in the disclosure process
- Children should be told the reason why their blood is drawn from them, because this makes the disclosure easier.
- Alija was given different messages by different people at different times

WHO SHOULD BE INVOLVED IN THE DISCLOSURE PROCESS FOR CHILDREN AND WHY?

- Parents, because they can distort or support information given by health care providers
- Health care providers, because they offer emotional support to the child and care taker.

WHAT DO YOU NOTICE ABOUT THE ATTITUDES OF THE STEP-MOTHER AND ALIJA?

- Anger
- Lack of trust
- Remorse

WHAT ROLE SHOULD HEALTH CARE PROVIDERS PLAY IN THE DISCLOSURE PROCESS?

- Facilitate the process of disclosure.
- Enlist the support of parents and care takers for disclosure
- Work hand-in-hand with care takers, not in isolation, to disclose to children
- Give information on disclosure to care takers
- Offer emotional support during and after disclosure

<p>Lessons Learned</p> <ul style="list-style-type: none"> ▶ Children can deny disclosure information if not properly done ▶ Children should be told the reason why their blood is drawn from them because this makes the disclosure easier. <p>▶ 21 Module 9</p> <p style="text-align: center;">SLIDE 21</p>	<p>Use slide content to summarize the lessons learned.</p>
<p>Gaps in the Disclosure Process</p> <ul style="list-style-type: none"> ▶ The family (biological parents and the step-mother) were not involved the disclosure process. ▶ Alija was given different messages by different people, at different times <p>▶ 22 Module 9</p> <p style="text-align: center;">SLIDE 22</p>	<p>Use the slide to highlight the gaps in the disclosure process for Alija.</p>
<p>Who Should be Involved in the Disclosure Process for Children?</p> <ul style="list-style-type: none"> ▶ Parents, because they can distort or support information given by health care providers ▶ Health care provider, for emotional support and clarification on information given. <p>▶ 23 Module 9</p> <p style="text-align: center;">SLIDE 23</p>	<ul style="list-style-type: none"> • Use the slide content to emphasize need for parents/care takers to be involved in the disclosure process • Children get confused by divergent information from health care providers and parents. • Need to work hand-in-hand with caretakers. • Children can deny their test results if not disclosed to in a harmonized manner.

<p>Disclosure Triangle</p> <p>24 Module 9</p> <p style="text-align: center;">SLIDE 24</p>	<p>Emphasize the involvement of parents/care takers in the disclosure process.</p>
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<p>Role of Health Care Providers in the Disclosure Process</p> <ul style="list-style-type: none"> ▶ Facilitate the process of disclosure ▶ Enlist the support of parents and caretakers for disclosure ▶ Work hand-in-hand with caretakers, not in isolation, to disclose to children <p>25 Module 9</p> <p style="text-align: center;">SLIDE 25</p>	<p>Use the slide to emphasize the role of health care providers while disclosing to children.</p>
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Unit 2: The Process of Disclosure

<p style="text-align: center;">SLIDE 26</p>	<p>Read slide.</p>
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<p>Preparing Parent/Caregiver and Child for Disclosure (1)</p> <ul style="list-style-type: none"> ▶ Take time just to get to know the child (use various age-appropriate techniques/mediums) ▶ Create a sense of safety for the child ▶ Involve the parent(s) or caregivers ▶ Address fears of loss and abandonment ▶ Always provide information to the child in an age-appropriate manner ▶ Directly address silence and secrecy ▶ Encourage openness in the disclosure/treatment process ▶ Explain why counseling is so important as a supplement to medical treatment <p>▶ 27 Module 9</p> <p style="text-align: center;">SLIDE 27</p>	<ul style="list-style-type: none"> • Use the slide to elaborate on the disclosure process. • Emphasize that disclosure is a process. • Parents, caretakers and children require prior preparation.
<p>Preparing Parent/Caregiver and Child for Disclosure (2)</p> <ul style="list-style-type: none"> ▶ Gather a thorough history: presenting problems, supports, medical, family, social, behavioral, emotional, educational and treatment history ▶ Assess current emergent psychological and psychosocial symptoms (depression, anxiety, suicidal ideation) ▶ Understand child's and caregiver's perspectives of current problems/child's illness (What do you think the problem is?) ▶ Assess caregiver's and child's motivation to engage in treatment ▶ Assess current family, social, community support system <p>▶ 28 Module 9</p> <p style="text-align: center;">SLIDE 28</p>	<p>Continue</p>
<p>Preparing Parent/Caregiver and Child for Disclosure (3)</p> <ul style="list-style-type: none"> ▶ Assess current barriers and reasons for delayed disclosure (fears, stigma) ▶ Assess caregiver's willingness to take a central role in treatment process ▶ Assess child's and caregiver's knowledge base of HIV ▶ Explore what the child and caregivers know about HIV, then move from the "known to the unknown" ▶ When ready, always encourage parents or caregivers to initiate the process of disclosure with their child. <p>▶ 29 Module 9</p> <p style="text-align: center;">SLIDE 29</p>	<p>Continue</p>

<p>Disclosure Process</p> <ul style="list-style-type: none"> ▶ Disclosure of HIV status to children is a process. ▶ The process involves caregiver and child, with parent/caregiver initiating and leading the process. ▶ The counselor/HCW provides a supportive role. <p>▶ 30 Module 9</p> <p style="text-align: center;">SLIDE 30</p>	<p>Use the slide to elaborate the disclosure process.</p>
<p>Before Disclosure (1)</p> <ul style="list-style-type: none"> ▶ The disclosure process may take time and occurs after several sessions ▶ Explore what the child and caregivers know about HIV, then move from the “known to the unknown” ▶ May need to address barriers (stigma, cultural beliefs, fears etc.) to disclosure ▶ Caregivers need to be equipped with disclosure skills <p>▶ 31 Module 9</p> <p style="text-align: center;">SLIDE 31</p>	<p>Emphasize that several sessions may be necessary before actual disclosure.</p>
<p>Before Disclosure (2)</p> <ul style="list-style-type: none"> ▶ Assure the caregiver of shared confidentiality ▶ Assure the caregiver that disclosure process has multiple benefits and that the child should understand his/her current status ▶ Assure child and caregivers that you will be available to work with them as a team, for ongoing support ▶ When ready, always encourage parents/caregivers to initiate the process of disclosure with their child. <p>▶ 32 Module 9</p> <p style="text-align: center;">SLIDE 32</p>	<p>Use the slide to encourage involvement of the caregiver in the disclosure process. Emphasize that disclosure requires team work between the health care provider and parent or caregiver.</p>

<p>During Disclosure (1)</p> <ul style="list-style-type: none"> ▶ Assess the child's knowledge ▶ Find out whether the child knows why he/she comes to the clinic ▶ Find out what he/she was told <p>▶ 33 Module 9</p> <p style="text-align: center;">SLIDE 33</p>	<p>Use the slide to elaborate on what to do during disclosure.</p>
<p>During Disclosure (2)</p> <ul style="list-style-type: none"> ▶ Be ready to deal with denial, distortion, fear, outbursts, pain and tears from the child and caregivers; allow clients to move through this process at their own pace ▶ Allow children and caregivers to share feelings openly; provide them with a safe place to cry and express bottled up emotions ▶ Encourage the expression of difficult feelings (bitterness, grief and pain) <p>▶ 34 Module 9</p> <p style="text-align: center;">SLIDE 34</p>	<p>Continue</p>
<p>Post-Disclosure (1)</p> <ul style="list-style-type: none"> ▶ Discuss the pain and distress after disclosure (otherwise pain will become internalized) ▶ Assess emergent psychological symptoms regularly, particularly during and post-disclosure process ▶ Offer your continued support and availability; discuss the importance of having continued counseling sessions on a regular basis ▶ Predict and plan for difficult situations involving the post-disclosure period <p>▶ 35 Module 9</p> <p style="text-align: center;">SLIDE 35</p>	<ul style="list-style-type: none"> • Use the slide to elaborate on what to do after disclosure. • Emphasize the need to be available to offer emotional support after disclosure.

<p>Post-Disclosure (2)</p> <ul style="list-style-type: none"> ▶ Identify children or caregivers who may need intensive and ongoing therapy and mental health services ▶ Identify support and treatment services as referral options for children and caregivers: psychiatric services, group therapy, social worker, spiritual intervention and other supports (e.g., food and clothing) <p>▶ 36 Module 9</p> <p style="text-align: center;">SLIDE 36</p>	<p>Continue</p>
<p>Post-Disclosure (3)</p> <ul style="list-style-type: none"> ▶ Continuous support from qualified healthcare personnel who are able to use family-centered approach ▶ Strong treatment alliance/relationship between healthcare personnel and children/families ▶ Encourage involvement in support groups (reduces stigma and victimization) <p>▶ 37 Module 9</p> <p style="text-align: center;">SLIDE 37</p>	<p>Continue, using content of the slides to help consolidate learning.</p>
<p>Post-Disclosure (4)</p> <ul style="list-style-type: none"> ▶ Address the child's self-perception, esteem and child's outlook on life ▶ Encourage the child to draw on inner-strength and support from his/her caregivers, community, and friends to help bring about change in self-perception and outlook on life <p>▶ 38 Module 9</p> <p style="text-align: center;">SLIDE 38</p>	<p>Continue</p>

Post-Disclosure (5)

- ▶ Explore talents in children like song, dance, and drama which can be tapped into to enhance the child's self esteem.
- ▶ Give child current information on HIV treatment in a manner which he/she can understand and use.

▶ 39

Module 9

SLIDE 39

Use this slide to emphasize the need to enhance self-esteem and restore hope.

Post-Disclosure (6)

- ▶ Educate child about: positive living (e.g. personal hygiene, sexuality, self awareness, stress management) to help the child lead a healthy lifestyle
- ▶ Encourage child to always ask questions and discuss his/her concerns and fears
- ▶ Explore the child's hopes, ambitions and plans for the future using questions addressing wishes

▶ 40

Module 9

SLIDE 40

Emphasize positive living.

Role Play (1 hour)

- ▶ On disclosure to children
 - ▶ Below 5 years
 - ▶ 5 – 10 years
 - ▶ Adolescents



▶ 41

Module 9

SLIDE 41

- Divide participants into 3 groups to prepare role plays as outlined in the slide.
- Ask participants to give comments on each role play after presentation
- Summarize responses to consolidate learning.
- Show video clip to consolidate lessons learned. See page 198 for Facilitation Background Information.

Facilitation Background Information (Video Clip)

Sharon: Counseling and Testing.

Sharon is a 10-year-old girl in Primary Five. Sharon is the last born of her mother; her father died from AIDS-related illness three years ago, and her mother is on ART. Sharon was also tested for HIV and the result was positive. She does not know her HIV status.

SESSION:

With mother: Discussion with the mother to get background information and explore her fears and concerns about disclosure with respect to the following scenarios:

NEGATIVE ASPECTS

- She will tell other people
- She is too young to understand “when is the right age to disclose”
- Stigma discrimination

POSITIVE ASPECTS

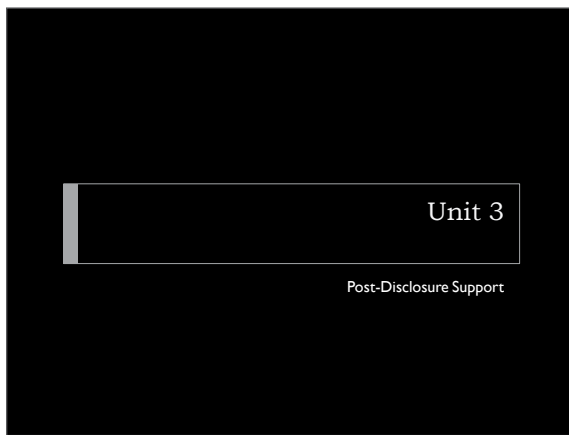
- BE ACTIVE IN HER OWN TREATMENT – CAN REMEMBER TO TAKE HER MEDICINE AND PROMOTE BETTER ADHERENCE

Second session with Sharon to assess her perception and understanding levels about HIV. What techniques did the counselor use to determine how much information Sharon had about HIV?

Third session with both Sharon and Mother to prepare Sharon for an HIV test.

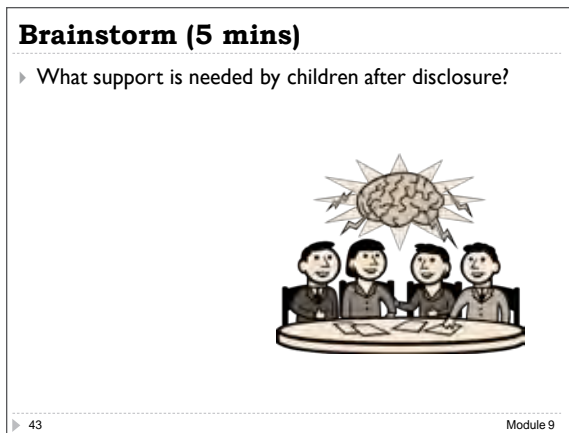
- What lessons did you learn from the sessions?
- Identify the challenges you are likely to encounter in similar situations.
- How will you deal with these challenges?

Unit 3: Post-Disclosure Support



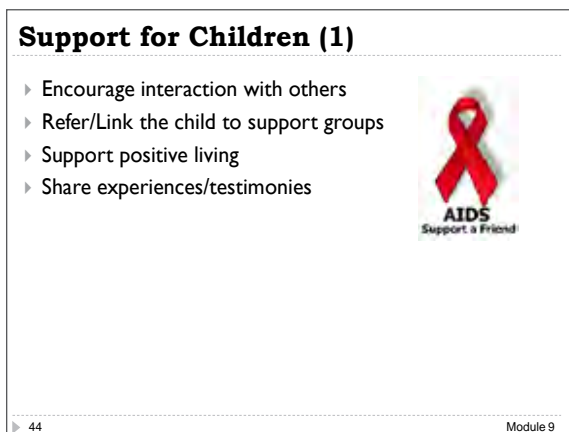
Read slide.

SLIDE 42




- Ask participants to share what they know about the support that is required for children and care takers after disclosure.

SLIDE 43



Use slide to summarize the support required for children.

SLIDE 44

<p>Support for Children (2)</p> <ul style="list-style-type: none"> ▶ Provide information and materials on disclosure ▶ Network with spiritual leaders ▶ Encourage adherence to treatment ▶ Continue with supportive counseling ▶ Encourage drama/music/dance ▶ Provide play therapy <p>▶ 45 Module 9</p> <p style="text-align: center;">SLIDE 45</p>	<p>Use the slide to further elaborate on the support needed for the child after disclosure.</p>
<p>Support for Parents and Caregivers</p> <ul style="list-style-type: none"> ▶ Encourage sharing the burden with a close friend ▶ Give hope and build self-esteem ▶ Offer on-going counseling support ▶ Encourage parents and caregivers to join a support group <p>▶ 46 Module 9</p> <p style="text-align: center;">SLIDE 46</p>	<ul style="list-style-type: none"> • Use the slide to emphasize that the caregivers also need support. • Emphasize that there is need for both the child and the parent or caregiver to receive support after disclosure.
<p>Video Clip: “Living with SLIM”- PIDC Version (30 mins)</p> <ul style="list-style-type: none"> ▶ Discuss reactions after the video show <div style="text-align: center;">  </div> <p>▶ 47 Module 9</p> <p style="text-align: center;">SLIDE 47</p>	<p>Show the video “<i>Living with Slim</i>” Ask participants to share the lessons learned, their reactions and feelings.</p>

Summary

- ▶ It is important that children know their HIV status.
- ▶ Parents and caregivers should be prepared for the disclosure process.
- ▶ Health workers should have the knowledge and skills to equip the parent or caregiver to disclose HIV status to the child.

▶ 48

Module 9

- Use the following set of slides to summarize the session.
- Emphasize the advantages of disclosure and the need to disclose to children.

SLIDE 48

Module 10

Adherence to ART in Children

This module consists of seven (7) units which cover adherence for children and its challenges, disclosure and its significance for ARV adherence, issues pertaining to and how to deal with non-adherence, strategies for giving medication to children, as well as specific adherence issues affecting adolescents.

The methods used for delivery of this module are lecture discussion, brainstorming, group activities and case studies.

SUGGESTED TRAINERS: The units of this module are best taught by counselors and/or psychologists, or clinicians.

