

Adherence Counselling for Children at the LAC



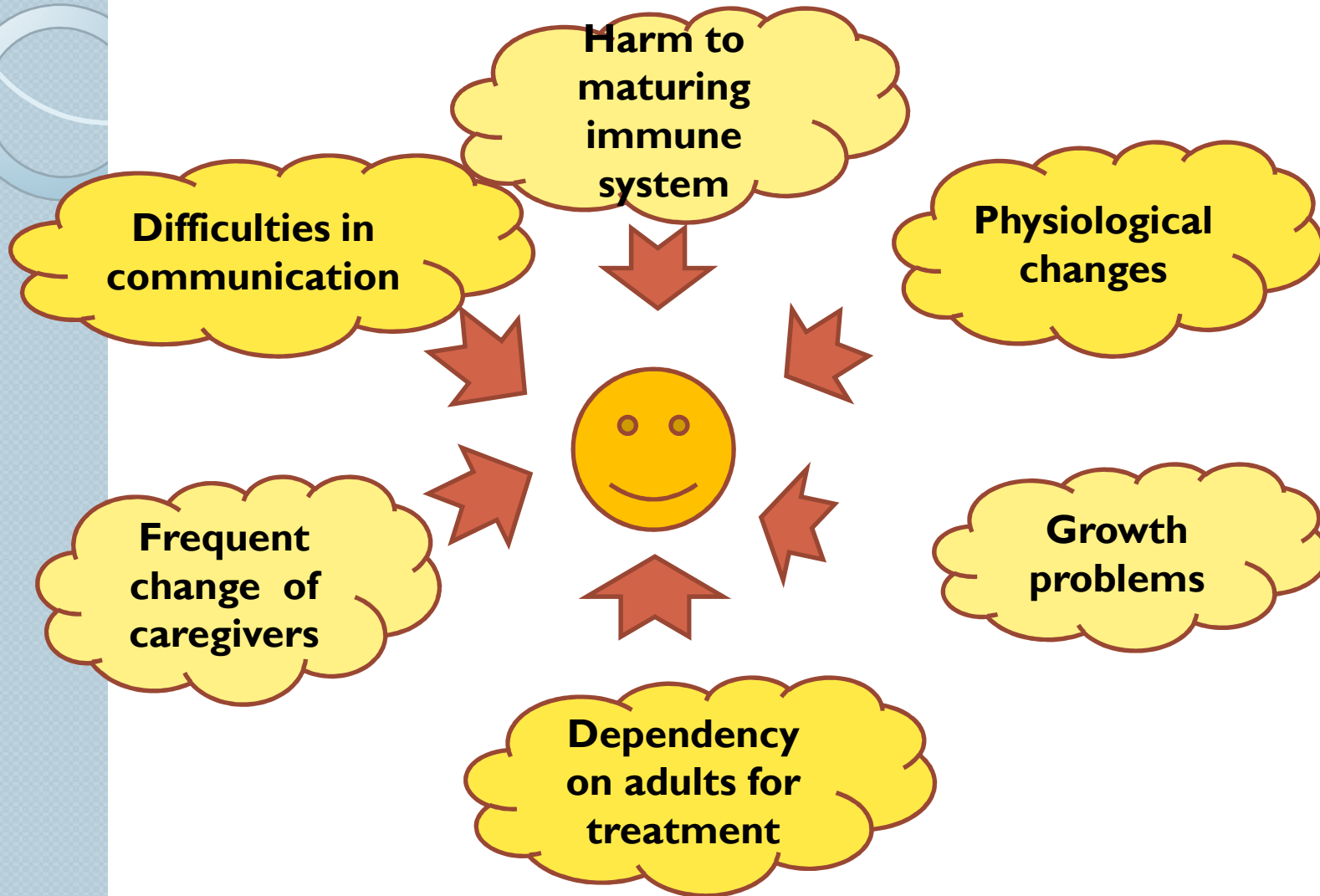
National AIDS Control Organization



Session objectives

- List the reasons why CLHIVs require counselling
- Identify children with developmental delays and take appropriate actions
- Demonstrate interactive strategies for working with children and describe appropriate uses for them.
- Discuss age-appropriate ways to handle disclosure of HIV status to children

Issues and challenges faced by CLHIV



Paediatric HIV treatment

- Paediatric HIV treatment is specialized ART treatment for children upto the age of 14 years.
- Treatment of paediatric HIV infection is more complicated than that of adults: physical, psychological & family issues.

How counsellors can support children

Counsel children to cope with their infection and look after their health properly

Counsel caregivers to support children

Provide a comfortable and friendly environment at the centre for children and caregivers

Working with children

- Understanding children
 - Growth & Development
 - Perceptions & emotions
- Using effective strategies for communication
 - Drawing, story telling, puppetry.
- Developing personal qualities for working with children
- Making the centre-child friendly

Child-Centred Counselling



- Focus on the child's issues and concerns from perspective of child as well as caregiver
- Oriented to build capacity of the child to understand and cope with their life situation

Activity

- Turn to your handouts and fill in the table. Refer to your ICTC Refresher Handouts.