Module Objectives

At the end of this module participants will be able to:

1. Explain adherence for children and its distinct challenges
2. Explain disclosure in children for the purpose of ARV adherence
3. Describe issues affecting adherence in children
4. Explain assessment of adherence in children.
5. Describe strategies for dealing with non-adherence
6. Explain strategies for giving medication to children
7. Describe adolescent-specific adherence issues

Duration

360 minutes (6 hours)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Videos, Presentations, Role plays

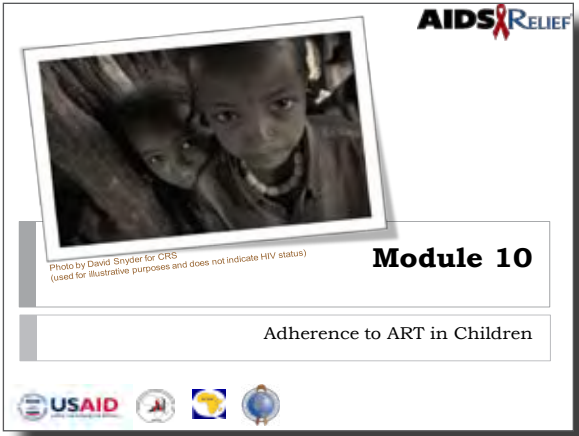
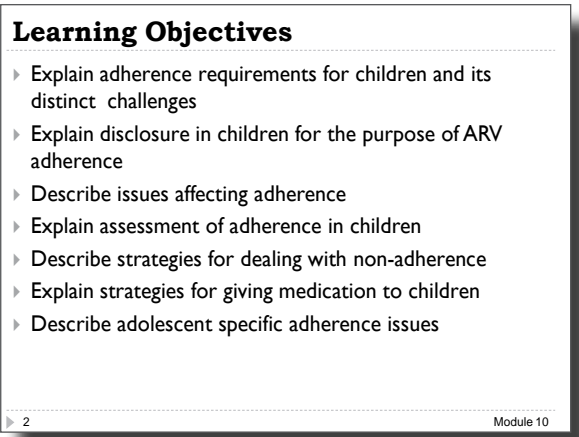
Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers, video/
DVD player

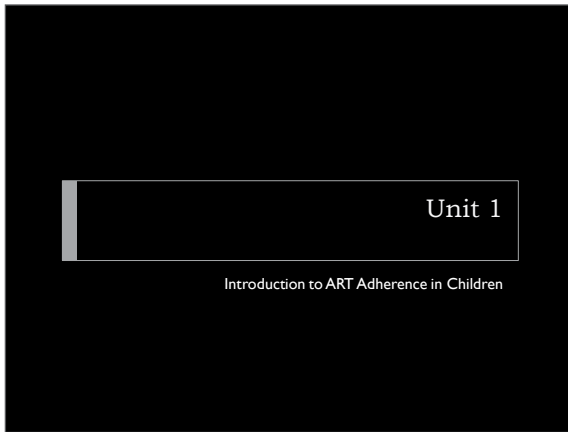
Module 10: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	75 mins	Explain ART Adherence in children	Introduces ART Adherence in children, definitions, benefits and challenges	<ul style="list-style-type: none"> • Lectures • Brainstorming • Discussions 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape
2	45 mins	Explain disclosure in children for the purpose of pediatric ARV adherence.	Presents information on ARV adherence and disclosure in children, definition and importance	<ul style="list-style-type: none"> • Lectures • Brainstorming 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector
3	60 mins	Describe issues affecting pediatric ART adherence	Discusses factors that affect adherence to ART in children	<ul style="list-style-type: none"> • Brainstorming • Lecture • Discussions • Presentations 	<ul style="list-style-type: none"> • Computer • LCD projector • Flipchart • Markers • Masking tape • Presentation slides
4	20 mins	Explain assessment pediatric ART adherence	Introduces the ART adherence assessment, process and promoters of adherence	<ul style="list-style-type: none"> • Brainstorming • Lectures • Discussions • Role plays 	<ul style="list-style-type: none"> • Computer • LCD projector • Flipchart • Markers • Masking tape • Presentation slides
5	110 mins	Demonstrate knowledge and skills to communicate with children	Presents strategies of dealing with non-adherence, reasons for non-adherence and consequences of poor adherence	<ul style="list-style-type: none"> • Role plays • Brainstorming • Discussions • Lectures 	<ul style="list-style-type: none"> • Computer • LCD projector • Flipchart • Markers • Masking tape • Presentation slides
6	20 mins	Explain strategies of giving ARV medication to children and adolescents	Strategies for giving ARVS medication to children and adolescents and general rules	<ul style="list-style-type: none"> • Brainstorming • Discussions • Lectures • Role plays 	<ul style="list-style-type: none"> • Computer • LCD projector • Flipchart • Markers • Masking tape • Presentation slides
7	30 mins	Describe adherence and adolescents	ARV adherence challenges, aspects and strategies among adolescents	<ul style="list-style-type: none"> • Discussions • Lecture • Role plays • Brainstorming 	<ul style="list-style-type: none"> • Computer • LCD projector • Presentation slides • Flipchart • Markers • Masking tape • Video/DVD player

Module 10: Introduction

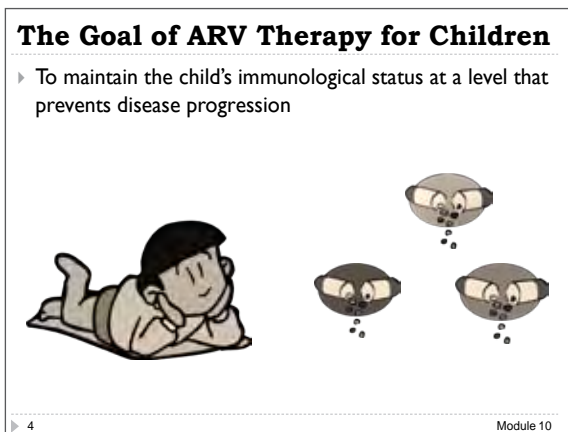
 <p>Module 10 Adherence to ART in Children</p> <p>USAID UNICEF WHO</p> <p>SLIDE 1</p>	<p>Read slide.</p>
 <p>Learning Objectives</p> <ul style="list-style-type: none">▶ Explain adherence requirements for children and its distinct challenges▶ Explain disclosure in children for the purpose of ARV adherence▶ Describe issues affecting adherence▶ Explain assessment of adherence in children▶ Describe strategies for dealing with non-adherence▶ Explain strategies for giving medication to children▶ Describe adolescent specific adherence issues <p>▶ 2 Module 10</p> <p>SLIDE 2</p>	<p>Use the slide to introduce the objectives of the module.</p>

Unit 1: Introduction to ART Adherence for Children



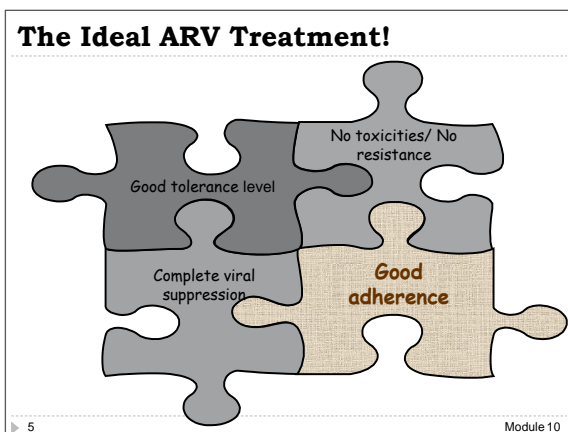
SLIDE 3

- Use the slide to begin module presentation on Adherence.
- Encourage experience sharing and brainstorming to enhance participation.



SLIDE 4

Use the slide to emphasize the goal of ARV therapy in children.



SLIDE 5

Use the illustration to explain ideal ARV treatment.

Brainstorm (15 mins)

- ▶ What is adherence?



▶ 6

Module 10

SLIDE 6

Ask participants to share what they know about adherence.

Adherence Definition (1)

ARV Adherence means...

Taking the right drug, in the right doses at the right time, with the right frequency and in the right way

Adherence implies an informed choice. It involves a relationship of trust between the child, family, or caregiver and health care provider

▶ 7

Module 10

SLIDE 7

Use the slide to summarize responses for definition and consolidate learning.

Adherence Definition (2)

It also means pediatric clients attend

- ▶ Clinic appointments
- ▶ Lab tests: routine and CD4 counts
- ▶ Refill prescriptions monthly

▶ 8

Module 10

SLIDE 8

Emphasize that adherence does not only mean taking drugs; but also keeping clinic appointments as outlined in the slide below.

Adherence Versus Compliance

Compliance implies the patient does what he or she has been told to do by the health care provider

Adherence implies an informed choice. It involves a relationship of trust between the child, family, or caregiver

▶ 9 Module 10

SLIDE 9

Use the slide to elaborate on the difference between adherence and compliance.

Benefits

- ▶ Decreased viral load
- ▶ Increased immunological status
- ▶ Improved quality of life
- ▶ Longer life to become an adult
- ▶ Ability to participate in normal activities

▶ 10 Module 10

SLIDE 10

Use the slide to elaborate on the difference between adherence and compliance.

Starting ARVS & Adherence Counseling is a Balancing Act

Preserve Rx options
Therapeutic benefits



Start?

Psychological impact: disclosure
Drug Resistance
Toxicities

Adapted by permission from ARV Nurse Training, Africard, 2004

▶ 11 Module 10

SLIDE 11

Use the slide to emphasize need to assess both medical and psychosocial aspects for better adherence.

Brainstorm (20 mins)

- ▶ How easy is adherence to ART in children?
- ▶ What are the challenges faced in your programs?



▶ 12

Module 10

SLIDE 12

Ask participants to share what they know about adherence challenges faced as outlined in the slide.

Brainstorm (15 mins)

- ▶ Why are adherence challenges and issues different for children?



▶ 13

Module 10

SLIDE 13

Ask participants to identify the unique adherence challenges for children.

Why?

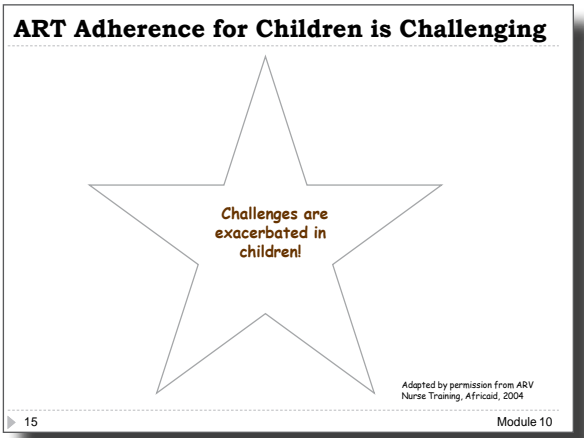
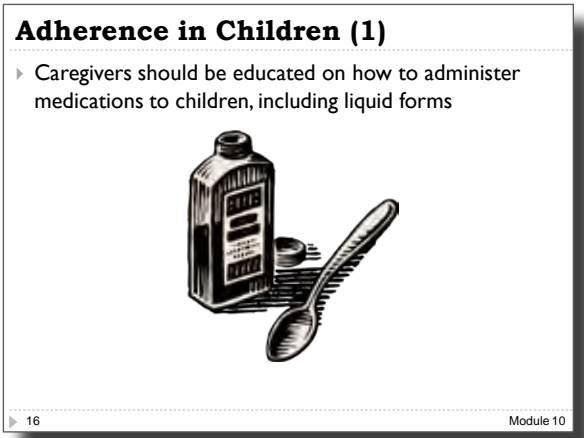
- ▶ Children have unique needs; they are not just small adults
- ▶ They are physically, developmentally and psychologically different
- ▶ They should be managed and treated differently
- ▶ Children are constantly growing and developing; new issues emerge

▶ 14

Module 10

SLIDE 14

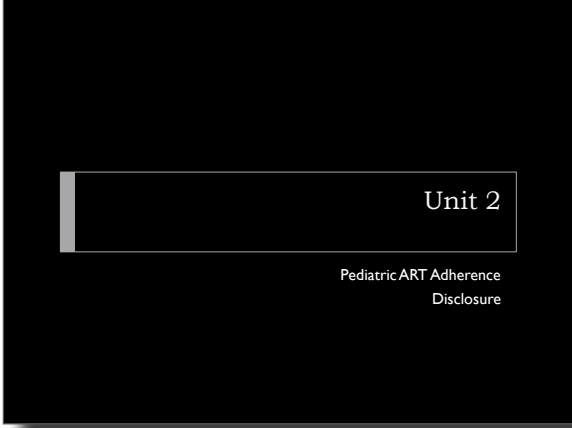
Use the slide to emphasize the uniqueness of children in relation to adherence.

<p>ART Adherence for Children is Challenging</p>  <p>Challenges are exacerbated in children!</p> <p>Adapted by permission from ARV Nurse Training, Africaid, 2004</p> <p>15 Module 10</p> <p>SLIDE 15</p>	<p>Emphasize the uniqueness of children in relation to adherence.</p>
<p>Adherence in Children (1)</p> <ul style="list-style-type: none"> ▶ Caregivers should be educated on how to administer medications to children, including liquid forms  <p>16 Module 10</p> <p>SLIDE 16</p>	<p>Use the following set of slides to elaborate on guidelines to facilitate adherence in children.</p>
<p>Adherence in Children (2)</p> <ul style="list-style-type: none"> ▶ Involve children in their care through use of age-appropriate language: tell them the truth ▶ Health care providers support the family, guardian or caregivers as they help the child to adhere to medications; through nutrition support, for example <p>17 Module 10</p> <p>SLIDE 17</p>	<p>Continue</p>


<p>Adherence in Children (3)</p> <ul style="list-style-type: none"> ▶ Peer education is important: Children's Positive Living groups ▶ 100% adherence is important for treatment success <p>▶ 18 Module 10</p>	<p>Continue</p>
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SLIDE 18

Unit 2: Pediatric ART Adherence (Disclosure)

 <p>The slide features a black background with a white rectangular box on the left containing a vertical bar. To the right of the box, the text reads "Unit 2" in a large font, and "Pediatric ART Adherence Disclosure" in a smaller font below it.</p>	<p>Read slide.</p>
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SLIDE 19

<p>What is disclosure?</p> <ul style="list-style-type: none"> ▶ Refer to Video clip and Module on disclosure  <p>▶ 20 Module 10</p>	<ul style="list-style-type: none"> • Ask participants to define disclosure. • Summarize responses relating to the module on disclosure and the video clip on disclosure.
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SLIDE 20

Brainstorm (10 mins)

Why do you think disclosure is important for adherence in children?



▶ 21

Module 10

SLIDE 21

- Help to focus group on disclosure and adherence.
- Ask participants to share about the importance of disclosure to children for adherence.

What is a good age for disclosure?

Disclosure may commence from 5-7years but it needs to take place in a culturally sensitive manner with the consent of the parent, guardian or caregiver. ANECCA (2004)

▶ 22

Module 10

SLIDE 22

Use the slide to elaborate on disclosure according to age.

Role Play (30 mins)

In family groups, act out the following scenarios:

- ▶ Disclosing to a small child for adherence purposes. The child is 5 years old. The family agrees that this is right and necessary.
- ▶ Disclosing to a small child for ARV adherence. The child is an orphan who lives with the grandmother. The child's 'aunties' disagree that the child should be told.
- ▶ Disclosing to an adolescent for adherence purposes. The adolescent does not want to know that he/she has to take the medication 'forever.'

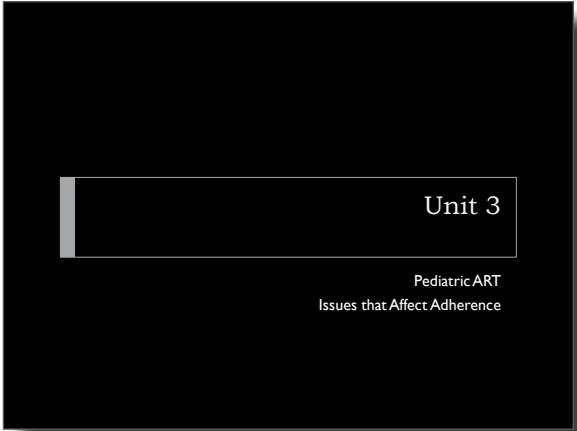
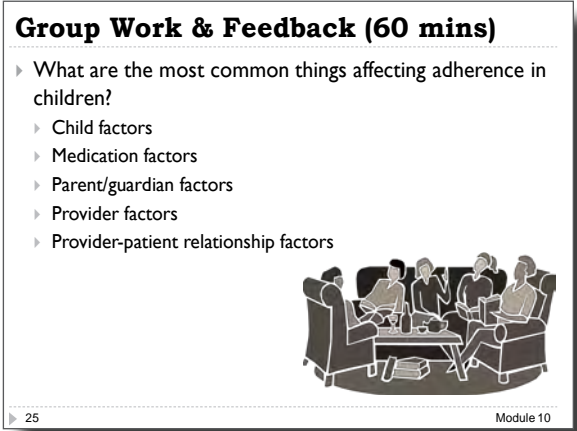
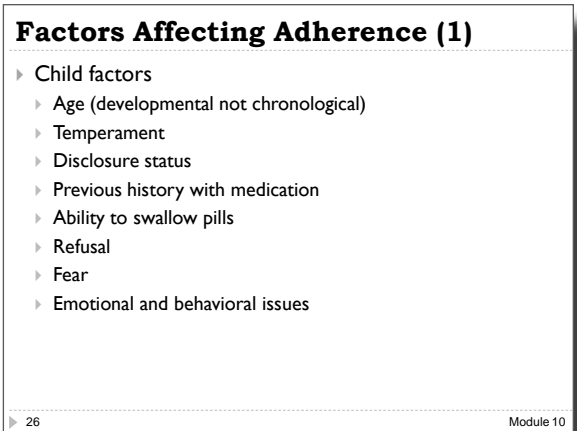
▶ 23

Module 10

SLIDE 23

Divide participants into 3 family groups to present role plays on case scenarios as outlined in the slide.

Unit 3: Pediatric ART (Issues that Affect Adherence)

 <p>Unit 3 Pediatric ART Issues that Affect Adherence</p>	<p>Read slide.</p>
<p>SLIDE 24</p>	
 <p>Group Work & Feedback (60 mins)</p> <ul style="list-style-type: none">▶ What are the most common things affecting adherence in children?<ul style="list-style-type: none">▶ Child factors▶ Medication factors▶ Parent/guardian factors▶ Provider factors▶ Provider-patient relationship factors <p>25 Module 10</p>	<ul style="list-style-type: none">• Divide participants into 5 groups to discuss factors affecting adherence as outlined in the slide.• Group discussions will take 10 minutes, plenary presentations and comments will be 10 minutes for each group.• Use the following set of slides to summarize responses about factors affecting adherence
<p>SLIDE 25</p>	
 <p>Factors Affecting Adherence (1)</p> <ul style="list-style-type: none">▶ Child factors<ul style="list-style-type: none">▶ Age (developmental not chronological)▶ Temperament▶ Disclosure status▶ Previous history with medication▶ Ability to swallow pills▶ Refusal▶ Fear▶ Emotional and behavioral issues <p>26 Module 10</p>	<p>Use the slide to summarize child factors.</p>
<p>SLIDE 26</p>	

Factors Affecting Adherence (2)

- ▶ Medication factors
 - ▶ Taste of medication: bitter
 - ▶ Formulation: Pill/liquid volume
 - ▶ Frequency of dosing
 - ▶ Side effects: feeling unwell, toxicity
 - ▶ Food requirements: with/without
 - ▶ Drug interactions



OH NO!



That was horrible!!

▶ 27

Module 10

SLIDE 27

Use the slide to summarize medication factors.

Factors Affecting Adherence (3)

- ▶ Parent/guardian factors
 - ▶ Knowledge about HIV
 - ▶ Lack of understanding
 - ▶ Resistance to treatment: attitude
 - ▶ Literacy level
 - ▶ Illness/physical health
 - ▶ Stigma/disclosure issues
 - ▶ Mental health status
 - ▶ Cultural beliefs
 - ▶ Lack of resources
 - ▶ Past experiences with health care system

▶ 28

Module 10

SLIDE 28

Use the slide to summarize parent/guardian factors.

Factors Affecting Adherence (4)

- ▶ Provider factors
 - ▶ Availability/how often does a family see the same health care provider?
 - ▶ Assessment skills
 - ▶ Cultural sensitivity
 - ▶ Non-judgmental approach
 - ▶ Adherence team
 - ▶ Resources
 - ▶ Provider stress/burnout



▶ 29

Module 10

SLIDE 29

- Use the slide to summarize provider factors.
- Health care providers need to be aware of their own contribution to non-adherence and start dealing with the issues.

Factors Affecting Adherence (5)

- ▶ Provider-patient relationship factors
 - ▶ Communication skills
 - ▶ Flexibility
 - ▶ Willingness to form a partnership
 - ▶ Trust



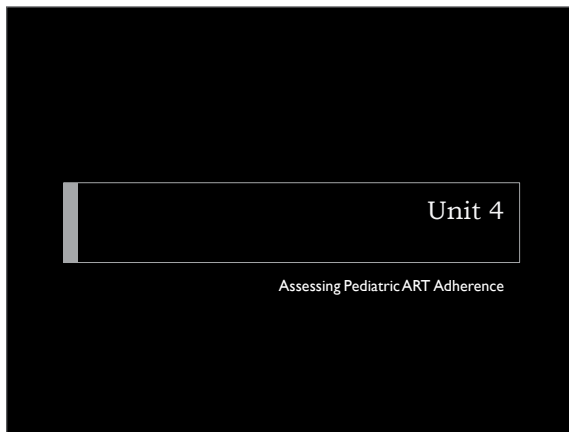
▶ 30

Module 10

SLIDE 30

Use the slide and the illustration to emphasize the provider's own values and beliefs as factors to adherence.

Unit 4: Assessing Pediatric ART Adherence



SLIDE 31

Read slide.

Brainstorm (10 mins)

- ▶ How is adherence in children assessed in your countries and programs?



▶ 32

Module 10

SLIDE 32

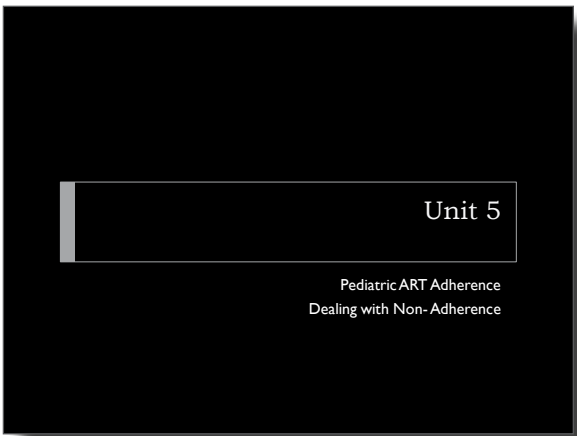
Ask participants to share how adherence is assessed in their programs.

<div data-bbox="305 247 885 682"> <p>Multidisciplinary Adherence Team</p> </div> <p style="text-align: center;">SLIDE 33</p>	<p>Use the slide content to emphasize assessment by multi-disciplinary adherence team.</p>
<div data-bbox="305 793 885 1228"> <p>Assessing Adherence (1)</p> <ul style="list-style-type: none"> ▶ Multidisciplinary team ▶ Self reports ▶ Pill counts: in clinics and/or at home ▶ Pharmacy records ▶ Biological markers: CD4, Viral load ▶ Electronic devices ▶ Measuring drug levels in blood <p style="text-align: right;"><small>Module 10</small></p> </div> <p style="text-align: center;">SLIDE 34</p>	<p>Use the slide content to summarize participants' responses for various adherence assessment methods.</p>
<div data-bbox="305 1339 885 1774"> <p>Assessing Adherence (2)</p> <p>Measurement tool for medication</p> <p>Adherence from pill counts:</p> $\frac{\# \text{ pills taken}}{\# \text{ pills should have taken}} \times 100 = \% \text{ Adherence}$ <p>Adherence from self report:</p> $\frac{\% \text{ Adherence over last 4 days} \times 100}{\# \text{ doses should have taken} - \# \text{ missed doses}} =$ </div> <p style="text-align: center;">SLIDE 35</p>	<p>Use the slide to elaborate on the adherence assessment.</p>

<p>Promoting Adherence</p> <p>Ongoing Counseling</p> <ul style="list-style-type: none"> ▶ Provides the opportunity for regular discussions with the child on any problems that they are facing in taking their medication, such as school, peer pressure, taunting, side effects, etc. ▶ Provides an open-door policy for the child-counselor-care provider <p>▶ 36 Module 10</p>	<p>Emphasize need for ongoing psychosocial support to facilitate adherence.</p>
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SLIDE 36

Unit 5: Pediatric ART Adherence (Dealing with Non-Adherence)

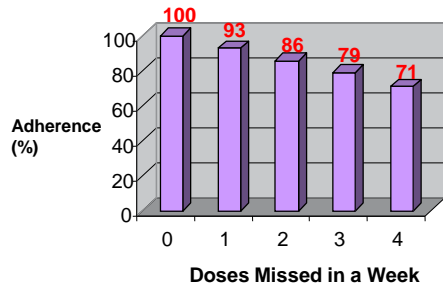
 <p>Unit 5</p> <p>Pediatric ART Adherence Dealing with Non-Adherence</p>	<p>Read slide.</p>
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SLIDE 37

<p>Consequences of Poor ART Adherence in Children</p> <ul style="list-style-type: none"> ▶ Drug resistance <ul style="list-style-type: none"> ▶ Limited options for future therapy ▶ Treatment failure <ul style="list-style-type: none"> ▶ Susceptibility to potentially fatal opportunistic infections ▶ High viral load increases the probability of transmission ▶ Unnecessary healthcare costs <p>▶ 38 Module 10</p>	<p>Ask participants to share what they think the consequences of non-adherence are.</p>
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SLIDE 38

It Does Not Take Much...



▶ 39

Module 10

SLIDE 39

Use slide to emphasize total adherence. It is important to aim for >95% adherence. This graph shows that by even missing a few doses in a week adherence percentage decreases markedly.

Brainstorm (10 mins)

- ▶ In your experience, what are the common reasons for non-adherence?



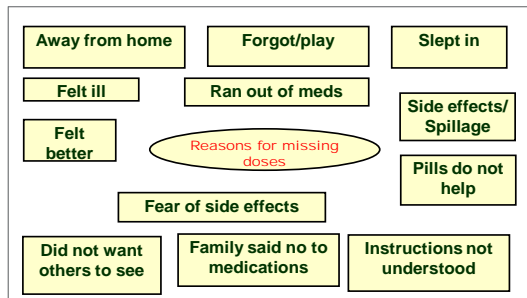
▶ 40

Module 10

SLIDE 40

Ask participants to share what they know about common reasons for non-adherence.

Common Reasons Given for Non-Adherence in Children



▶ 41

Module 10

SLIDE 41

Use the slide content to summarize the common reasons for non-adherence.

Role Play and Presentations (1 hour)

Work in 3 groups. Using the following case studies, discuss:

- ▶ What are barriers to adherence?
- ▶ What ways can we promote adherence in each case
- ▶ Do a 10-minute role play for each of the following scenarios



▶ 42

Module 10

SLIDE 42

- Divide participants into 3 groups to discuss and present role plays as outlined in the slide. Use the following set of slides to assign case scenarios to groups for role play presentation and discussion.
- Groups' discussion: 15 minutes.
- Role play presentation and feedback: 15 minutes for each group.

Role Play

Scenario



- ▶ A 10-year-old child has been doing well with his medication until his father dies. Now he refuses to take his medication. Discuss the implications for adherence and how you would deal with them.

▶ 43

Module 10

SLIDE 43

Read slide.

Role Play

Scenarios





- ▶ Tom is 14 years old. He is a bright student attending a well known boarding school. He has been on ARV medications for 6 months. He takes his medication when no one else is looking, not even his best friend. Discuss how you would deal with this issue and the possible consequences for adherence.

▶ 44

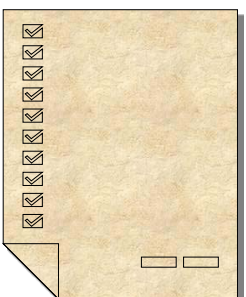
Module 10

SLIDE 44

Read slide.

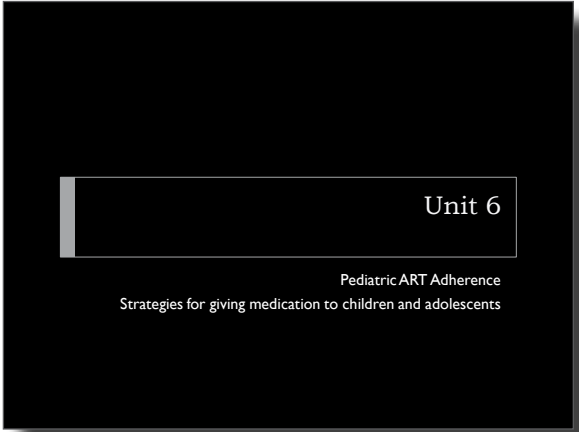
<p>Role Play</p> <p>Scenario </p>  <p>▶ Mary is 2 years old. Her mother is very unwell and therefore her daughter is cared for by many 'aunties'. Mary is on ARVs in liquid form which is bitter to taste. She spits out the medication and is refusing to take it anymore.</p> <p>Discuss the adherence issues of this case and how you would deal with them.</p> <p>▶ 45 Module 10</p>	<p>Read slide.</p>
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SLIDE 45

<p>Group Feedback</p>  <p>▶ 46 Module 10</p>	<p>Use this slide to initiate group feedback.</p>
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SLIDE 46

Unit 6: Pediatric Adherence (Strategies for Giving Medication to Children and Adolescents)

 <p>Unit 6</p> <p>PediatricART Adherence</p> <p>Strategies for giving medication to children and adolescents</p>	<p>Read slide.</p>
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SLIDE 47

General Rules for Giving Medication to Children

- ▶ Begin by telling the truth
- ▶ Involve children in their care; even small children can be involved in their care through play therapy
- ▶ Tell the child that s/he is going to learn a new skill. Remind him/her that other skills have been learned in the past, like skipping, dressing and eating, for example
- ▶ Do not bargain or bribe the child to take medication. Bargains or bribes will likely cause the child to take medication to earn a reward rather than because it is a habit, an expected part of growing up, and good for their health.
- ▶ Do not mix with food or otherwise try to “trick” the child
- ▶ Do not threaten or punish

▶ 48

Module 10

SLIDE 48

Use the following set of slides to elaborate on the general rules for giving medication to children.

Strategies for Giving Medicines to Babies and Toddlers 0-2 Years

- ▶ Use a syringe or small soft dropper; ensure that it is clearly marked with date, time, and dosage of medication
- ▶ Sit the baby on your lap; keep the head slightly tilted but firmly towards your body so that it does not move
- ▶ Gently close the child's mouth with your hand on the chin, until the child has swallowed. (Demonstrate on a doll)
- ▶ Speak softly to the child throughout
- ▶ Reassure the child after giving the medication: cuddle
- ▶ Offer some water/juice

▶ 49

Module 10

SLIDE 49

- Use the slide to elaborate on giving medication to toddlers.
- Emphasize talking softly, being friendly and consistent.

Strategies for Giving Medicines to Children 2-12 Years

- ▶ Get the child's 'buy in' and get him to help you give the medication according to developmental age.
- ▶ Connect taking the medicine with a positive effect on his health; being able to run, go to school etc.
- ▶ Do not ask children if they want to take the medication
- ▶ Do not mix with food, especially favorite food.
- ▶ Never show anger toward the child for refusing to take the medicine.
- ▶ Speak softly to the child
- ▶ Reassure the child after giving the medication: offer praise
- ▶ Let the child choose some water/juice afterward.

▶ 50

Module 10

SLIDE 50

Use the slide to elaborate on giving medication to children 2-12 years.

Trouble-Shooting with Medication (1)

Refusing medicine:

- ▶ Help the child to understand why it is so important to take the medicine.
- ▶ Tell them you understand that it is not fun to take medicine daily.
- ▶ Do not get angry with the child as this may be seen as punishment and could worsen the situation.



▶ 51

Module 10

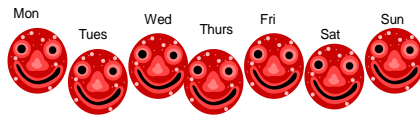
SLIDE 51

Use the slide to discourage use of coercion and punishments as means of forcing a child to take medication.

Trouble-Shooting with Medication (2)

Missing a dose:

- ▶ If a child misses a dose there is a 4-hour window in which the dose can be given (for twice daily medication). Do not give two doses together.
- ▶ Help the child to find ways of remembering to take medication



▶ 52

Module 10

SLIDE 22

Use the slide to emphasize the 4-hour window period for giving medication and that one need not give two doses at once.

Trouble-Shooting with Medication (3)

- ▶ Vomiting: If a child vomits, repeat the dose after 2 hrs
- ▶ Feeling unwell: Encourage the child to take the medication despite feeling unwell. Give praise afterwards.



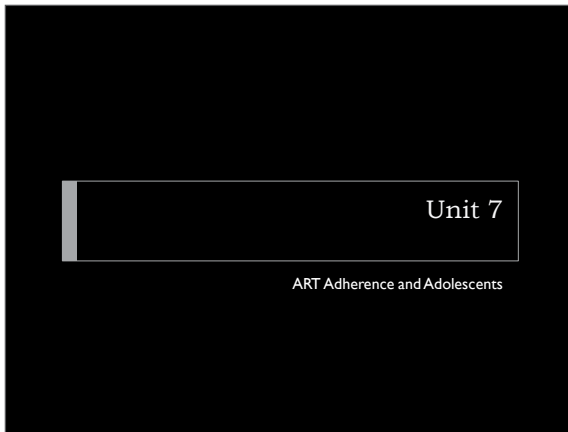
▶ 53

Module 10

SLIDE 53

Continue

Unit 7: ART Adherence and Adolescents



SLIDE 54

Read slide.

Brainstorm (15 mins)

- ▶ What are the main challenges to adolescent adherence; give specific examples from your programs.



Photo by Andrew McConnell for CRS
(used for illustrative purposes and does not indicate HIV status)



▶ 55

Module 10

SLIDE 55

- Ask participants to share what they know about the main challenges to adolescent adherence.
- Use the illustration to emphasize that peer pressure and the need to belong are barriers to adolescent adherence.

Video Clip: Mark Doti (10 mins)

- ▶ Important Aspects to Adolescent Adherence
- ▶ Discussion (refer to the adolescent module)



▶ 56

Module 10

SLIDE 56

- Show the video clip (Mark Doti) 10 minutes.
- Ask participants to share the unique aspects of adherence as outlined in the slide.

Facilitation Background Information (Video Clip)

Mark Doti

Mark is 14 years old, tested for HIV in 2000, and was to be HIV-positive. He is on an ART program at Nsambya Home Care. Prior to his enrollment in the ART program, Mark learned about his serostatus. He lost his mother to HIV and he is currently cared for by his father. He is in a boarding school from where he comes to collect his drug refills. Mark is currently facing challenges to taking his drugs at school, because children usually ask him why he has to take drugs every day. Other students confuse the drug tins with foods like "appetizers."

SESSION:

IDENTIFY THE SKILLS AND TECHNIQUES USED IN THE SESSION.

- Summarizing
- Clarifying
- Focusing
- Paraphrasing
- Use of minimal encouragers

WHAT DOES THIS INTERVIEW TELL YOU ABOUT THE DIFFICULTIES FACING CHILDREN ON ART?

- Questions from peers can lead to the felt need to lie
- Difficulties in disclosure because of fear of rejection by friends
- Difficulties in adherence
- Stigma

IDENTIFY PRACTICAL STRATEGIES TO STRENGTHEN ART ADHERENCE FOR SCHOOL AGE CHILDREN.

Important Aspects of Adolescent Adherence

- ▶ Sexual and mental development; a time of rapid growth and development
- ▶ Peer pressure
- ▶ Low self-esteem
- ▶ Adolescence is often a time of confusion
- ▶ Alcohol and substance abuse
- ▶ Fear
- ▶ Lack of understanding

▶ 57

Module 10

SLIDE 57

Emphasize unique aspects of adherence among adolescents.

Strategies for Giving Medicine to Adolescents

- ▶ Make adolescents responsible for their medication with support from an adult
- ▶ Get them to document when they take their medication: self-report
- ▶ Ensure that they understand why their medication is so important
- ▶ Ensure support from appropriate adults (e.g., school teachers, school nurse)
- ▶ Ensure disclosure especially to those who are significant in the child's life (e.g., best friend, school teachers, youth group leader, etc.)
- ▶ Connect them to a PLHA adolescent support group
- ▶ Help them to become confident in taking their ART and to maintain a positive attitude toward their treatment

▶ 58

Module 10

SLIDE 58

Use the slide content to summarize practical strategies for giving medication to adolescents.

Summary

- ▶ Adherence counseling in the pediatric population requires the support of the child, family or guardian and the health care provider
- ▶ Adherence counseling and disclosure are important when starting anti-retroviral medications
- ▶ Assessing for adherence and identifying potential barriers are necessary before commencing ARVs
- ▶ Potential barriers need to be addressed and acted on
- ▶ Adherence counseling for children requires a multidisciplinary team approach
- ▶ Ongoing assessment and counseling should be part of follow-up of patients for ARV adherence

▶ 59

Module 10

SLIDE 59

Use this slide to summarize the module to consolidate learning.