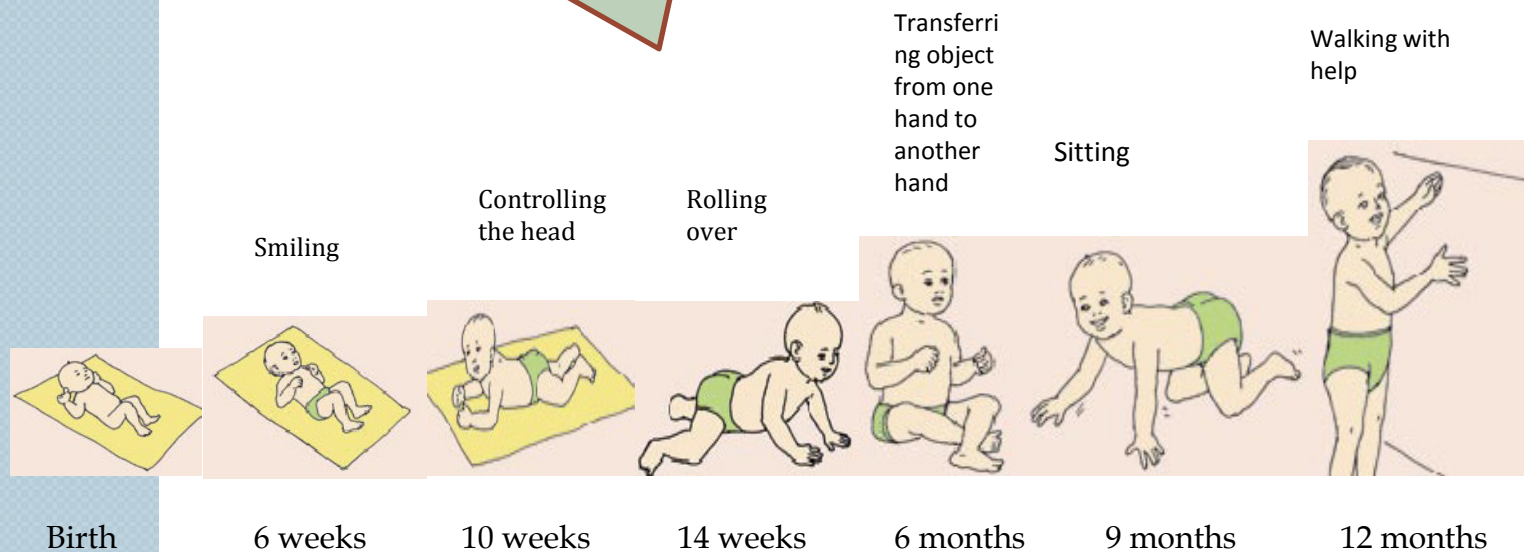
Situation	Is this child facing a developmental delay?	When would a “normal child” complete this?
Ishani is 5 months old. When her grandmother holds her, her head falls to the side.		
Afsaana is 2 years old. He can walk without holding the wall.		
Dhanesh is 18 months old. He has just learned to sit up.		
Balbir Kaur was born 6 weeks ago. She delights her family with her new development – smiling.		
Bhavna is 3 months old. She has begun sliding around and will learn to turn over in a few days.		
Kamlesh is 6 months old. He is very pleased at his new trick – moving his rattle from one hand to the next.		

**Important
slide**

Developmental milestones

**Inform the
treating doctor**

**Developmental delay:
Expected progress is not
present at any specific age**



Source: National AIDS Control Organization (2010). Draft guidelines for exposed baby care. New Delhi, India.

Activity

- Turn to your handouts and fill in the table. Match Counselling to the Developmental Milestones Refer to your ICTC Refresher Handouts.



<i>Situation</i>	<i>3–6 years</i>	<i>6–9 years</i>	<i>9–12 years</i>
<i>ICTC Clients</i>	Example given	Example given	Example given
<i>LAC Clients</i>			

How to explain about HIV and ART to children?



3-6 years

“You are not well. If you want to play, you should be well and for that you need to take medicine”



6-9 years

“You have got a germ inside your body. That germ is making you fall sick often. To kill that germ you need to take medicine everyday. The germ will become strong when you don't take medicine”



9-12 years

“ There is a germ in your body. It reduces your body's ability to fight against other infections. We cannot remove it from your body. But we can control it so that you can stay healthy. For that you must take medicines regularly.”

Interactive communication strategies

Important
slide

Drawing

Story telling

Puppetry

- Help the child to understand what you are trying to communicate
- Maintain the child's attention during the session
- Explore sensitive issues
- Create a safe environment for talk

You learned about this in ICTC Refresher.
You will get an opportunity to practise.

Activity



- Read the table titled “Helping Children to Manage their Emotions” in the ICTC Refresher Handouts.
- Read the situations.
- Identify the emotion and prepare a role-play on how to help the client manage it. The trainer will tell you which type of interactive communication strategy you should use.
- Answer the questions at the end.
- You will have a lot of time to prepare and practise.



Personal qualities for working with children

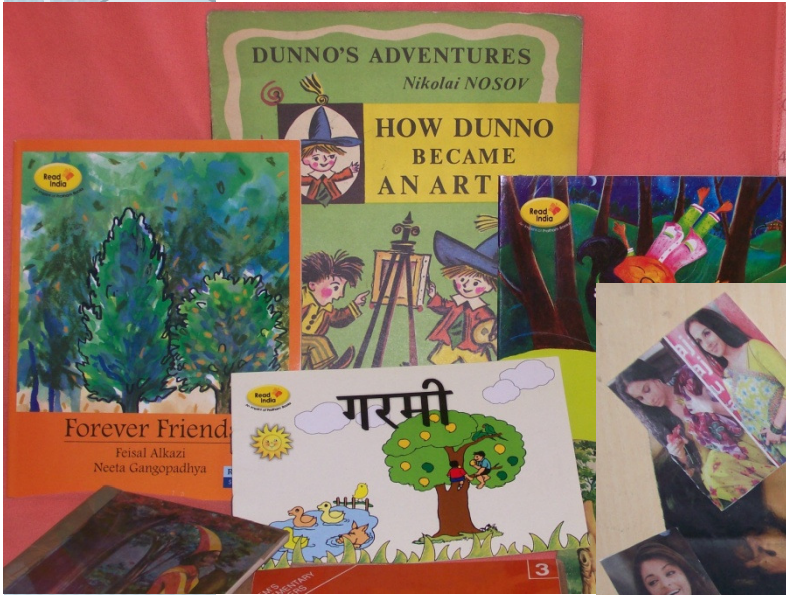
- Ability to maintain confidentiality
- Ability to understand emotional needs and provide support.
- Non-judgmental attitude