Module 11

Palliative Care for Children

This module presents information on palliative care for children and focuses on the definition, principles, assessment and strategies used in communicating with children and in managing pain.

SUGGESTED TRAINERS: This module is best taught by a combination of clinicians, nurses and trained counselors.

Module Objectives

At the end of this module participants will be able to:

1. Explain palliative care
2. Describe the process for assessing children's needs for palliative care
3. Explain communicating with children and their families in a palliative care setting
4. Demonstrate knowledge and skills required to communicate with children and their families in a palliative care setting

Duration

120 minutes (2 hours)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Group work, Videos, Presentations, Role plays, Summary Presentations, Practice sessions


Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers, Toys, Pencils, Pens, Paper, Work books

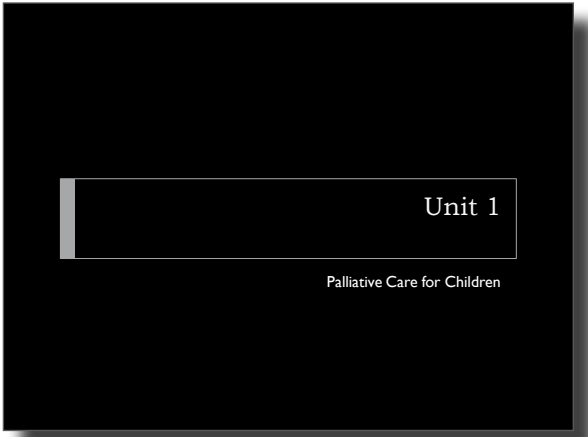

Module 11: At a Glance


Unit	Length	Objectives	Content	Method	Materials
1	20 mins	Explain palliative care for children	The unit presents the definition, description of palliative care and principles of children's palliative care	<ul style="list-style-type: none"> • Lectures • Brainstorming • Discussions 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape
2	40 mins	Describe the process for assessing children's needs for palliative care	Assessment, key issues in assessment, importance of assessment, principles of assessment, myths and facts about pain in children and main ways of assessing pain in children	<ul style="list-style-type: none"> • Lectures • Discussions • Brainstorming 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Markers • Flipcharts • Masking tape
3	60 mins	Explain skills of communicating with children and their families in the palliative care setting	Importance, techniques and strategies of communicating with the sick child and six steps for breaking bad news	<ul style="list-style-type: none"> • Brainstorming • Lecture • Discussions 	<ul style="list-style-type: none"> • Markers • Flipcharts • Masking tape • Computer • LCD Projector • Presentation slides

Module 11: Introduction

 <p>Module 11</p> <p>Palliative Care for Children</p>	<p>Use slide to begin module presentation.</p>
<p>SLIDE 1</p> <div data-bbox="305 856 873 1291"><p>Learning Objectives</p><ul style="list-style-type: none">▶ Explain palliative care for children▶ Describe the process for assessing children's needs for palliative care▶ Explain communicating with children and their families in the palliative care setting.▶ Demonstrate knowledge and skills needed to communicate with children and their families about palliative care<p>▶ 2 Module 11</p></div>	<p>Present module objectives.</p>

Unit 1: Palliative Care for Children

 <p>Unit 1 Palliative Care for Children</p>	<p>Read slide.</p>
<p>Brainstorm (5 mins)</p> <p>▶ Define palliative care for children.</p>  <p>▶ 4 Module 11</p>	<p>Ask participants to share what they know about palliative care.</p>
<p>WHO Definition of Palliative Care for Children (1)</p> <p>▶ Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family.</p> <p>▶ It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease.</p> <p>▶ Health providers must evaluate and alleviate a child's physical, psychological, and social distress.</p> <p>▶ 5 Module 11</p>	<ul style="list-style-type: none">• Palliative care is the care given to someone to improve the quality of life.• Pain relief is a major goal in palliative care.

<p>WHO Definition of Palliative Care for Children (2)</p> <ul style="list-style-type: none"> ▶ Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited. ▶ It can be provided in tertiary care facilities, in community health centers and even in children's homes. <p>WHO 1998a</p> <p>▶ 6 Module 11</p>	<p>Emphasize the multi-disciplinary nature of palliative care.</p>
<p>Brainstorm (5 mins)</p> <ul style="list-style-type: none"> ▶ What are the principles of pediatric palliative care?  <p>▶ 7 Module 11</p>	<p>Ask participants to share what they know about different principles of pediatric palliative care.</p>
<p>Principles of Pediatric Palliative Care (1)</p> <ul style="list-style-type: none"> ▶ Good palliative care is essential throughout the continuum of the illness in order to improve the child's quality of life. Such care includes pain management, education, respect for the family/guardian and child as well as spiritual support. <p>▶ 8 Module 11</p>	<p>Elaborate on the different principles of pediatric palliative care using the following slides.</p>

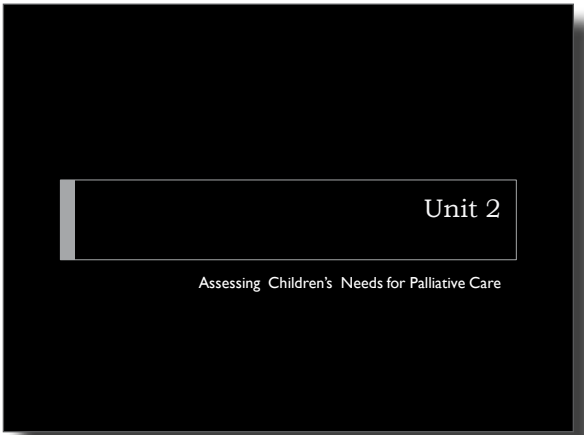
SLIDE 6


SLIDE 7

SLIDE 8


<p>Principles of Pediatric Palliative Care (2)</p> <ul style="list-style-type: none"> ▶ The provision of palliative care for children involves a collaboration with the child, family/guardian, teachers, school staff, and health care professionals. ▶ The child should participate to the fullest extent possible by being given a developmentally appropriate description of the condition. <p>▶ 9 Module 11</p> <p style="text-align: center;">SLIDE 9</p>	<p>Emphasize the need for children to participate in their care.</p>
<p>Principles of Pediatric Palliative Care (3)</p> <ul style="list-style-type: none"> ▶ It involves taking care of the child's physical, psychological and social distress through a multidisciplinary approach, by including teachers, caregivers and the community in that care. <p>▶ 10 Module 11</p> <p style="text-align: center;">SLIDE 10</p>	<p>Emphasize the value of addressing holistic needs of children and the importance of using a multi-disciplinary team.</p>
<p>Principles of Pediatric Palliative Care (4)</p> <p>For effective Pediatric Palliative Care:</p> <ul style="list-style-type: none"> ▶ Understanding pain and pain management in children is vital, as are good communication skills. Both are essential for adherence to ART. <p>▶ 11 Module 11</p> <p style="text-align: center;">SLIDE 11</p>	<p>Emphasize the importance of understanding pain and its management in palliative care for children.</p>

Unit 2: Assessing Children’s Needs for Palliative Care

 <p>Unit 2 Assessing Children's Needs for Palliative Care</p>	<p>Read slide.</p>
<p>Introduction</p> <p>“If you do not know where you are on the map, it becomes hard to get to your destination”.</p> <ul style="list-style-type: none">▶ If you do not know what a child’s problems are, you have no hope of addressing them▶ Assessment is a basis for forming an effective and holistic management plan▶ Assessment in children’s palliative care is crucial and forms the basis for quality palliative care. <p>▶ 13 Module 11</p>	<p>Begin the unit by emphasizing assessment for planning children’s palliative care.</p>
<p>Key Issues in Assessment for Children’s Palliative Care (1)</p> <ul style="list-style-type: none">▶ Assessment in children’s palliative care is crucial yet often done badly.▶ Children have a very broad range of needs, all of which need to be assessed and factored into good children’s palliative care. <p>▶ 14 Module 11</p>	<p>Use the slide content to elaborate on the need to assess holistic needs of children to inform planning for children’s palliative care.</p>

<p>Key Issues in Assessment for Children's Palliative Care (2)</p> <ul style="list-style-type: none"> ▶ Keep interviewing the child and family in order to understand ▶ Distill all the child's and family's main concerns into a clear and holistic problem list ▶ Develop a SMART management plan for each of these problems <p>▶ 15 Module 11</p>	<ul style="list-style-type: none"> • Use the slide to emphasize continuous assessment for both child and family with the aim of understanding their actual problem. • For each problem that is identified a care plan should be developed.
SLIDE 15	
<p>Brainstorm (5 mins)</p> <ul style="list-style-type: none"> ▶ What is the importance of assessment?  <p>▶ 16 Module 11</p>	<p>Ask participants to list the importance of assessment.</p>
SLIDE 16	
<p>Importance of Assessment</p> <ul style="list-style-type: none"> ▶ Provide factual information about the child and family members. ▶ Explore ideas, concerns and expectations of the child and family members. ▶ Develop a clear problem list. ▶ Discuss and agree on a clear management plan. <p>▶ 17 Module 11</p>	<ul style="list-style-type: none"> • Use the slide opposite to summarize participants' responses regarding the importance of assessment. • Emphasize assessment for defining a clear problem list, to develop clear and quality management plan.
SLIDE 17	

<p>Basic Principles of Assessment for Palliative Care (1)</p> <ul style="list-style-type: none"> ▶ Keep the child in the center of your focus: trust him/her, respect the autonomy, address the issues of confidentiality and consent ▶ Trust the child and the family: they are the experts in the care of the child ▶ Home should be the center of care and the model of caring. (Model the care and the environment in the home as much as possible) <p>▶ 18 Module 11</p> <p style="text-align: center;">SLIDE 18</p>	<p>Use the following set of slides to elaborate on the principles of assessment.</p>
<p>Basic Principles of Assessment for Palliative Care (2)</p> <ul style="list-style-type: none"> ▶ Listen, listen, listen: the child and family will tell you what their ideas, fears and needs are. ▶ Be open, clear and honest: talking about death and dying is hard but studies have shown most children and families prefer to know ▶ Note that many parents have said that receiving timely and accurate information is one of the important areas for them <p>▶ 19 Module 11</p> <p style="text-align: center;">SLIDE 19</p>	<p>Continue</p>
<p>Basic Principles of Assessment for Palliative Care (3)</p> <ul style="list-style-type: none"> ▶ Be holistic: assess physical, psychological, social and spiritual needs. ▶ Think partnership: Your main partnership is with the child and family. Form partnerships within the community and other health care professionals. ▶ Key contact: If more than one HCW is involved; it is sensible to negotiate and agree on one key worker as the primary contact. <p>▶ 20 Module 11</p> <p style="text-align: center;">SLIDE 20</p>	<p>Continue</p>

<p>Basic Principles of Assessment for Palliative Care (4)</p> <ul style="list-style-type: none"> ▶ Assessment is a process not a one time event. Children's palliative care needs change, often quite rapidly. As problems come and go, your assessment will need to be constantly revisited and updated ▶ Review, Review, Review ▶ Take time to assess properly <p>▶ 21 Module 11</p>	<p>Continue</p>
<p>Brainstorm (5 mins)</p> <ul style="list-style-type: none"> ▶ State 3 main ways of assessing pain in children <div style="text-align: center;">  </div> <p>▶ 22 Module 11</p>	<p>Ask participants to state 3 main ways of assessing pain in children.</p>
<p>Main Ways of Assessing Pain in Children</p> <ul style="list-style-type: none"> ▶ Ask the child: the quickest and most accurate method ▶ Ask the family and known care taker: the next best and usually worth doing as a cross check even when the child has already told you. ▶ Try to assess it yourself: the worst and least accurate option but better than nothing if you are stuck. <p>▶ 23 Module 11</p>	<ul style="list-style-type: none"> • Elaborate on 3 main ways of assessing pain in children. • Emphasize asking the child while assessing.

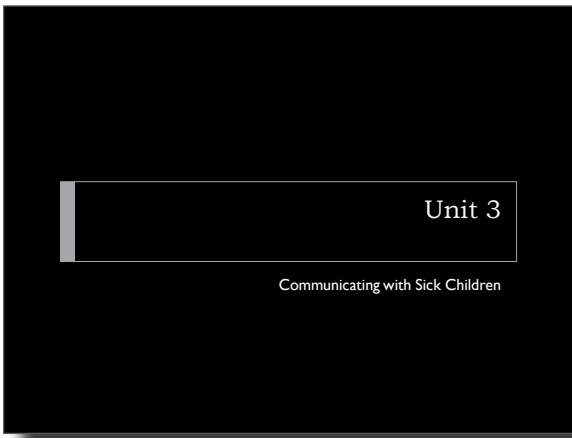
<p>Myths, Misconceptions and Facts about Pain in Children Receiving Palliative Care</p> <ul style="list-style-type: none"> ▶ There are many myths about pain in children (e.g. children don't feel pain the same as adults, active children do not feel pain, they will soon forget etc.) ▶ FACT: Children feel pain in the same way that adults do! And have the same pain management needs! <p>▶ 24 Module 11</p>	<p>Ask the participants if they know of any myths about pain in regard to children. Then use the content of this slide to help consolidate learning.</p>
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SLIDE 24

<p>Pain Management for Children in Palliative Care</p> <ul style="list-style-type: none"> ▶ There are pediatric protocols to treat a child's pain but there are also non-medical ways to manage pain in children that include: <ul style="list-style-type: none"> ▶ Listening to and believing a child when they say they have pain ▶ Massage, play, games, explaining what is happening in age appropriate language <p>▶ 25 Module 11</p>	<p>Emphasize the importance of explaining to the child what is happening.</p>
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SLIDE 25

Unit 3: Communicating with Sick Children

 <p style="text-align: center;">Unit 3</p> <p style="text-align: center;">Communicating with Sick Children</p>	<p>Use the slide to introduce the unit on communicating with sick children.</p>
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SLIDE 26

Introduction (1)

- ▶ Serious illness such as HIV often represents a traumatic change in the life of a child. Health centers and hospitals are an unfamiliar environment for them. Our words, actions and expressions convey a stream of messages to the child, therefore our communication is very important when taking care of sick children.
- ▶ Effective communication plays a vital part in the care of any sick child.
- ▶ This is an area that health care providers find difficult and also try to avoid

▶ 27

Module 11

SLIDE 27

Use the following set of slides to emphasize the importance of maintaining communication with the child, especially when sick.

Introduction (2)

- ▶ The “information needs” of a child are often neglected, sometimes on the pretext that their understanding is limited. BUT even young children have a need for information in a language understandable to them. In the absence of reliable information, a child’s fantasy may be far more distressing than the reality.

▶ 28

Module 11

SLIDE 28

Use slide to emphasize that children have “information needs.” – And that they must not be considered to too young to understand.

Group Work (30 mins)

- ▶ Discuss in three (3) groups as outlined
 - ▶ Importance of communicating with a sick child
 - ▶ Skills and techniques in communicating with a sick child
 - ▶ Six steps in breaking bad news




▶ 29

Module 11

SLIDE 29

- Divide participants into 3 groups as outlined in the slide.
- Group discussion: 10 minutes then presentation and comments will take 7 minutes for each group.

<p>Importance of Communicating with a Sick Child (1)</p> <ul style="list-style-type: none"> ▶ Talk does not solve all the problems, but without talk we are even more limited in our ability to help ▶ Not talking about something does not mean we are not communicating: avoidance in itself is a message. ▶ There is no evidence that unwanted communication is harmful <p>▶ 30 Module 11</p> <p style="text-align: center;">SLIDE 30</p>	<p>Use the following set of slides to summarize participants' presentations and consolidate learning.</p>
<p>Importance of Communicating with a Sick Child (2)</p> <ul style="list-style-type: none"> ▶ Children tend to protect their parents from upset by avoiding difficult discussions ▶ Good communication helps children to get involved in their own care management thus improve adherence to treatment. ▶ Open communication with our patients improves professional job satisfaction and reduces burnout <p>▶ 31 Module 11</p> <p style="text-align: center;">SLIDE 31</p>	<p>Continue</p>
<p>Importance of Communicating with a Sick Child (3)</p> <ul style="list-style-type: none"> ▶ Communication gives useful information for developing appropriate care plans ▶ Communication helps to provide needed information, comfort and understanding ▶ Communication provides healing in itself ▶ The best way to find out what a child understands is to ask the child himself <p>▶ 32 Module 11</p> <p style="text-align: center;">SLIDE 32</p>	<p>Continue</p>

<p>Skills and Techniques in Communicating with a Sick Child (1)</p> <ul style="list-style-type: none"> ▶ Ensure the child is comfortable ▶ Make the environment child friendly ▶ Remember the non-verbal. Children are experts in this. Just because you have not spoken it ; it doesn't mean you have not said it ▶ Get down to a child's level <p>▶ 33 Module 11</p>	<p>Use the slide to summarize different skills and techniques used to communicate with sick children.</p>
<p>Skills and Techniques in Communicating with a Sick Child (2)</p> <ul style="list-style-type: none"> ▶ <u>Touch</u>: it should be culturally accepted ▶ <u>Take time</u>: If you are feeling rushed, take a deep breath and prepare yourself ▶ <u>Connect</u>: Make sure you connect with the child's parents first, then the child. Create good rapport <p>▶ 34 Module 11</p>	<p>Continue</p>
<p>▶ Involvement by parents, guardians or caregivers should be encouraged especially when communicating with the child.</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <p>Getting Involved</p> <p>A community worker involves a mother in her child's illness.</p> </div> </div> <p>▶ 35 Module 11</p>	<p>Emphasize involving parents or guardians in children's palliative care.</p>

<p>Breaking Bad News to Children</p> <ol style="list-style-type: none"> 1. In children’s palliative care, a common finding is that the child, family and health care professionals are stuck in mutual pretence. 2. Although the rewards of pretence and avoidance seem obvious; the problems lay just below the surface. <p>▶ 36 Module 11</p> <p style="text-align: center;">SLIDE 36</p>	<p>Use the slide to introduce the process of breaking bad news to children.</p>
<p>6 Steps in Breaking Bad News to Children</p> <ol style="list-style-type: none"> 1. Set the scene 2. Find out how much the child and family knows 3. Find out how much the child and family need to know 4. Share information 5. Respond to the child’s and family’s feelings 6. Plan and follow through <p>▶ 37 Module 11</p> <p style="text-align: center;">SLIDE 37</p>	<p>Elaborate on the six steps of breaking bad news to children.</p>
<p>Palliative Care & Adherence</p> <ul style="list-style-type: none"> ▶ ARVs cause great distress, anxiety and confusion for children ▶ It is equally difficult for parents, who are commonly under enormous strain with their own diagnosis and ARVs ▶ The child and family/guardian MUST be considered as a whole ▶ They require immense support and encouragement <p>▶ 38 Module 11</p> <p style="text-align: center;">SLIDE 38</p>	<p>Emphasize continuous encouragement and support for the child and family throughout the process of care.</p>

Conclusion

- ▶ Pediatric palliative care is a challenge and requires knowledge and understanding of children. It requires compassion, sensitivity and patience by a multidisciplinary team.
- ▶ A child-friendly environment can help in the provision of best practice pediatric palliative care.
- ▶ Communication is vital for good pediatric palliative care that includes pain management, ART adherence and end-of-life care.

▶ 39

Module 11

Ask the participants to summarize what they have learned about palliative care, and then use the content of the slide to consolidate learning.

SLIDE 39

Module 12

Grief and Bereavement

This module consists of five (5) units which focus on grief and bereavement, the grieving process, the concept of death in children as well as the role of the counselors supporting the child. The module also covers the knowledge and skills required in dealing with children experiencing grief.

The methods used in this module are mainly brainstorming, group discussions, presentations and demonstrations.

SUGGESTED TRAINERS: The units of this module are best taught by trained counselors.

Module Objectives

At the end of this module participants will be able to:

1. Explain grief, loss and bereavement
2. Explain the grieving process
3. Explain grief and loss in children
4. Describe the concept of death in children
5. Explain the role of the counselor in supporting children through grief and loss
6. Demonstrate knowledge and skills in counseling children experiencing grief

Duration

255 minutes (4 hours, 30 minutes)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Group work, Videos, Presentations, Role plays, Summary Presentations, Practice sessions

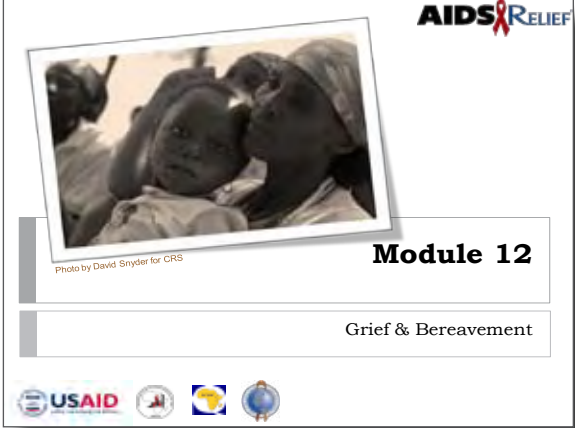
Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers, Toys, Pencils, Pens, Paper, Work books

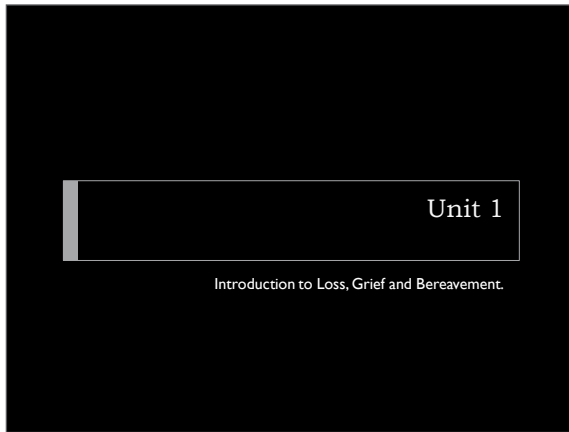
Module 12: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	60 mins	Explain Loss, Grief and Bereavement in children	Definitions, types of grief and loss in children	<ul style="list-style-type: none"> • Lectures • Brainstorming • Discussions 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape
2	35 mins	Explain the Grieving process	Introduces factors that influence the grieving process and stages of grief	<ul style="list-style-type: none"> • Lectures • Discussions • Brainstorming 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape
3	20 mins	Explain grief and loss in children	How children grieve, complications of grief reactions in children and dealing with complications	<ul style="list-style-type: none"> • Brainstorming • Lecture 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape
4	45 mins	Describe the concept of death, grief and Loss in Children	Developmental age and understanding of death, ways to help and issues for an HIV positive child	<ul style="list-style-type: none"> • Lectures • Discussions • Role plays 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape
5	50 mins	Explain the Counselors roles in helping the grieving Child	The counselor's roles in helping the grieving child; bereavement style for the counselor; preparation for grief and bereavement and children's needs in bereavement; 12 ways a counselor can help	<ul style="list-style-type: none"> • Lectures • Role plays • Discussion • Brainstorming 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Marker • Flipchart • Masking tape

Module 12: Introduction

 <p>Module 12 Grief & Bereavement</p> <p>USAID UNICEF WHO</p>	<p>Use this slide to begin module presentation.</p>
<p>SLIDE 1</p> <hr/> <p>Learning Objectives</p> <ul style="list-style-type: none">▶ Explain grief, loss and bereavement▶ Explain the grieving process▶ Explain grief and loss in children▶ Describe the concept of death in children▶ Explain the counselor's role in supporting children through grief and loss▶ Demonstrate knowledge and skills in counseling children experiencing grief <p>▶ 2 Module 12</p>	<p>Use the slide to outline the module objectives.</p>

Unit 1: Introduction to Loss, Grief, and Bereavement



SLIDE 3

Use the slide to begin the unit presentation on loss, grief and bereavement.

Reflection Exercise

- ▶ Please read the name written on your piece of paper. Now, close your eyes while envisioning that person you love so much.
- ▶ Please share your feelings. If you have experienced the death of this person, please share your feelings. We can use these responses to emphasize the impact of death, loss and grief.

▶ 4

Module 12

SLIDE 4

- Before going on to the subsequent slides for this unit, ask participants to write down the name of the person they consider the most dear to them.
- Collect the papers from them. Make note that the action of removing the papers from them represents the “death and loss” of that dear one.
- Ask them to share their feelings as they experience the death and loss of dear ones. Use their responses to emphasize the impact of death, loss and grief.

Death and the Grief Process

- ▶ “Death is a subject that people fear to deal with because it is frightening and raises issues of mortality which we don’t want to face.”
- ▶ Elizabeth Kubler Ross (Book: ‘Death and Dying’)



▶ 5

Module 12

SLIDE 5

Use the slide to highlight peoples’ perception of death and dying.

Brainstorm (10 mins)

- ▶ What is grief, bereavement and mourning?



▶ 6

Module 12

SLIDE 6

- Ask participants to share what they know as outlined in the slide.
- Use the following set of slides to summarize responses on definitions.

Definitions (1)

Mourning is our external expression of loss. It is a style of expressing loss. Families, communities and cultures may mourn differently. Rituals help to bring healing and closure.

Reference: http://www.violentlossnetwork.com/presentations/5_BereavementGriefDepress.pdf

▶ 7

Module 12

SLIDE 7

Expand on meaning of mourning.

Definitions (2)

- ▶ **Bereavement** is a state of having lost someone or something dear to you.
- ▶ **Grief** is the bio-psycho-social reaction to loss. In children, grief can come from loss of parents, siblings, failure of exams, death of pets, etc.

Reference: http://www.violentlossnetwork.com/presentations/5_BereavementGriefDepress.pdf

▶ 8

Module 12

SLIDE 8

- Summarize the responses on the meaning of bereavement and grief.
- Emphasize that grief is an “internal questioning in an attempt to make sense of what has happened”.
- It is a normal human response to loss.
- It is not a form of weakness or lack of faith in God.

Brainstorm (10 mins)

- ▶ List the different types of grief



▶ 9

Module 12

SLIDE 9

Ask participants to brainstorm the different types of grief.

Types of Grief

- ▶ **Anticipatory** - the death is inevitable, bonds are slowly changed but people still experience anxiety, dread and sadness.
- ▶ **Reactionary** - Occurs soon after the death; this can also be experienced by the seriously ill patient
- ▶ **Delayed** - Grief has been postponed but later an event or another loss triggers grief
- ▶ **Aborted** – Grief is inhibited and is “stuck”

▶ 10

Module 12

SLIDE 10

Summarize types of grief to consolidate learning.

Mourning versus Grieving

- ▶ While we grieve internally, we mourn externally



▶ 11

Module 12

SLIDE 11

Use the slide to elaborate on the difference between mourning and grief.

Brainstorm (10 mins)

- ▶ How do people mourn in your community?



▶ 12

Module 12

SLIDE 12

- Ask participants to share their experiences on the different ways people mourn. Let them relate the answers to what happens in their own communities.
- Emphasize that different cultures mourn differently, thus we need to respect the differences.

Grieving and Mourning

- ▶ People who are allowed to grieve and mourn tend to cope better than those who postpone or are discouraged from grieving and mourning. This is also true for children.

▶ 13

Module 12

SLIDE 13

- Emphasize that people who are allowed to grieve and mourn after the loss of a loved one, tend to cope better with their loss than those who postpone their grief to later years in their life.
- Sometimes people ask “How long will this take or what can I do to feel better again?”
- This may be due to the overwhelming feelings of the loss and also from society’s impatience in dealing with the grief.

Grief and Loss in HIV/AIDS

- ▶ HIV and AIDS can lead to many losses: health, relationships, economic status, etc., which can cause multiple and accumulated grief that is often unresolved.
- ▶ This can cause problems

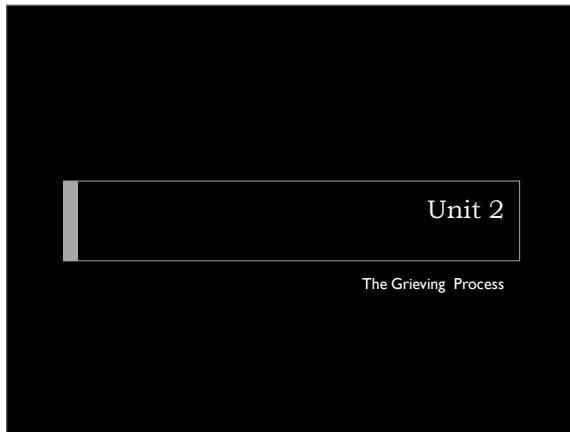
▶ 14

Module 12

SLIDE 14

Use the slide to focus on grief and loss in HIV and AIDS.

Unit 2: The Grieving Process



SLIDE 15

Use slide to begin discussion on the process of grieving.



SLIDE 16

Explain the universal nature of loss and the consequent emotions.

Loss and Grief

- ▶ Loss is a normal part of life
- ▶ Everyone experiences loss
- ▶ With support and guidance, people can cope with the loss
- ▶ Grief is an intense human reaction to this loss
- ▶ If not supported or effectively dealt with, grief can be complicated and lead to problems later in life.

17 Module 12

SLIDE 17

Summarize the main aspects of loss and grief.

Factors which Influence the Grief Process

- ▶ One's ability to grieve is influenced by many things
 - ▶ How the person died
 - ▶ The child's relationship with the person
 - ▶ One's personality and coping style
 - ▶ Life experience
 - ▶ Support from others
 - ▶ Number of losses

Reference: Coping with Loss: Guide to Grief and Bereavement
http://www.helpguide.org/mental/grief_loss.htm

▶ 18

Module 12

SLIDE 18

- Ask participants to share what factors influence the grieving process?
- Use the slide content to elaborate on each of the factors that influence the grieving process.

Brainstorm (10 mins)

- ▶ Discuss the stages of grief



▶ 19

Module 12

SLIDE 19

Ask participants to share what they know about the stages of grief.

5 Stages of Grief (1)

1. Denial: "This can't be happening to me."
2. Anger: "Why is this happening? Who is to blame?"
3. Bargaining: "Make this not happen, and in return I will ____." Sometimes bargains are made with God.

References:
Elisabeth Kübler-Ross (1969), and http://www.helpguide.org/mental/grief_loss.htm

▶ 20

Module 12

SLIDE 20


Elaborate on the stages of grief.

<p>5 Stages of Grief (2)</p> <p>4. Depression: "I'm too sad to do anything." 5. Acceptance: "I'm at peace with what is going to happen/has happened."</p> <p>References: Elisabeth Kübler-Ross (1969), and http://www.helpguide.org/mental/grief_loss.htm</p> <p>▶ 21 Module 12</p>	<p>Continue to elaborate on the stages of grief.</p>
<p>SLIDE 21</p>	

<p>Open Discussion (15 min.)</p> <p>▶ Do children go through these stages of grief?</p> <div data-bbox="589 1003 808 1140" style="text-align: center;"> </div> <p>▶ 22 Module 12</p>	<ul style="list-style-type: none"> • Ask participants to share what they know about the grief stages in children. • It may appear as if the grief stages are the experience of adults. • Use the following set of slides to elaborate on grief and loss in children.
<p>SLIDE 22</p>	

Unit 3: Children and Grief

<div data-bbox="305 1396 873 1837" style="background-color: black; color: white; padding: 20px;"> <div style="border: 1px solid white; padding: 10px; display: inline-block;"> <p>Unit 3</p> </div> <p style="margin-top: 10px;">Grief and Loss in Children</p> </div>	<p>Read slide.</p>
<p>SLIDE 23</p>	

<p>Children and Grief</p> <p>Children definitely grieve Yet Children grieve differently than adults</p> <p>▶ 24 Module 12</p> <p style="text-align: center;">SLIDE 24</p>	<p>Use the slide to emphasize that children also grieve ~ though differently.</p>
<p>How Children Grieve (1)</p> <p>▶ Children's grief can seem to come and go and is heavily dependent on:</p> <ul style="list-style-type: none"> ▶ Age ▶ Development ▶ Past experiences ▶ Personality ▶ Etc. <p>▶ 25 Module 12</p> <p style="text-align: center;">SLIDE 25</p>	<p>Elaborate on factors that influence grief in children and consolidate learning.</p>
<p>How Children Grieve (2)</p> <p>▶ Children grieve and feel the pain of loss: clinging, crying, being alone.</p> <p>▶ There will be times when the child who is bereaved will experience "deep pockets of sadness," as when something reminds them of the loved one who has died.</p>  <p>▶ 26 Module 12</p> <p style="text-align: center;">SLIDE 26</p>	<p>Continue</p>

How Children Grieve (3)

- ▶ Children may not show this – the pain may remain inside.
- ▶ Many children do not get a chance or are not encouraged to grieve.



▶ 27

Module 12

SLIDE 27

Emphasize that it is important for all to grieve ~ to be allowed to grieve.

How Children Grieve (4)

- ▶ Children experience feelings they cannot easily share with their peers, such as the deep longing of a young child to be held once more by her mother or to hear the gate door open as her father returns home from work.



▶ 28

Module 12

SLIDE 28

Give the example of the content of this slide and ask if the participants can give additional ones of their own.

How Children Grieve (5)

- ▶ As the child grows this sense of loss may remain with him and be felt in different ways. This sense of loss may remain with the child, as he becomes an adult.



▶ 29

Module 12

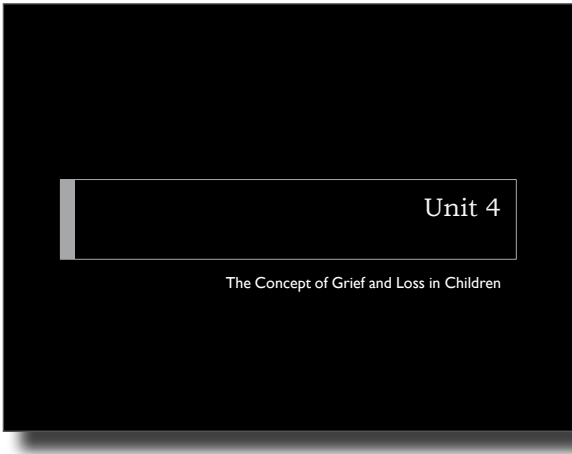
SLIDE 29


Emphasize the importance of grieving for children.

<p>Complications of Grief Reactions in Children</p> <ul style="list-style-type: none"> ▶ Chronic Depression ▶ PTSD ▶ Substance Abuse ▶ Suicidal behavior/talk ▶ Chronic physical symptoms without medical reason ▶ Inappropriate sexual behavior ▶ Severe changes in eating patterns ▶ Persistent sleep disorders ▶ Prolonged guilt ▶ Risk taking/unsafe behavior ▶ Persistent denial ▶ Develop symptoms of the deceased <p>▶ 30 Module 12</p>	<p>Use the content of the slide to discuss the complications of grief reactions in children.</p>
<p>SLIDE 30</p>	

<p>Dealing with Complications</p> <ul style="list-style-type: none"> ▶ Patience ▶ Compassion ▶ Dealing with psychosocial needs ▶ And seeking expert help <p>▶ 31 Module 12</p>	<p>Use the slide to elaborate on how to deal with complications.</p>
<p>SLIDE 31</p>	

Unit 4: The Concept of Grief and Loss in Children

 <p>The slide shows a black background with a white box containing the text "Unit 4" and "The Concept of Grief and Loss in Children" below it.</p>	<ul style="list-style-type: none"> • Ask participants to share. • What concept of death do children have?
<p>SLIDE 32</p>	

<p>Introduction</p> <ul style="list-style-type: none"> ▶ Children’s ability to understand and cope with death depends on their <ul style="list-style-type: none"> ▶ Age & Development ▶ Preparation ▶ We need to tailor our response based on this <p>▶ 33 Module 12</p>	<p>Use the slide to summarize participant responses.</p>
<p>Death can not be Denied</p> <ul style="list-style-type: none"> ▶ Most children see dead birds/dead animals at the side of the road or in fields ▶ Children often see death on television and hear about it on the radio, at home, school and community. ▶ Children may express death of people or animals through play <p>▶ 34 Module 12</p>	<p>Use the following set of slides to elaborate on the concept of death in children in relation to age (e.g. expression through play).</p>
<p>Developmental Age and Understanding of Death</p> <ul style="list-style-type: none"> ▶ Birth to two years: There is no concept of death. <ul style="list-style-type: none"> ▶ But the child still misses the parent’s touch, voice, smell and comfort. ▶ Children may display changes in sleeping, eating, crying, and regression <p>How to help: Maintain same home environment with brothers or sisters and a consistent, affectionate substitute caregiver or familiar person.</p> <p><small>Reference: Slides 32-42 are adapted from Mallmann, S.A. (2003). Building Resilience in Children Affected by HIV/AIDS</small></p>  <p>▶ 35 Module 12</p>	<p>Continue</p>

Two to Five Year Olds

- ▶ Still has limited understanding.
- ▶ May say “mum has died, but might come back.”
- ▶ May feel abandoned; thinking the deceased didn't want them anymore.
- ▶ May cry, throw tantrums, cling to other relative or refuse to be touched at all.
- ▶ May have periods where they forget what has happened.
- ▶ May change, showing signs of distress, regression, sleeping disorders, bed wetting, etc.