Child-friendly LAC

- What can **YOU** do to make your centre child-friendly?
 - △ A small blackboard at the child's level
 - △ Notice-board with paintings by children
 - △ Drawing paper and other art material
 - △ Inexpensive games and toys for children
 - △ Story books
 - △ Some festival decorations
 - △ Coloured pictures from magazines/newspapers of popular sportspersons or animals

Tips for child friendly LAC

Story Books



Posters



Toys



Example of a Child-Friendly Centre



Photographs courtesy Dr. Suresh Shastri, Regional Co-ordinator, Karnataka

Activity



- Instructions for the Quiz on Disclosure. Please read the section on Disclosure in your ICTC Refresher Handouts. There will be a quiz on the same tomorrow.



ADHERENCE COUNSELLING FOR CHILDREN

Objectives of adherence counselling

Educate child and caregiver about treatment

Prepare child and caregiver for treatment and life-long adherence

Monitor adherence and support to maintain it.

Identify different barriers to treatment and help to overcome them

Counselling the child

- The information provided to the child should be based on
 - the age of the child
 - level of understanding of the child
 - disclosure of HIV status

Treatment preparedness counselling: 5As

Assess

- **Child's and caregiver's understanding**
- **Child's knowledge about HIV status**
- **Potential barriers and social support systems**

Assist

- **Planning for adherence and treatment**

Advise

- **Implications of treatment**
- **Importance of adherence and follow-up visits**
- **Importance of following the doctor's instructions**

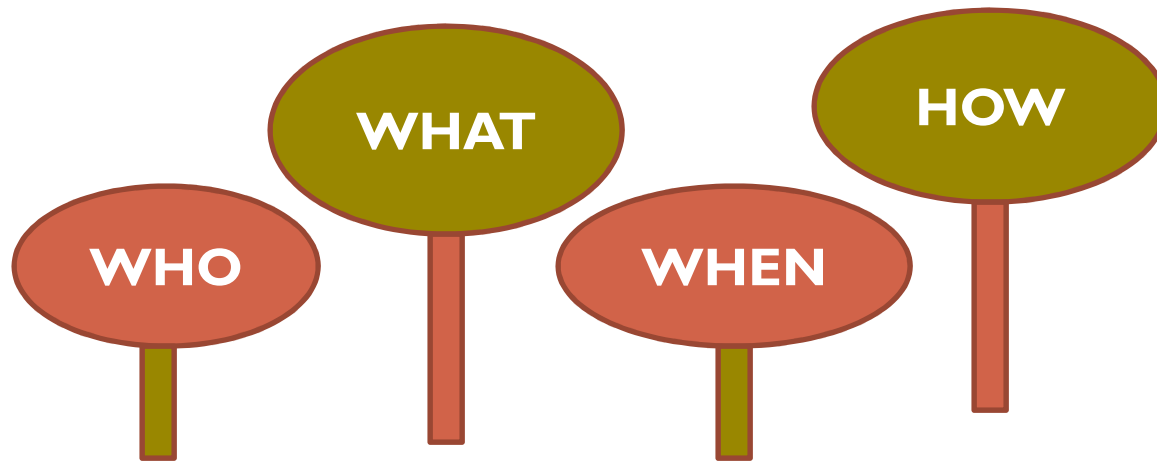
Arrange

- **Required investigations**
- **Referrals**

Agree

- **Treatment adherence plan**
- **Disclosure to the child**

Preparing caregiver



- Identify **WHO** will administer the medicines
- Explain **WHAT** medicines will be given
- Specify **WHEN** the medicines should be given/taken
- Provide details on **HOW** the medicines will be given/taken

Commencement & Follow-up

- **Commencement stage**
 - Treatment education
 - Identifying strategies
 - Preparing & agreeing on treatment plan
- **Follow-up stage**
 - Adherence monitoring
 - Addressing barriers to adherence
 - Monitoring of growth and development

**Important
slide**

Monitoring children's adherence

- Pill count
- Report by caregiver
- Refill boxes
- Checking pill charts/calendars/diaries
- Interactive strategy
 - Drawing, story telling, role play



Using ART Calendar/Diary



Supported by WHO India























































































Week - 1





Month

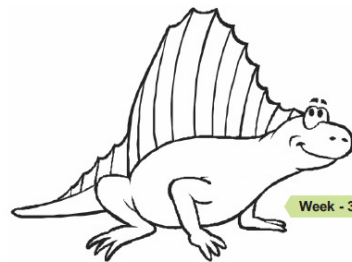


Week - 2

Don't forget to see me twice a day: Once with sun and once with moon

SUN	MON	TUE	WED	THU	FRI	SAT
 	 	 	 	 	 	 
 	 	 	 	 	 	 
 	 	 	 	 	 	 
 	 	 	 	 	 	 
 	 	 	 	 	 	 
 	 	 	 	 	 	 

Dear Child,
 Sun - Colour the box  in the morning after taking the dose
 Moon - Colour the box  in the evening after taking the dose



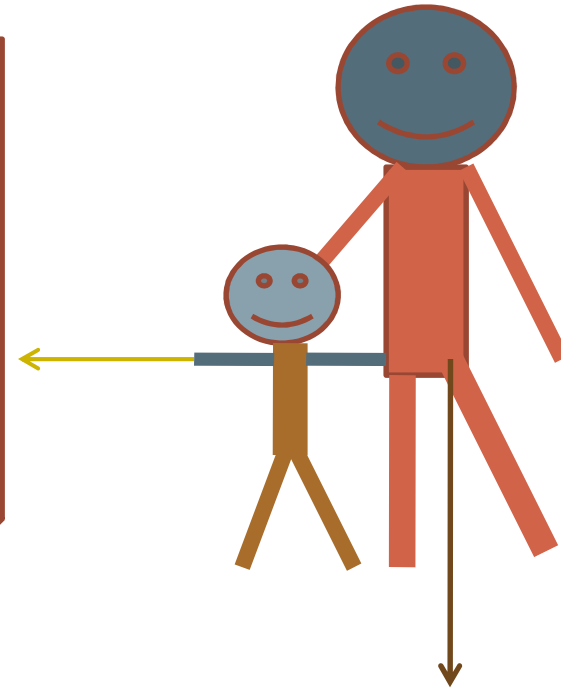
Week - 3



Week - 4

Factors affecting the child's adherence

- **Dependency on adults**
- **Taste, smell and colour of medicine**
- **Interest in experimenting with treatment**
- **Emotional factors**
- **Using medicines to manipulate adults**
- **Other infections and medications**



- **Knowledge and understanding of HIV/AIDS and treatment**
- **Misconceptions regarding treatment**
- **Health beliefs**
- **Daily routine**
- **Attitude towards adherence**
- **Relationship/closeness with the child**

Adherence fatigue

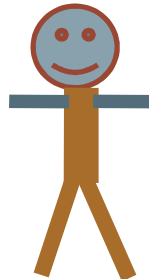
I can't take these medicines

I don't like the taste of these pills

My head is paining

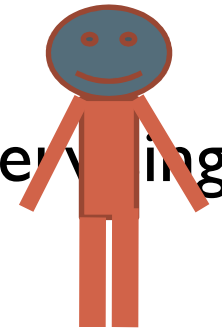
My friends are not taking it. It is only me taking medicine like this

I feel like vomitting

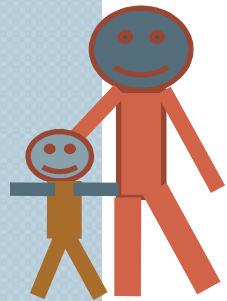


Adherence fatigue in children

- **Child**
 - Marked change in the confidence level and attitude to treatment.
 - Expression of “feeling bad”.
 - Symptoms of psychological distress
 - Repeated or severe side-effects of medication
- **Caregiver**
 - Feeling tired of administering/ supervising medication.



Adherence counselling for children at LAC



**First Visit to
LAC**

Follow-up visits

**Session prior to visit
to Nodal ART
Centre**

Adherence Monitoring and Follow-up Counselling

Counselling Checklist



- Building rapport with child and caregiver
- | | |
|---|--------------------------|
| 1. Warmly greet the child and caregiver | <input type="checkbox"/> |
| 2. Ask the caregiver to introduce the child (<i>‘May I know whom you have brought with you?’</i>) | <input type="checkbox"/> |
| 3. Ask the child’s name and other personal details in a warm way (<i>‘May I know your name?’</i> ; <i>‘It is a nice name’</i> ; <i>‘Who all are there in’s home?’</i> ; etc) | <input type="checkbox"/> |
| 4. Children may like physical closeness. If the child is comfortable, gently touch the child on shoulder or head | <input type="checkbox"/> |
| 5. Tell the child that you would like to talk to the caregiver for some time. | <input type="checkbox"/> |
| 6. Engage the child with some activity and talk to the caregiver | <input type="checkbox"/> |
| 7. Obtain the details of the caregiver | <input type="checkbox"/> |
| 8. Elicit details about the child’s family and the HIV status. | <input type="checkbox"/> |
-
- Address different concerns regarding shift in centre
- | | |
|---|--------------------------|
| 9. Ask the child about the experience with the ART Centre. Explain that this is also a similar centre and he/she can be comfortable here | <input type="checkbox"/> |
| 10. Inform the caregiver that the services and medicines are the same and all personnel in the centre are trained. Also inform them that the child can return to ART centre, if any illness or side effect develops | <input type="checkbox"/> |
| 11. Assure the caregiver about confidentiality. Also inform about the shared confidentiality and who on the LAC team will be informed about the child’s HIV status for treatment purposes | <input type="checkbox"/> |
-
- Collect details of and child’s and caregiver’s understanding about the treatment
- | | |
|--|--------------------------|
| 12. Collect the details of current treatment (You can use the White Card and also ask the caregiver) <ul style="list-style-type: none"> • Drugs and dosages • Method of administration | <input type="checkbox"/> |
| 13. Assess what the child knows and feels about treatment (<i>‘What do you understand about going to the clinic/taking medicine?’</i> ; <i>‘Can you tell me how you feel about coming here?’</i>) | <input type="checkbox"/> |
| 14. Assess what the child feels about being sick often (<i>‘What do you understand about falling sick often?’</i> ; <i>‘How did you feel when you fell sick last time?’</i>) | <input type="checkbox"/> |