▶ 36

Module 12

SLIDE 36

Continue to elaborate and emphasize the limited understanding during this age.

Helping Two to Five Year Olds

- ▶ Consistent substitute caregiver
- ▶ Comfort , encouragement, hugs, physical reassurance: encourage child to play
- ▶ Keep families/siblings together
- ▶ Maintain routines and let child be a child
- ▶ Share positive memories
- ▶ Actively listen to what the child has to say. Use your eyes, ears and heart!

▶ 37

Module 12

SLIDE 37

Emphasize the ways to support children within this age range.

Five to Seven Year Olds

- ▶ The concept of death can still be difficult.
- ▶ An orphaned child longs for the parent, showing sadness and grief.
- ▶ The child may cling to the substitute caregivers.
- ▶ Some children may become angry at adults or the deceased.
- ▶ A child in this age group may ask the same questions many times, wanting to know 'how and why' a person died.
- ▶ The child may be very interested to know the “how” and “why” regarding the death
- ▶ Questions may be difficult, but it is important to answer them as honestly as possible.

▶ 38

Module 12

SLIDE 38

Use the slide to explain concept of death during this age.

Helping Five to Seven Year Olds

- ▶ Death should be openly discussed and questions honestly answered.
- ▶ Reassure the child that the substitute caregiver is there for the child.
- ▶ Reassure the child that the death is not their fault
- ▶ Encourage play and play therapy
- ▶ Encourage prayers and taking part in mourning rituals

▶ 39

Module 12

SLIDE 39

Use the slide to elaborate on how to support the 5 -7 year old.

Seven to Nine Year Olds

- ▶ Children at this age are now becoming logical thinkers; they will therefore search for meaning
- ▶ Children may feel responsible
- ▶ Thinking is very concrete
- ▶ School and teachers are very important to the child
- ▶ The child becomes aware that adults are also stressed which can lead to a sense of vulnerability and at times extreme emotions.

▶ 40

Module 12

SLIDE 40

Use the slide to elaborate on children's concept of death within this age range.

Helping Seven to Nine Year Olds

- ▶ Create linkages with schools
 - ▶ School teachers may notice a change in the child. Compassionate and non-stigmatizing responses of headmasters and teachers are critical to child's well being.
- ▶ Encourage
 - ▶ play therapy
 - ▶ group activities, e.g. sports, girl guides, etc.
 - ▶ taking part in spiritual and cultural rituals.
- ▶ Don't avoid talking about death and disease and talk about it honestly
- ▶ **TRUTH IS THE BEST POLICY... TRUST**

▶ 41

Module 12

SLIDE 41

Use the slide to emphasize play therapy, group activities and taking part in spiritual and cultural practices for children of this age.

Nine to Twelve Year Olds

- ▶ Children now understand that death is permanent.
- ▶ At this age, they begin to go through a similar mourning process as adults.
 - ▶ Some search for reasons for death.
 - ▶ Some may feel betrayal by *fate, God, or ancestors.*

▶ 42

Module 12

SLIDE 42

Emphasize that by the age of 9-12 children understand that death is permanent.

Helping Nine to Twelve Year Olds

- ▶ Encourage Rituals
 - ▶ Visiting the grave
 - ▶ Prayers
 - ▶ Lighting a candle
- ▶ Allow the grief to come and go.
- ▶ Encourage regular schooling and age appropriate responsibilities
- ▶ Practice patience and compassion
- ▶ Share positive memories

▶ 43

Module 12

SLIDE 43

The emphasis here is that rituals are ok (important) and should be encouraged.

Thirteen to Eighteen Year Olds

- ▶ Understand death's permanence
- ▶ Adolescents are egocentric
- ▶ Adolescents are risk-takers
 - ▶ "It won't happen to me"



▶ 44

Module 12

SLIDE 44

Use the example of adolescents' feeling – "It won't happen to me" and emphasize the risk-taking by adolescents and its dangers.

Helping Thirteen to Eighteen Year Olds

- ▶ Continue schooling
- ▶ Encourage identification of positive role models outside the family
- ▶ Encourage adolescents to find the help they need and to make their own decisions
- ▶ Express clear expectations
- ▶ Encourage healthy peer interaction
- ▶ Discuss consequences of risk taking including HIV infection and pregnancy

▶ 45

Module 12

SLIDE 45

Use the content of the slide to elaborate on supporting adolescents, and to consolidate learning.

Issues for the HIV Positive Child


- ▶ A child living with HIV will also think of their own infection and potential death
- ▶ The HIV positive child may have already experienced a number of losses
- ▶ The extended family and peers may abuse, taunt or stigmatize the child

▶ 46

Module 12

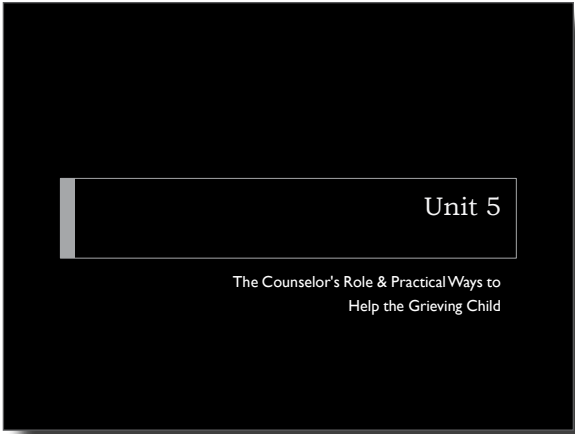
SLIDE 46

Use the slide to focus on the HIV positive child.

<p>Telling Their Stories</p> <p>▶ Storytelling is a useful tool that helps children to deal with loss, grief and transition</p>  <p>▶ 47 Module 12</p>	<p>Use the slide to emphasize story telling as a powerful tool in handling children.</p>
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SLIDE 47

Unit 5: The Counselor’s Role and Practical Ways to Help the Grieving Child

	<p>Read slide.</p>
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SLIDE 48

<p>Activity: Bereavement Style (15 mins)</p> <p>▶ Self-Assessment of Counselor’s Bereavement Style</p>  <p>▶ 49 Module 12</p>	<ul style="list-style-type: none"> • Allow time for the activity on bereavement –15 mins. • Ask participants to share about how counselors should do self assessment.
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SLIDE 49

The Counselor's Role

- ▶ To walk alongside the client



▶ 50

Module 12

SLIDE 50

Emphasize the role of the counselor as “walking alongside the client.”

Preparation for Grief and Bereavement

- ▶ Involve the family: build on their strengths
- ▶ Educate caregivers: Some adults don't expect children to grieve; help them to communicate with the children in their care
- ▶ Prepare the child and tell the truth:
 - ▶ An unprepared child can be overwhelmed by sudden loss, may react with shock and confusion
 - ▶ Prepared children cope better, because they can understand what is happening.
- ▶ Maintain consistency: Grieving children may experience multiple losses, such as separation from siblings, new homes and schools.

▶ 51

Module 12

SLIDE 51

Ask participants to share their knowledge of what preparation is required for grief and bereavement?

Children's Needs in Bereavement

After a death, children need:

- ▶ Information
- ▶ Reassurance
- ▶ A safe place to express their feelings
- ▶ To be involved in what is important to them during counseling.



▶ 52

Module 12

SLIDE 52

Elaborate on the needs of the child in bereavement.

<p>12 Ways to Help Bereaved Children Grieve</p> <ol style="list-style-type: none"> 1. Act out feelings: Feelings are expressed in the way children act and play. Counselors should be prompted by the child's behavior. 2. Be true to own feelings: Children react differently because we are all unique. Counselors need to be patient and understanding. <p>▶ 53 Module 12</p> <p style="text-align: center;">SLIDE 53</p>	<p>Use the following set of slides to elaborate on ways counselors can help.</p>
<p>12 Ways to Help Bereaved Children...(2)</p> <ol style="list-style-type: none"> 3. Establish a new identity: Perhaps the child is no longer the 'son of' or 'brother of' or 'sister of'...Counselors can be 'with them' in their search. 4. Re-establish routines: Encourage sense of continuity. School can make a child feel as if life is getting back to routine. <p>▶ 54 Module 12</p> <p style="text-align: center;">SLIDE 54</p>	<p>Continue</p>
<p>12 Ways to Help Bereaved Children... (3)</p> <ol style="list-style-type: none"> 5. Allow child to grieve at own pace: Each child is unique and should be handled as an individual 6. Have a listening ear: Children require assurance that you are listening and that you care about what he or she is feeling at that time. <p>▶ 55 Module 12</p> <p style="text-align: center;">SLIDE 55</p>	<p>Continue</p>

<p>12 Ways to Help Bereaved Children... (4)</p> <p>7. Assure child, it is all right to cry (or not to cry): Assurance that is all right to cry or be angry or if crying seems taboo, to accept this.</p> <p>8. Learn that death is a natural part of life: Relate death to flowers, pets, or birds. Don't hide death. Talking through this may help child accept reality</p> <p>▶ 56 Module 12</p> <p style="text-align: center;">SLIDE 56</p>	<p>Emphasize the need to assure the child that it is ok to cry or not cry; also the need to begin to explain to the older child that death is a part of life.</p>
<p>12 Ways to Help Bereaved Children... (5)</p> <p>9. Encourage support from peers and siblings. Peer groups can be informed and assisted to understand what has happened.</p> <p>NOTE: Concentration is affected by grief which may lead to problems at school. Teachers need to be kept informed.</p> <p>10. Encourage the child to express the grief: Above all, be available and supportive. Share your own feelings as a way to say it is all right to cry or contain tears.</p> <p>▶ 57 Module 12</p> <p style="text-align: center;">SLIDE 57</p>	<p>Explain that the child should be encouraged to express grief.</p>
<p>12 Ways to Help Bereaved Children... (6)</p> <p>11. Tell children the truth: Give children prompt and accurate information, and answer their questions. "Mummy is very, very sick and may not get better; the doctors think she could die."</p> <p>12. Prepare/Involve child where possible: Children who have the developmental age to understand must be offered choices about going to the hospital, viewing the body, attending the funeral, etc.</p> <p>▶ 58 Module 12</p> <p style="text-align: center;">SLIDE 58</p>	<p>Emphasize telling the truth to the child.</p>

Conclusion: Helping children move on

- ▶ Encourage expressions of grief
- ▶ Be available and supportive
- ▶ Encourage a sense of continuity. School can make child feel life is normal
- ▶ Refer the child to a support group for bereaved children if one is available
- ▶ Facilitate Change: Loss can be integrated and new meaning found
- ▶ Be patient and tolerant: grief is a process that takes time

▶ 59

Module 12

- Ask participants to share the main messages learned from this module.
- Use this slide to summarize the unit and the module.

SLIDE 59

Module 13

Legal and Ethical Issues

This module consists of three (3) units, covering the international legal frameworks which protect children, and the legal and ethical issues facing children living with HIV. It also covers the health care provider's legal and ethical responsibilities for HIV-positive children.

SUGGESTED TRAINERS: The units of this module are best taught by legal practitioners trained and working in the area of HIV.

Module Objectives

At the end of this module participants will be able to:

1. Explain the national and international legal frameworks which protect children
2. Explore the legal and ethical issues facing children living with HIV
3. Explore the health care provider's responsibilities regarding legal and ethical issues facing HIV-positive children

Duration

180 minutes (3 hours)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Group work



Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers

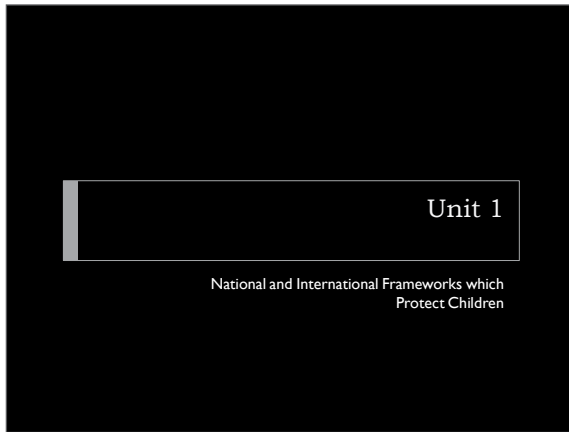
Module 13: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	45 mins	Explain the National and International Framework which Protect Children	Presents international and national legal frame works which protect children and children rights	<ul style="list-style-type: none"> • Lectures • Brainstorming • Discussions • Group work 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD Projector • Flipcharts • Markers • Masking tape
2	60 mins	Explore the ethical and Legal Issues facing Children with HIV	Ethical and Legal Issues facing children with HIV, vulnerability of children and causes of vulnerability for children	<ul style="list-style-type: none"> • Lectures • Brainstorming • Discussions • Group work 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD Projector • Flipcharts • Markers • Masking tape
3	75 mins	Explore the health care provider's roles and responsibilities	Legal obligations for health care providers. Key legal and ethical issues for HIV-infected children. Roles and responsibilities of health care providers	<ul style="list-style-type: none"> • Lectures • Brainstorming • Discussions • Group work 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD Projector • Flipcharts • Markers • Masking tape

Module 13: Introduction

 <p>Photo by David Snyder for CRS</p> <p>Module 13</p> <p>Legal & Ethical Issues</p> <p>USAID</p> <p>SLIDE 1</p>	<p>Use this slide to begin presentation on legal and ethical issues. Ask the participants if they consider this to be relevant in counseling, which is the main goal of this course. Allow a few minutes brainstorming on the same.</p>
<p>Learning Objectives</p> <ul style="list-style-type: none">▶ Explain the national and international legal frameworks which protect children▶ Explore the legal and ethical issues facing children living with HIV▶ Explore the health care provider's responsibilities regarding legal and ethical issues facing HIV-positive children <p>2 Module 13</p> <p>SLIDE 2</p>	<p>Outline the module's objectives</p>
<p>"There can be no keener revelation of a society's soul than the way in which it treats its children". - Nelson Mandela</p>  <p>3 Module 13</p> <p>SLIDE 3</p>	<p>Use this quote as the springboard for the presentation.</p>

Unit 1: National and International Frameworks which Protect Children



SLIDE 4

Begin unit presentation by asking the participants to share any local or international frameworks or guidelines that protect children they know about.

Universal Declaration of Human Rights

- ▶ Adopted by the UN General Assembly in 1948
- ▶ Contains 30 Articles
- ▶ Everyone has the right to life, liberty and security of person.
- ▶ It outlines the basic entitlements accorded to every human being and includes the right to health, education, shelter, employment, property, food, freedom of expression and movement.
- ▶ All persons are equal in front of the law. No one shall be tortured or subjected to cruel, inhuman or degrading treatment or punishment.

▶ 5

Module 13

SLIDE 5

This slide outlines the main components of the Universal Declaration of Human Rights. It begins to set the stage for a better understanding of what human rights are.

Brainstorm (5 mins)

All children have the right to live and enjoy a safe, healthy and productive childhood.

What are the basic rights of children?



▶ 6

Module 13

SLIDE 6

Use the slide to elaborate on the rights of children. Ask participants to brainstorm on the basic rights of children.

UN Convention on the Rights of the Child (CRC)

- ▶ In 1989, member states of the United Nations adopted the Convention on the Rights of the Child (CRC).
- ▶ The rights declared in the CRC recognize the specific needs and distinct vulnerabilities of children

▶ 7

Module 13

SLIDE 7

Use the slide to elaborate on the rights of the child.

Guiding Principles of the CRC


- ▶ Non-discrimination
- ▶ Best interests of the child
- ▶ Right to life, survival and development
- ▶ Respect for the views of the child

▶ 8

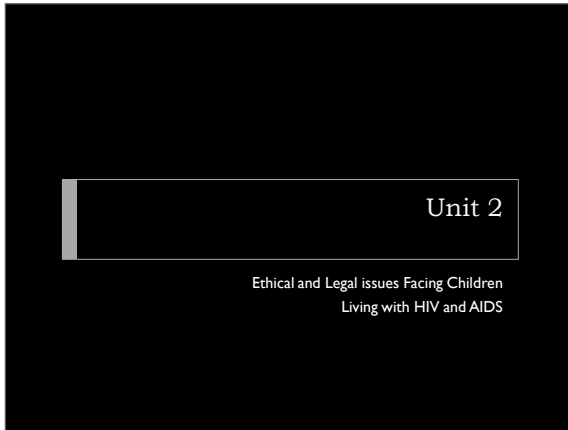
Module 13

SLIDE 8

Emphasize acting in the best interest of the child. This slide outlines each of guiding principles of the Convention on the Rights of the Child.