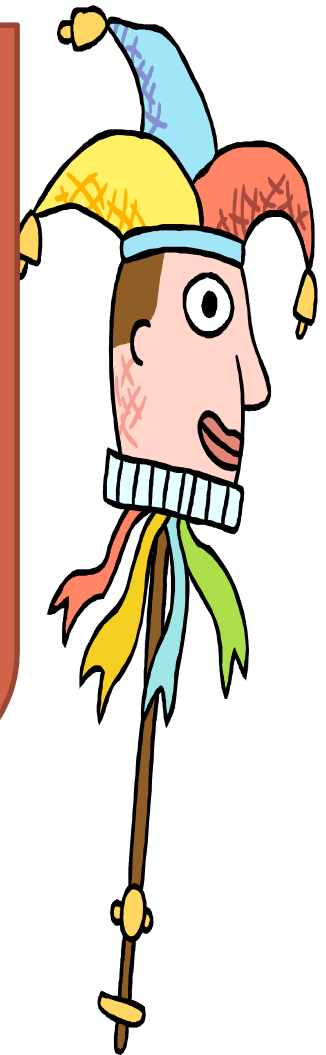
Counselling during child's initial visit to the LAC

- Build rapport with the child and the caregiver
- Address shift-related concerns
- Assess child's awareness about HIV status
- Assess child's and caregiver's understanding about treatment



Counselling during child's follow-up visit to the LAC

- Adherence
- Developmental milestones
- Disclosure
- Diet and nutrition
- Support systems



9. Ask the caregiver about the child's adherence to ART centre, if any.
10. Inform the caregiver about the confidentiality and who on the staff is responsible for the status for the current purposes.
11. Collect details of and child's and caregiver's adherence to ART centre, if any.
12. Collect the details of current treatment (You can ask the caregiver)
 - Drugs and dosage
 - Method of administration
13. Assess what the child knows and feels about treatment ("What do you understand about coming here?")
14. Assess what the child feels about being sick often ("What do you understand about falling sick often?")



DISCLOSURE COUNSELLING

Disclosure of HIV status to children

- The process by which a child's HIV status is shared with the child.



Disclosure counselling



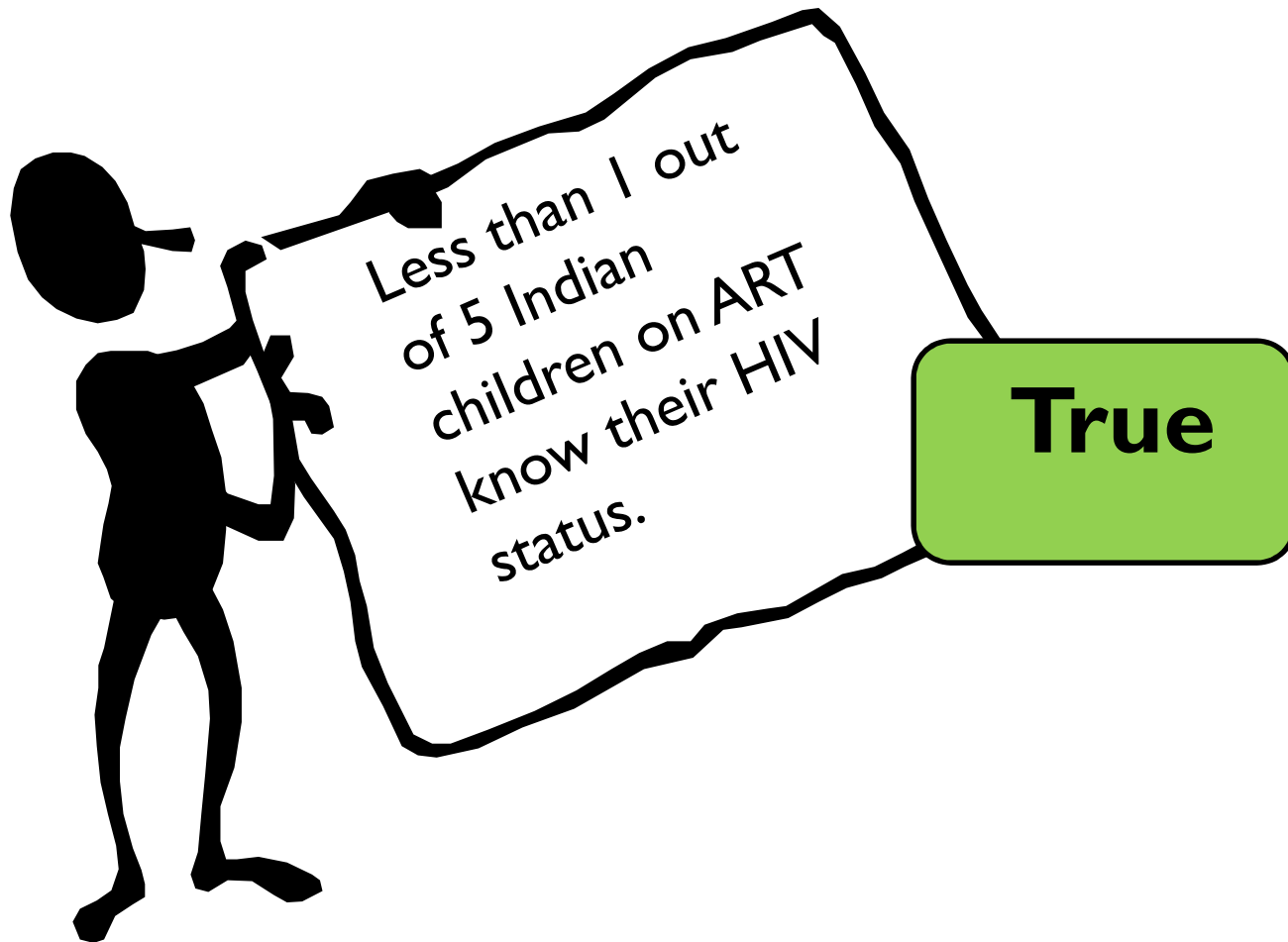
QUIZ TIME

BASED ON YOUR ICTC REFRESHER

HANDOUTS



Say if the statement is true or false



Is this person eligible for LAC Plus services?



Say if the statement is true or false



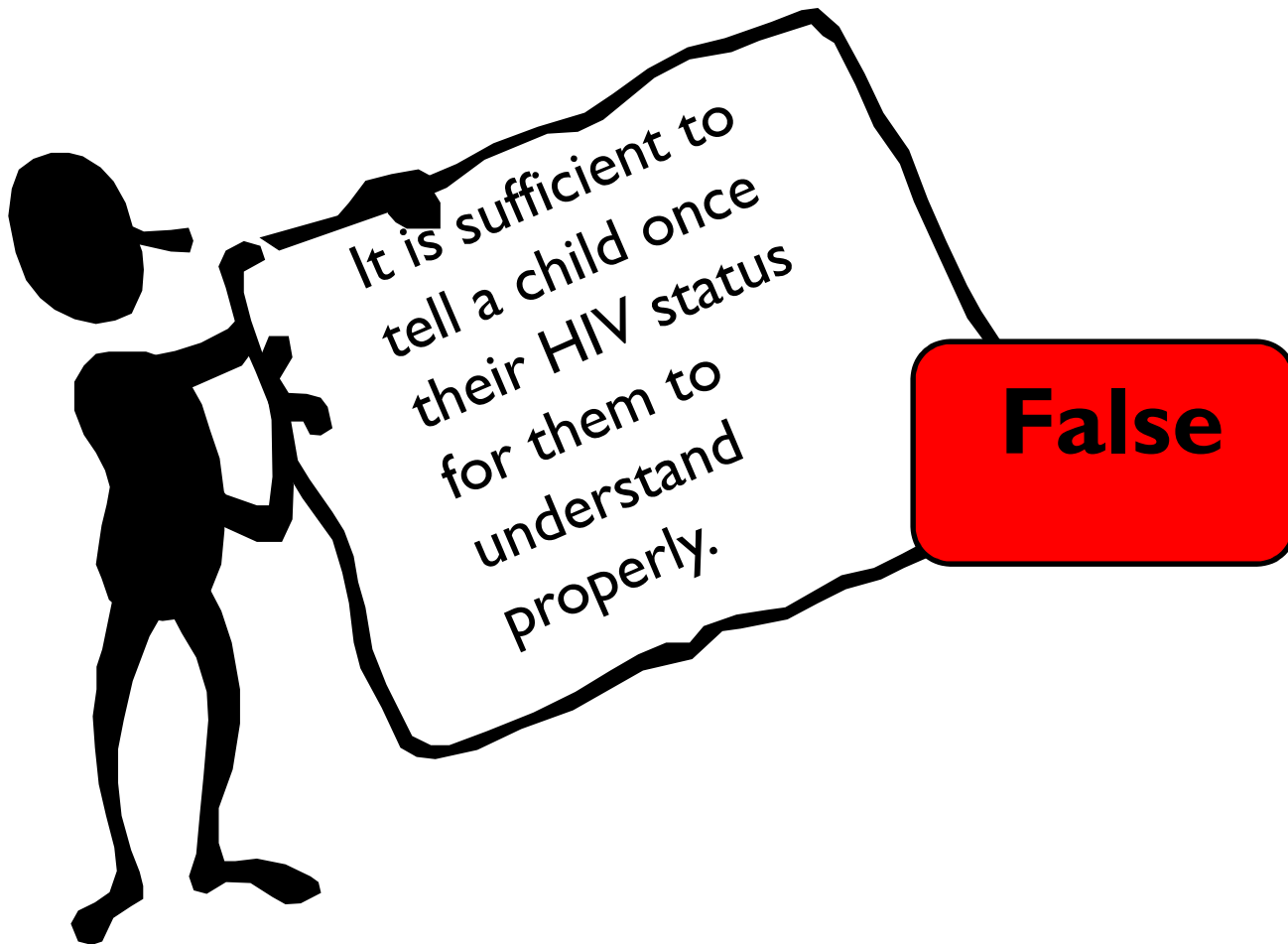
Is this person eligible for LAC Plus services?