<div data-bbox="305 247 873 678" style="border: 1px solid black; padding: 10px;"> <p>International Legal Instruments</p> <ul style="list-style-type: none"> ▶ International Legal Instruments <ul style="list-style-type: none"> ▶ The Convention on the Rights of the Child ▶ The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) ▶ ILO Convention No. 138 Minimum Age for Admission to Employment ▶ ILO Convention No. 182 on Prohibition of the Worst Forms of Child Labor ▶ Regional Legal Instruments <ul style="list-style-type: none"> ▶ African Charter on the Rights and Welfare of the Child ▶ SADC Declaration on the Elimination of Violence Against Women and Children <p style="font-size: small; margin-top: 10px;">▶ 9 Module 13</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 9</p>	<p>Emphasize the legal instruments as outlined in the slide. Focus on the International and regional instruments first.</p>
<div data-bbox="305 793 873 1224" style="border: 1px solid black; padding: 10px;"> <p>National Legal Instruments</p> <ul style="list-style-type: none"> ▶ Constitution <ul style="list-style-type: none"> ▶ Supreme law and guidance ▶ National Policies and Strategic Plans <ul style="list-style-type: none"> ▶ AIDS, OVC, Gender, etc ▶ Commitments ▶ Identify responsible actors ▶ Legislation <ul style="list-style-type: none"> ▶ Legally binding; punitive measures ▶ Customary laws and practice <p style="font-size: small; margin-top: 10px;">▶ 10 Module 13</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 10</p>	<p>Use the slide content to narrow down to and focus on National legal Instruments that protect children.</p>
<div data-bbox="305 1339 873 1770" style="border: 1px solid black; padding: 10px;"> <p>Group Work (20 mins)</p> <ul style="list-style-type: none"> ▶ With all these legal instruments in place, why are so many children still at risk? <div data-bbox="584 1549 841 1690" style="text-align: center; margin: 20px 0;">  </div> <p style="font-size: small; margin-top: 10px;">▶ 11 Module 13</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 11</p>	<ul style="list-style-type: none"> • Divide participants into 2 groups to discuss as outlined in the slide and present in plenary. • Allow 10 minutes for discussion and for a 5 minutes presentation for each group.

Unit 2: Ethical and Legal Issues Facing Children Living with HIV and AIDS



SLIDE 12

Use this slide to begin presentation on Legal and ethical issues facing children living with HIV.

Orphans and Vulnerable Children (OVCs)

Evidence shows that AIDS orphans living with extended families or in foster care are frequently subject to discrimination and are less likely to receive health, education and other needed services. The situation is yet more desperate for those living in child-headed households or on their own on the streets. (UNAIDS)

SLIDE 13

Elaborate on the ethical and legal issues facing children living with HIV.

Brainstorm (10 mins)

- ▶ What do we mean by a "vulnerable" child?
- ▶ What causes vulnerability?



▶ 14

Module 13

SLIDE 14

Ask participants to brainstorm issues as outlined in the slide.

The Vulnerable Child

- ▶ All children, to some extent, are vulnerable*.
- ▶ Children have fewer skills or tools to navigate problems and have fewer resources to draw from.
- ▶ Vulnerability refers to a person's susceptibility to harm.
 - ▶ Such harm could be physical such as sexual abuse or physical injury.
 - ▶ Harm can also refer to emotional abuse. Emotional abuse can occur through excessive shaming, verbal abuse and name calling as well as manipulation.

* **Vulnerable:** Susceptible to physical or emotional injury; susceptible to attack; open to criticism; likely to give in to persuasion or temptation. (Adapted from <http://www.answers.com/topic/vulnerable>)

▶ 15

Module 13

Use the slide to emphasize “susceptibility” to harm.

SLIDE 15

Vulnerability

- ▶ All children can be vulnerable given certain conditions.
- ▶ For example:
 - ▶ Displaced and refugee children
 - ▶ Street children
 - ▶ Child workers
 - ▶ Children with disabilities

▶ 16

Module 13

Use the slide content to outline the conditions which make children vulnerable.

SLIDE 16



▶ 17

Module 13

Show the slide to participants and get their reactions.

SLIDE 17

Group Work (30 mins)

- ▶ What are the causes of vulnerability for children in your community or country?



▶ 18

Module 13

SLIDE 18

- Divide the participants into 4 groups.
- Let the participants discuss and present the causes of vulnerability.



Law and Ethics

HIV positive children throughout the world face many legal and ethical challenges.

▶ 19

Module 13

SLIDE 19

Use the slide to emphasize the unique vulnerability of HIV-positive children globally.

Examples of Legal and Ethical Issues (1)

- ▶ Testing for HIV
- ▶ Confidentiality of HIV test results
- ▶ Discrimination against children living with HIV
- ▶ Criminalization of what is popularly referred to as deliberate infection of minors with HIV
- ▶ Ethics of research

▶ 20

Module 13

SLIDE 20

Use the slide to emphasize each of the legal and ethical issues in HIV.

<p>Examples of Legal and Ethical Issues (2)</p> <ul style="list-style-type: none"> ▶ Harmful cultural practices (e.g. genital mutilation, polygamy, arranged and early marriages and domestic violence) ▶ Adoption of children who are either infected or affected by HIV ▶ Inheritance of property by orphaned children. ▶ Child labor <p>▶ 21 Module 13</p> <p style="text-align: center;">SLIDE 21</p>	<p>Use the slide to elaborate on additional examples of legal and ethical issues.</p>
<p>Key Legal and Ethical Issues Facing HIV Positive Children (1)</p> <ul style="list-style-type: none"> ▶ Access to care ▶ Confidentiality ▶ Testing ▶ Ensuring we “Do No Harm” <p>▶ 22 Module 13</p> <p style="text-align: center;">SLIDE 22</p>	<p>Use the slide to outline the key legal and ethical issues facing HIV positive children.</p>
<p>Key Legal and Ethical Issues Facing HIV Positive Children (2)</p> <ul style="list-style-type: none"> ▶ There are numerous legal and ethical issues raised by pediatric HIV ▶ Minimal legislation has been enacted to address these legal and ethical issues ▶ Much reliance has been placed on policy and guideline documents which are not legally binding <p>▶ 23 Module 13</p> <p style="text-align: center;">SLIDE 23</p>	<p>Continue</p>

Where there is no Legal Framework

- ▶ In absence of enacted laws, rely on guidance by national policies and guidelines on pediatric HIV (not usually legally binding) e.g.:
 - ▶ National Policy/Guidelines on HIV testing in children
 - ▶ National guidelines on pediatric HIV care
- OR**
- ▶ International conventions, which are relevant to pediatric HIV and Children's rights:
 - ▶ Convention on the Rights of the Child
 - ▶ African Charter on the Rights and Welfare of the Child.
 - ▶ International Guidelines on HIV and Human Rights

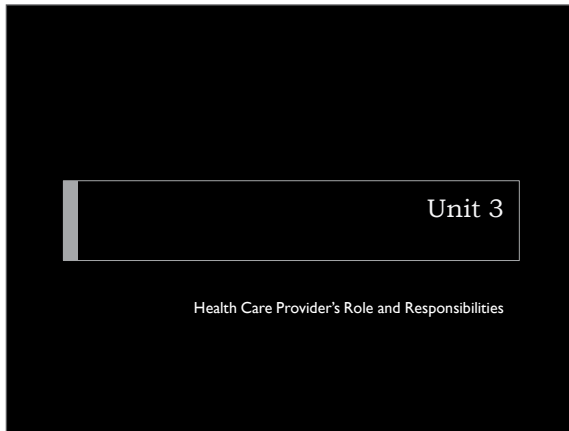
▶ 24

Module 13

SLIDE 24

Use the slide content to elaborate on what should be done in places where there is no legal framework?

Unit 3: Health Care Provider's Role and Responsibilities



SLIDE 25

Use this slide to begin unit on health care provider's roles and responsibilities.

Group Work (10 mins)

- ▶ What are our legal obligations as providers of psychosocial care?




▶ 26

Module 13

SLIDE 26

Ask participants to brainstorm on the obligations of health care providers.

<p>Our Responsibilities</p> <ul style="list-style-type: none"> ▶ As health care providers, we are in a privileged position. ▶ Once trust is established, children may share issues and concerns not shared with others. ▶ This information offers the opportunity to help but also a responsibility to protect children. <p>▶ 27 Module 13</p> <p style="text-align: center;">SLIDE 27</p>	<p>Focus on the responsibilities.</p>
<p>Key Legal and Ethical Issues</p> <ul style="list-style-type: none"> ▶ In providing psychosocial care, the health care provider must be familiar with the following: <ul style="list-style-type: none"> ▶ The Principle of Confidentiality ▶ The Principle of Informed Consent ▶ The Principle of HIV voluntary counseling and testing. <p>▶ 28 Module 13</p> <p style="text-align: center;">SLIDE 28</p>	<p>Use slide to highlight the key legal and ethical issues.</p>
<p>Group Work (30 mins)</p> <ul style="list-style-type: none"> ▶ In groups of 3-4 discuss and share successes and challenges you have experienced with <ul style="list-style-type: none"> ▶ Confidentiality ▶ Counseling ▶ Testing <div style="text-align: center;">  </div> <p>▶ 29 Module 13</p> <p style="text-align: center;">SLIDE 29</p>	<p>Divide participants into 3 groups to discuss and present as outlined in the slide.</p>

<p>Principle and Purpose of Confidentiality</p> <ul style="list-style-type: none"> ▶ General rule: <ul style="list-style-type: none"> ▶ All information obtained from a patient is kept confidential by the health care provider. ▶ Confidentiality allows a child the space to discuss issues without fear of stigma or negative consequences <p>▶ 30 Module 13</p> <p style="text-align: center;">SLIDE 30</p>	<p>After the group presentation, use the content of the following set of slides to help consolidate learning.</p>
<p>Principle of Confidentiality</p> <ul style="list-style-type: none"> ▶ There are a few times at which confidentiality is broken ▶ When the person gives written consent to allow disclosure of the information to a specific person or people. ▶ In the case of a child or adult with a disability that affects his ability to give consent ▶ When ordered by a court of law ▶ When there is concern or evidence that the child will harm himself or someone else <p style="text-align: center;">Breach of confidentiality is unlawful. Breach of confidentiality will invite legal action for damages against the person and the institution involved.</p> <p>▶ 31 Module 13</p> <p style="text-align: center;">SLIDE 31</p>	<p>Use the slide content to elaborate on the principle of confidentiality.</p>
<p>Principle of Consent</p> <ul style="list-style-type: none"> ▶ General rule is that informed consent is a requirement of law ▶ Adults without legal disability can give consent to their own treatment ▶ Parents or legal guardians must give consent to treatment of minors (refer to the definition of minor in own country) <p>▶ 32 Module 13</p> <p style="text-align: center;">SLIDE 32</p>	<p>Use the slide content to outline the principles of consent.</p>

<p>Informed Consent</p> <ul style="list-style-type: none"> ▶ Must be in writing ▶ Must be understood by the patient who is undertaking the treatment; in the case of a minor it has to be explained to the parents or guardians and to the child as appropriate to their age and development ▶ Must be signed by the patient or in the case of a minor child his parent or guardian to signify they have understood what they are consenting to. <p>▶ 33 Module 13</p> <p style="text-align: center;">SLIDE 33</p>	<p>Use the slide to elaborate on the meaning of informed consent.</p>
<p>Consent</p> <ul style="list-style-type: none"> ▶ Failure to obtain informed consent will invite legal action for damages against the person and the institution involved. <p>▶ 34 Module 13</p> <p style="text-align: center;">SLIDE 34</p>	<p>Emphasize the need to seek consent or the subsequent legal action of not having consent.</p>
<p>Principles of Testing</p> <ul style="list-style-type: none"> ▶ Testing of a child should be voluntary. ▶ The nature of the test should be explained to the child if he is able to comprehend. ▶ Testing must follow the approved procedure/guidelines of your country (including pre and post test counseling.) ▶ Negligent and reckless conduct of a test resulting in misdiagnosis can invite legal action for damages against the health care provider and institution. <p>▶ 35 Module 13</p> <p style="text-align: center;">SLIDE 35</p>	<p>Use the slide to elaborate on principles of testing in children.</p>

The Ethical Principle of “Do No Harm”

- ▶ While we aim to do good, we should ensure that through our policies, training, actions and/or efforts, we do not intentionally or unintentionally Do Harm

▶ 36

Module 13

SLIDE 36

Use the slide to emphasize the principles of “Do no harm.”

Brainstorm (10 mins)

- ▶ Despite wanting to do good, sometimes there are negative consequences of our actions or programs.
- ▶ Can you think of some examples?
- ▶ How can we ensure we Do No Harm



▶ 37

Module 13

SLIDE 37

Read slide.

Summary: Role & Responsibilities

- ▶ Exercise reasonable care and skill in rendering services to children and families.
- ▶ Ensure protection of children’s rights in the process of testing, care and treatment by:
 - ▶ facilitating counseling and
 - ▶ maintaining confidentiality of HIV test results.
- ▶ Create awareness both of preventive measures and of children’s rights responding as needed (e.g. Inheritance rights).
- ▶ Be aware of the legal and ethical procedures expected of health care providers
 - ▶ (e.g. Referral of rape victims and child abuse to the authorised officers under your country’s Children’s Act.)

▶ 38

Module 13

SLIDE 38

- Ask participants to share what they have learned.
- Use the slide content to summarize and conclude session.

Module 14

Health Care Provider Support

This module consists of three (3) units and covers problems and challenges encountered by health care providers working with children, forms and tasks addressed in supervision, as well as sources of stress and how to manage them.

Due to the nature of the topics in this module, the best teaching methods must involve participation by all. Group discussions and presentations are the most appropriate methods for this module.

SUGGESTED TRAINERS: The units of this module are best taught by psychologists and trained counselors.

Module Objectives

At the end of this module participants will be able to:

1. Identify problems and challenges encountered by pediatric health care providers
2. Specify forms and tasks addressed in supervision
3. Identify sources of stress and how to manage them

Duration

210 minutes (3 hours, 30 minutes)

Teaching and Learning Methods

Brainstorming, Lectures, Discussions, Group work, Presentations, Summary Presentations, Role plays


Required Materials

LCD Projector, Computer/Laptop, Presentation slides, Flip charts, Masking tape, Markers

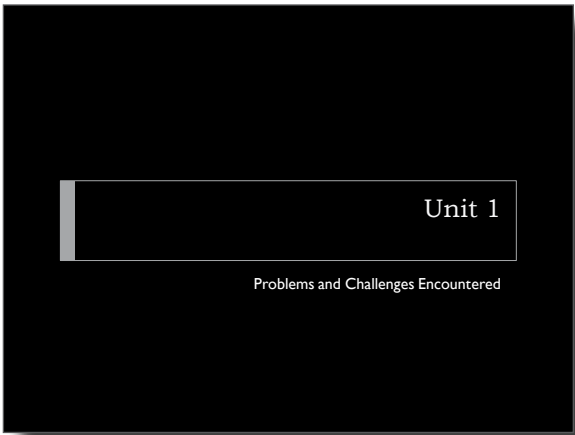

Module 14: At a Glance

Unit	Length	Objectives	Content	Method	Materials
1	30 mins	Identify problems and challenges encountered by pediatric health care provider	Problems and challenges encountered, burn-out and workload factors leading to burn-out	<ul style="list-style-type: none"> • Lectures • Brainstorming • Discussions 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Markers • Flipchart • Masking tape
2	1 hr	Specify forms and tasks addressed in supervision	Supervision and support, definition, functions, purposes, tasks, forms of supervision and methods/modes of supervisee's presentation.	<ul style="list-style-type: none"> • Lectures • Discussions • Brainstorming • Role plays 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Markers • Flipchart • Masking tape
3	2 hrs	Identify sources of stress and how to manage	Stress management, definition, causes, signs and symptoms, factors affecting our response to stress, prevention of stress and outcome of poorly managed stress.	<ul style="list-style-type: none"> • Lecture • Brainstorming • Discussions • Summary presentation 	<ul style="list-style-type: none"> • Presentation slides • Computer • LCD projector • Markers • Flipchart • Masking tape

Module 14: Introduction

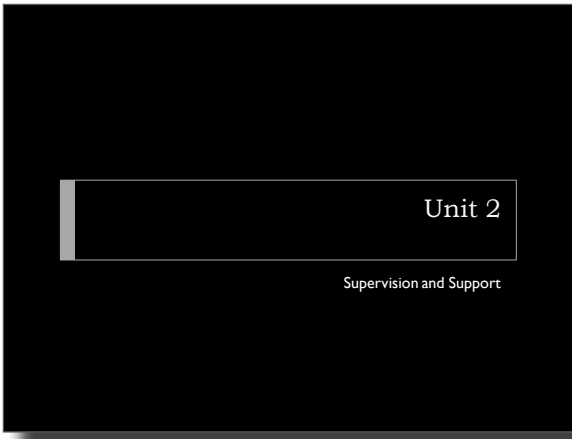
 <p>Module 14 Health Care Provider Support</p> <p>USAID UNICEF WHO</p>	<ul style="list-style-type: none">• Use the slide to introduce the module.• Ask participants to talk about the role of health care workers <p>OR</p> <ul style="list-style-type: none">• Talk about the importance of the health care worker.
<p>Goal</p> <p>To describe the importance of providing care for the health care workers working with children</p> <p>2 Module 14</p>	<p>Use this slide to initiate a discussion on the importance of caring for the caregiver.</p>
<p>Learning Objectives</p> <ul style="list-style-type: none">▶ Identify problems and challenges encountered by pediatric health care providers▶ Specify forms and tasks addressed in supervision▶ Identify sources of stress and how to manage them <p>3 Module 14</p>	<p>Use this slide to outline the objectives of the module.</p>

Unit 1: Problems and Challenges Encountered

 <p>Unit 1 Problems and Challenges Encountered</p>	<p>Read slide.</p>
<p>Brainstorm (10 mins)</p> <p>▶ What are the common problems encountered by counselors?</p>  <p>▶ 5 Module 14</p>	<ul style="list-style-type: none">• Ask participants share common problems encountered by counselors.• Record their contributions on an easel pad, and then share in plenary.
<p>Problems and Challenges Encountered (1)</p> <ul style="list-style-type: none">▶ Lack of clinical skill▶ Lack of ongoing training/education/supervision▶ At times, person is not a good match to be a counselor▶ Lack of tools/equipment (e.g. toys)▶ Personal issues getting in the way of appropriate treatment delivery▶ Heavy caseloads▶ Lack of motivation and recognition▶ Lack of proper working environment (e.g. child friendly environment) <p>▶ 6 Module 14</p>	<p>Use the following slides to summarize responses and consolidate their learning.</p>