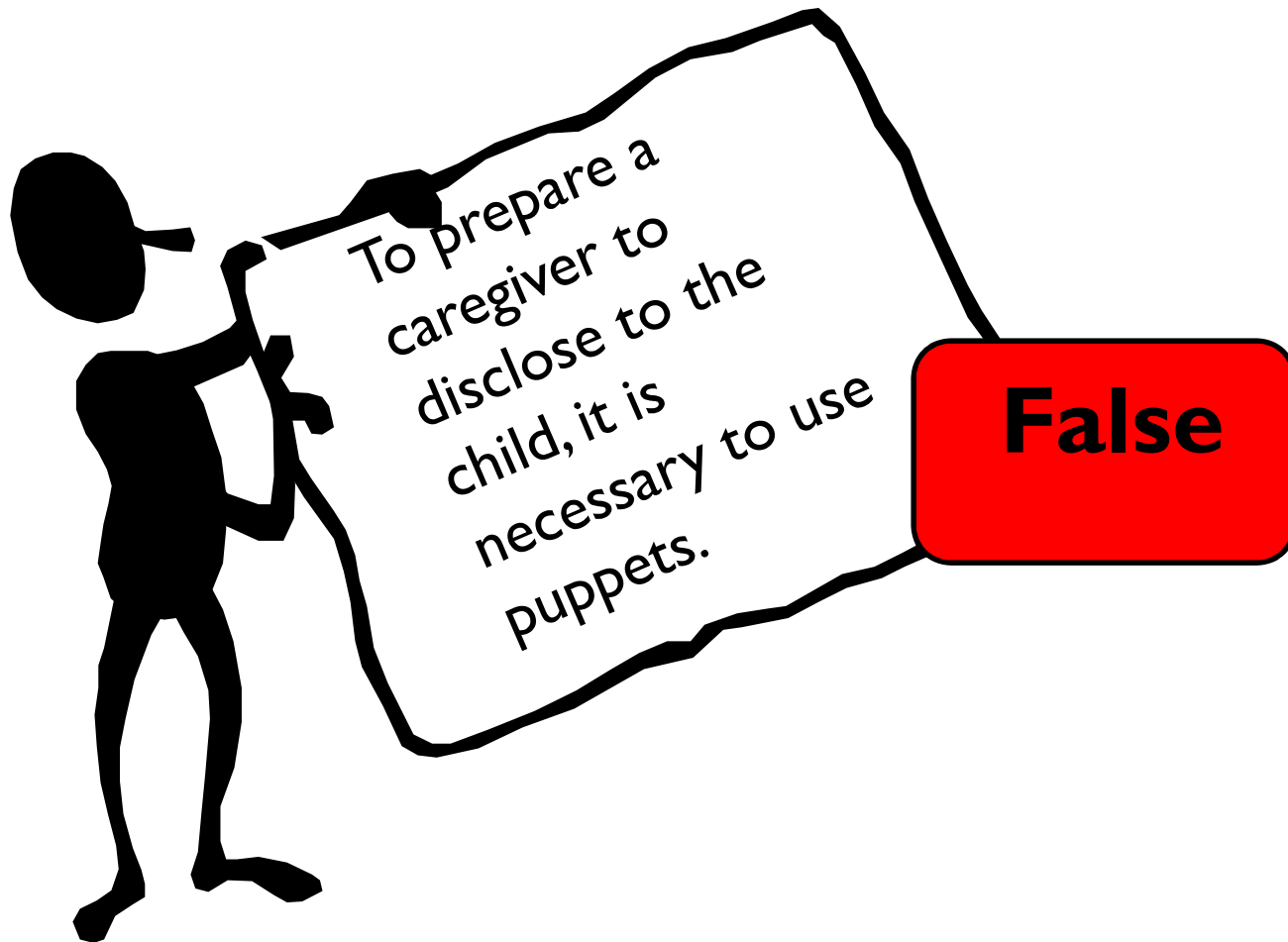
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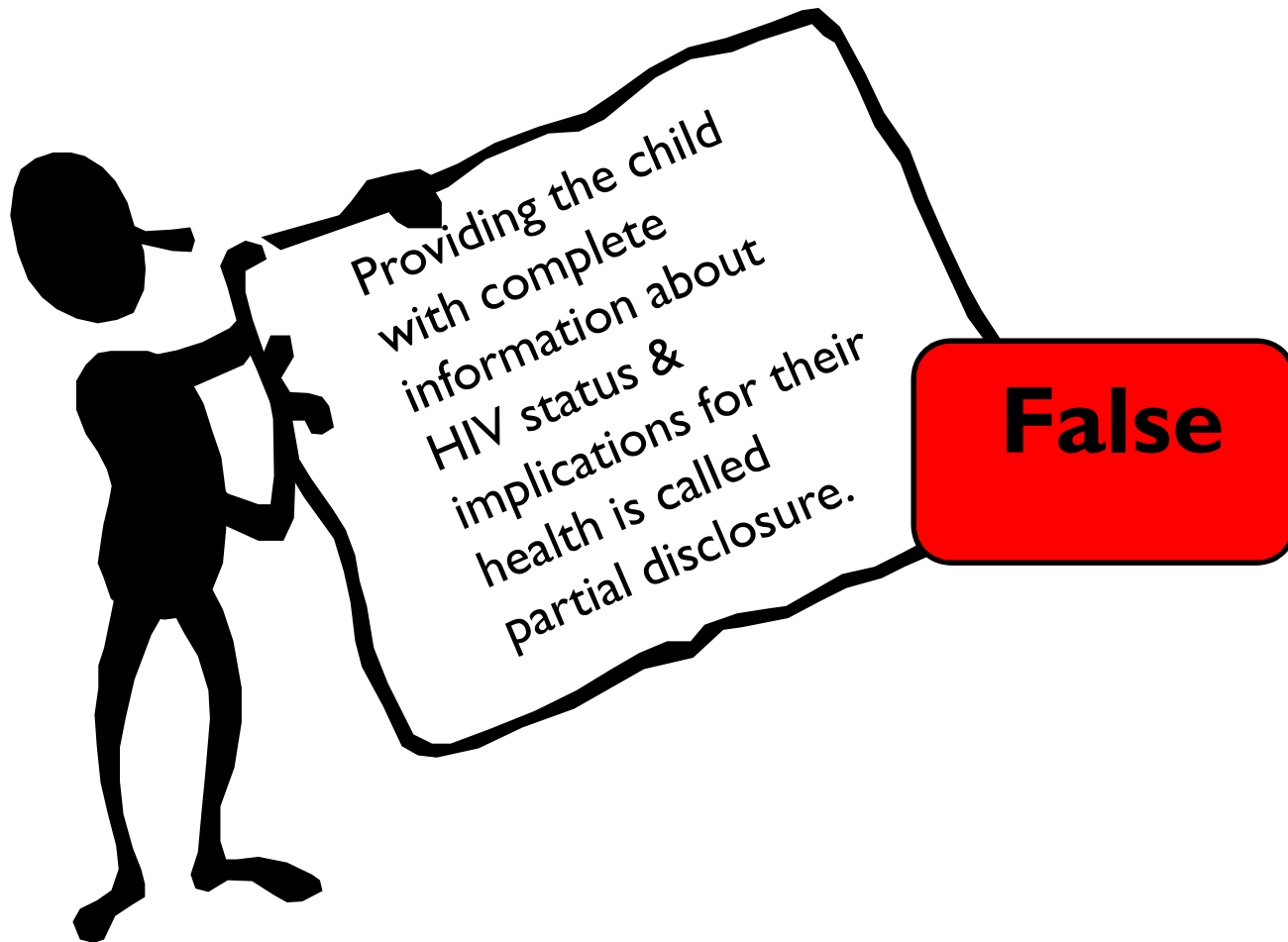
Is this person eligible for LAC Plus services?