<p>Problems and Challenges Encountered (1)</p> <p>Burnout : <i>mental, emotional and physical tiredness</i></p> <p>Workload factors leading to “Burnout”:</p> <ul style="list-style-type: none"> ▶ Extra work and dual responsibilities ▶ Heavy caseloads ▶ Lack of intra-team consultation or support groups ▶ Time issues (consistently working long hours) ▶ Shortage of staff ▶ Continuous work with intense and difficult cases <p>▶ 7 Module 14</p>	<p>Continue</p>
SLIDE 7	

Unit 2: Supervision and Support

 <p style="text-align: center;">Unit 2</p> <p style="text-align: center;">Supervision and Support</p>	<p>Ask the participants to define supervision and the concept of support.</p>
SLIDE 8	

<p>Definition</p> <p>Supervision is a formal, mutually agreed upon arrangement for counselors to discuss their work regularly with someone who is normally an experienced and competent counselor. (BAC2.3 1996)</p> <p>▶ 9 Module 14</p>	<p>Articulate the definition.</p>
SLIDE 9	

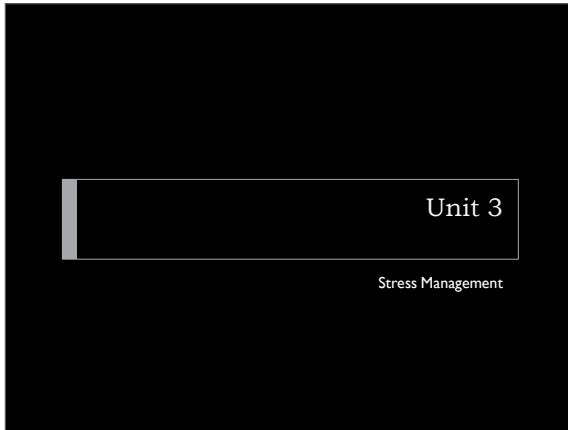
<div data-bbox="310 254 873 682" style="border: 1px solid black; padding: 5px;"> <p>Functions and Purposes of Supervision</p> <p>Functions</p> <ul style="list-style-type: none"> ▶ Educative ▶ Consultative ▶ Supportive ▶ Administrative <p>Purposes</p> <ul style="list-style-type: none"> ▶ Safeguard welfare of clients ▶ Personal and professional development of counselors <p style="font-size: small;">▶ 10 Module 14</p> </div> <p style="text-align: center;">SLIDE 10</p>	<p>Use the slide to elaborate on the functions and purposes of supervision.</p>
<div data-bbox="310 789 873 1218" style="border: 1px solid black; padding: 5px;"> <p>Tasks of Supervision</p> <ul style="list-style-type: none"> ▶ Relationship-building ▶ Teaching ▶ Counseling ▶ Consultation ▶ Administration ▶ Monitoring and Evaluation <p style="font-size: small;">▶ 11 Module 14</p> </div> <p style="text-align: center;">SLIDE 11</p>	<p>Continue</p>
<div data-bbox="310 1325 873 1753" style="border: 1px solid black; padding: 5px;"> <p>Relationship</p> <ul style="list-style-type: none"> ▶ The supervision relationship is characterized by choice, self-disclosure, transference, countertransference and contracts ▶ Supervisor forms a close working relationship with supervisee ▶ Supervisors should be able to play as a team member <p style="font-size: small;">▶ 12 Module 14</p> </div> <p style="text-align: center;">SLIDE 12</p>	<p>Continue</p>

<p>Teaching</p> <ul style="list-style-type: none"> ▶ Teaching is an essential task of supervision ▶ Teaching within supervision is both formal and informal ▶ Modeling is seen as an important teaching method. Other methods include: role plays, lecture/demonstration, mentoring, case studies <p>▶ 13 Module 14</p> <p style="text-align: center;">SLIDE 13</p>	<p>Continue</p>
<p>Counseling</p> <ul style="list-style-type: none"> ▶ Supervisors expect personal issues to arise from client work ▶ Supervision regularly deals with personal issues as they emerge from work with clients, and at times it becomes necessary to address personal issues with counselors ▶ Not all personal issues arising from client work require counseling ▶ Supervisees can learn much from their own personal reactions in the counseling process <p>▶ 14 Module 14</p> <p style="text-align: center;">SLIDE 14</p>	<p>Emphasize the importance of addressing personal issues in supervision.</p>
<p>Monitoring and Evaluation</p> <ul style="list-style-type: none"> ▶ Monitoring professional/ethical issues is an ongoing and essential task of supervision ▶ Supervisors always need to ensure their supervisees are working ethically ▶ Role play examples  <p>The Evaluation task of Supervision</p> <ul style="list-style-type: none"> ▶ Evaluation is key within supervision ▶ On-going feedback (evaluation) ought to be built into the supervisory contract ▶ Facilitating the evaluation process is a primary responsibility of the supervisor ▶ Role play examples  <p>▶ 15 Module 14</p> <p style="text-align: center;">SLIDE 15</p>	<ul style="list-style-type: none"> • Discuss and elaborate on the importance of monitoring and evaluation during supervision. • Role play some examples

<p>Consultation (1)</p> <ul style="list-style-type: none"> ▶ Supervisors need to be aware of how cases are proceeding ▶ Supervisors are in a position to offer expert guidance, particularly when supervisees feel “stuck” in the counseling process ▶ The supervisor-supervisee relationship models the importance of seeking ongoing consultation ▶ Supervisor should teach supervisee approaches to presenting cases <p>▶ 16 Module 14</p> <p style="text-align: center;">SLIDE 16</p>	<p>Discuss the importance of consultation as a task under supervision.</p>
<p>Consultation (2)</p> <ul style="list-style-type: none"> ▶ The Supervisor should remember to <i>always</i> seek consultation for him/herself when necessary! <i>Ask your supervisees to do, professionally, what you are willing to do yourself!</i> ▶ The consultation task combines with other supervisor tasks to create a comprehensive and ongoing learning experience for the supervisee <p>▶ 17 Module 14</p> <p style="text-align: center;">SLIDE 17</p>	<p>Continue</p>
<p>Administration (1)</p> <ul style="list-style-type: none"> ▶ Supervisors need to educate the supervisee regarding rules/regulations (pertaining to their area of work) of their particular agency ▶ Sometimes the administrative role can be difficult for supervisors. However, when carried out correctly, these tasks are a necessary component of the supervisees’ ongoing learning experience <p>▶ 18 Module 14</p> <p style="text-align: center;">SLIDE 18</p>	<p>Elaborate on administration as part of supervision.</p>

<div data-bbox="310 254 873 682" style="border: 1px solid black; padding: 10px;"> <p>Administration (2)</p> <ul style="list-style-type: none"> ▶ Special considerations come into play when supervisors are a part of the agency in which supervisees see clients ▶ Use of the tripartite meeting between the supervisor, counselor and mediator to discuss unresolved issues. <p style="font-size: small; margin-top: 10px;">▶ 19 Module 14</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 19</p>	<p>Continue</p>
<div data-bbox="310 789 873 1218" style="border: 1px solid black; padding: 10px;"> <p>Forms of Supervision</p> <ul style="list-style-type: none"> ▶ Self supervision ▶ One-to-one supervision ▶ One-to-one co-supervision ▶ Group supervision ▶ Peer group supervision ▶ Team or staff supervision ▶ Live teaching supervision where a supervisor and team members watch supervisee during sessions and give feedback in the moment. This is very effective! <p style="font-size: small; margin-top: 10px;">▶ 20 Module 14</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 20</p>	<ul style="list-style-type: none"> • Ask participants to brainstorm the different forms of supervision. • Use the slide content to summarize the responses.
<div data-bbox="310 1346 873 1774" style="border: 1px solid black; padding: 10px;"> <p>Methods (Modes) of Supervisee's Presentation</p> <ul style="list-style-type: none"> ▶ Verbal reports ▶ Written process notes ▶ Audio tape/ Video tape ▶ Telephone ▶ Live supervision ▶ Exit interviews <p style="font-size: small; margin-top: 10px;">▶ 21 Module 14</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 21</p>	<ul style="list-style-type: none"> • Ask participants to brainstorm on methods of supervisee presentation • Clarify the distinction between supervision and supportive supervision • Emphasize the use of supportive supervision that does not involve blaming and labeling, but facilitates learning and skills acquisition.

Unit 3: Stress Management



SLIDE 22

Use this slide to start the unit presentation.

Stress Management

Definition:

- ▶ Stress is a physical and emotional response to new or difficult situations
- ▶ Certain situations are more stressful than others
- ▶ A small amount of stress is necessary for life to move on
- ▶ People cope with/integrate stress differently; what is stressful for one person may not be as stressful for another person
- ▶ Exposure to prolonged periods of unrelieved stress can lead to burn out


▶ 23 Module 14

SLIDE 23

- Ask participants to share what they know about stress.
- Use the slide content to summarize responses on the definition.

Group Work (20 mins)

- ▶ What are the common
 - ▶ causes of stress in health care workers and counselors working in HIV care services?
 - ▶ signs and symptoms of stress among HIV counselors ?
- ▶ How best do you manage your stress?



▶ 24 Module 14

SLIDE 24

Divide participants into 3 groups to discuss causes, effects and management of stress as outlined in the slide. Group discussion will take 10 minutes, presentation and feedback 10 minutes per group.

<div data-bbox="310 254 873 682" style="border: 1px solid black; padding: 10px;"> <p>Signs and Symptoms of Stress</p> <ul style="list-style-type: none"> ▶ Physical (tiredness/exhaustion) ▶ Emotional (anxiety, depression, mood changes) ▶ Cognitive (thinking) [poor concentration] ▶ Behavioral (missing work frequently, taking more time off, decreased work effectiveness and productivity) ▶ Spiritual (e.g. increased or decreased interest in religion.) <p style="font-size: small; margin-top: 10px;">▶ 25 Module 14</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 25</p>	<p>Use the following set of slides to consolidate the learning.</p>
<div data-bbox="310 789 873 1218" style="border: 1px solid black; padding: 10px;"> <p>Factors Affecting Our Response to Stress</p> <ul style="list-style-type: none"> ▶ Biological/Genetic (how our systems are “wired”) ▶ Personality ▶ Upbringing ▶ Current mental and physical health ▶ Culture ▶ Relationships ▶ Different coping styles ▶ Gender (female/male) <p style="font-size: small; margin-top: 10px;">▶ 26 Module 14</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 26</p>	<p>Use the slide to summarize the factors that affect our response to stress.</p>
<div data-bbox="310 1325 873 1753" style="border: 1px solid black; padding: 10px;"> <p>Prevention of Stress</p> <ul style="list-style-type: none"> ▶ Flexibility ▶ Rotation of jobs ▶ Constructive feedback on work performance ▶ Support and encouragement from supervisors ▶ Consistent communication ▶ Performance based incentive ▶ Delegation of duties ▶ Planning and re-planning for effective crisis management ▶ Focus on problem solving communication (vertical and horizontal) ▶ Regular performance evaluations and coaching sessions performed by supervisor <p style="font-size: small; margin-top: 10px;">▶ 27 Module 14</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SLIDE 27</p>	<p>Elaborate on each of the different ways to prevent stress.</p>

<div data-bbox="310 254 873 682" style="border: 1px solid black; padding: 10px;"> <p>Stress Management (1)</p> <ul style="list-style-type: none"> ▶ Identify the source of stress ▶ Develop healthy coping behavior ▶ Maintain consistent communication with supervisor and team members; address issues soon and do not allow issues to go un-addressed ▶ Incorporate regular discussions of stress into supervision and team meetings ▶ Develop positive attitude <p style="font-size: small; margin-top: 10px;">▶ 28 Module 14</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 28</p>	<p>Summarize the methods of stress management.</p>
<div data-bbox="310 789 873 1218" style="border: 1px solid black; padding: 10px;"> <p>Stress Management (2)</p> <ul style="list-style-type: none"> ▶ Gain knowledge and an open-minded perspective ▶ Get organized ▶ Find ways to make work fun and ways to make interactions at work fun ▶ Get involved in social activities for relaxation ▶ Develop a regular exercise regimen <p style="font-size: small; margin-top: 10px;">▶ 29 Module 14</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 29</p>	<p>Continue</p>
<div data-bbox="310 1341 873 1770" style="border: 1px solid black; padding: 10px;"> <p>Outcome of Poorly Managed Stress (1)</p> <ul style="list-style-type: none"> ▶ Poor work effectiveness and productivity ▶ Irregular work attendance; cannot wait to leave work for the day ▶ Irregular/poor customer service to clients and team members; counselor becomes short/abrupt/rude to clients and team members ▶ It becomes difficult to maintain “team” attitude ▶ The team, as a whole, suffers <p style="font-size: small; margin-top: 10px;">▶ 30 Module 14</p> </div> <p style="text-align: center; margin-top: 10px;">SLIDE 30</p>	<ul style="list-style-type: none"> • Discuss consequences of poor stress management. • Then use this set of slides to consolidate learning.

Outcome of Poorly Managed Stress (2)

- ▶ Poor physical health (e.g. ulcers, hypertension)
- ▶ Decreased mental health (e.g. increased depression, anxiety and potential suicidal ideation; substance abuse)
- ▶ Increased feelings of inadequacy

▶ 31

Module 14

SLIDE 31

Use the slide to explain on additional outcomes.

Activity (30 mins)

- ▶ Stress management or relaxation techniques
 - ▶ Diary
 - ▶ Breathing exercises and muscle relaxation
 - ▶ Music
 - ▶ Imagery during relaxation exercises
 - ▶ Sport and dancing

▶ 32

Module 14

SLIDE 32

Summarize, demonstrate and share personal experiences on techniques for intervention.

APPENDIX

Week 1 Course Schedule (Template)

Time	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5
8.30am		<ul style="list-style-type: none"> Welcome and opening remarks Introductions Expectations and Helping Hands 	Recap Day 1 Module 3: <i>Family Structure and Dynamics</i>	Recap Day 2 Module 5: <i>Communicating with Children (At least 2 facilitators)</i>	Recap Day 3 Module 6: <i>Counseling Children (At least 2 facilitators)</i>	Recap Day 4 Module 7: <i>Working with Adolescents</i>
9.30am		<ul style="list-style-type: none"> Course overview and Objectives Admin Briefs Pre-test 	Module 3 continued	Module 5 continued	Module 6 continued	Module 7 continued
10.00am B R E A K						
10.30am	Facilitators' Working Meeting	Module 1: <i>Overview of HIV Infection, Care and ART in Children</i>	Module 3 continued	Module 5 continued	Module 6 continued	Module 7 continued
11.30am	Facilitators' Working Meeting	Module 1 continued	Module 3 continued	Module 5 continued	Module 6 continued	Module 7 continued
1.00pm L U N C H B R E A K						
2.00pm	Facilitators' Working Meeting	Module 1 continued	Module 4: <i>Psychosocial Aspects in Pediatric HIV Care</i>	Module 5 continued	Module 6 continued	Module 7 continued
3.00pm	Facilitators' Working Meeting	Module 2: <i>Child Development (max 2 hr)</i>	Module 4 continued	Module 5 continued	Module 6 continued	Module 7 continued
4.00pm B R E A K						
4.30pm		Module 2 continued	Module 4 continued	Module 5 continued	Module 6 continued	Module 7 continued

Week 2 Course Schedule (Template)

Time		Day 6	Day 7	Day 8	Day 9	Day 10
8.30am		<ul style="list-style-type: none"> Welcome back Recap week 1 	Recap Day 6 <i>Module 9: Disclosure of HIV Status to Children cont'd</i>	Recap Day 7 Module 10: <i>Summing up</i>	Recap Day 8 Module 13: <i>Legal and Ethical Issues</i>	Recap Day 9 <ul style="list-style-type: none"> Post-test Presentation and discussion of work plans
9.30am		Module 8: <i>HIV Counseling and Testing in Children</i>	Module 9 continued	Module 11: <i>Palliative Care for Children</i>	Module 13 continued	Presentation of work plans
10.00am	B R E A K					
10.30am		Module 8 continued	Module 10: <i>Adherence to ART in Children</i>	Module 11 continued	Module 13 continued	Presentation of work plans
11.30am		Module 8 continued	Module 10 continued	Module 12: <i>Grief and Bereavement Counseling</i>	Module 14: <i>Health Care Provider Support</i>	<ul style="list-style-type: none"> Workshop evaluation Certification and Closure
1.00pm	L U N C H B R E A K					
2.00pm		Module 9: <i>Disclosure of HIV Status to Children</i>	Module 10 continued	Module 12 continued	Module 14 continued	Winding down and departure
3.00pm		Module 9 continued	Module 10 continued	Module 12 continued	Module 14 continued	
4.00pm	B R E A K					
4.30pm		Module 9 continued	Module 10 continued	Module 12 continued	Introduction to Action Work Plans (individual or health facility)	

Training Final Evaluation

1. What did you like most about the training/workshop? (the pre-workshop organization, content, presentation style, quality of facilitation/instruction, duration, other?) Please explain why.

2. What would you change about the training/workshop? (the pre-workshop organization, content, presentation style, quality of facilitation/instruction, duration, other?) Please explain why.

3. What parts of your learning will you apply immediately in your own work? Please be specific.

4. How else will you use and share what you learned? Please be specific.

5. Taking into account all aspects of the training/workshop, please give your overall rating of the event by circling the appropriate number.

Excellent	Good	Adequate	Poor	Very Poor
5	4	3	2	1

7. Are there any further comments you would like to make?

Psychosocial Care and Counseling for HIV Infected Children and Adolescents

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