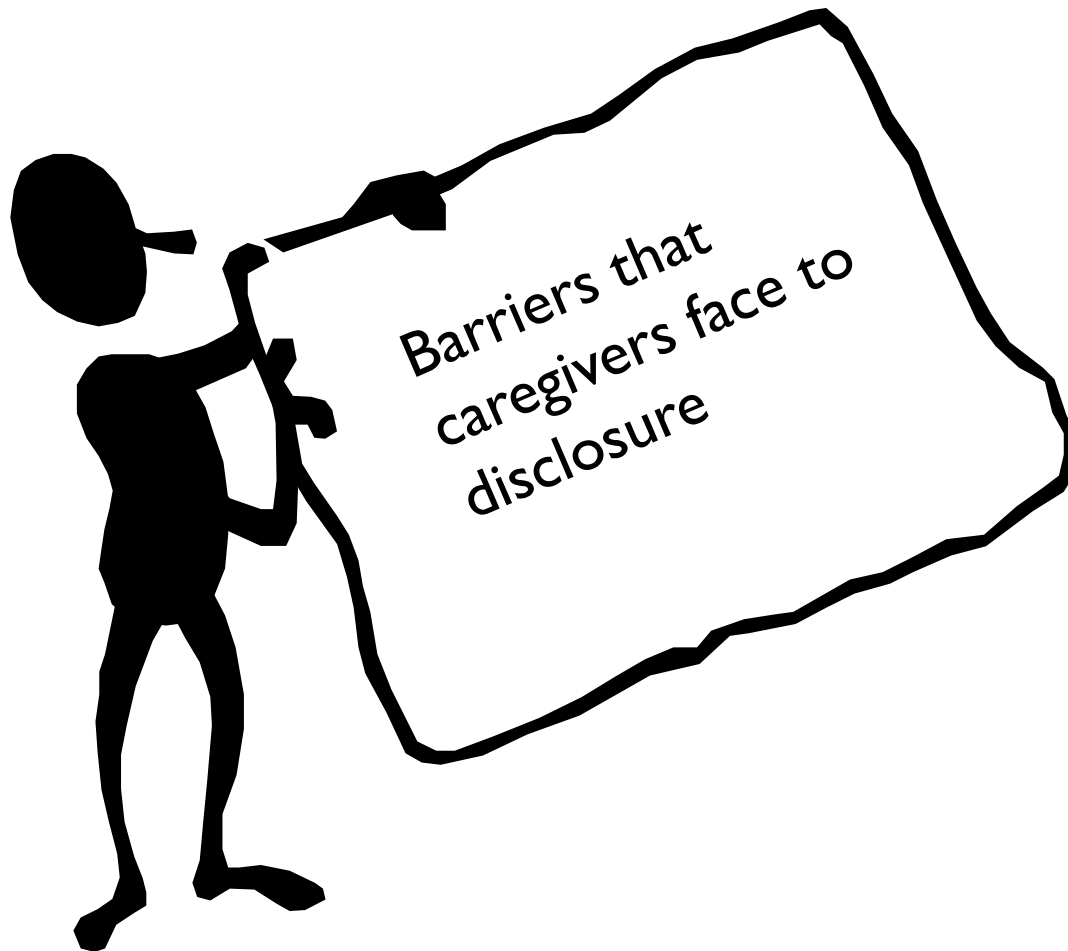
Is this person eligible for LAC Plus services?



Is this person eligible for LAC Plus services?



Each group should name one



Each group should name one



Role of counsellor in disclosure



Check whether child is aware of the status



Encourage caregiver to disclose



Enable caregiver through practice sessions



Disclose to child with the consent of caregiver

**Important
slide**

When to disclose

- No perfect time
- Determine based on
 - Developmental level
 - Emotional maturity
 - Preparedness of caregiver

How to disclose

- Break down information to the child's level
- Use interactive communication strategies
- Repeat concepts over time
- Repeatedly initiate health-related conversations
- Be prepared for the child's reactions

Activity



- Fish-bowl exercise on Disclosure counselling

Activity

- Story Telling Practice

