Objectives:
By the end of the session participants will be able to:
- Explain the basic principles of child counseling
- Identify the special issues in counselling HIV infected adolescents.

What is Child Counseling?
- Assisting the child in understanding his or her condition
- Helping the child to identify and strengthen his or her own resources
- Helping the child to develop a positive attitude towards life

Why do Counseling?
- In order to establish
  - The child’s needs and find ways to meet those needs
  - Available resources and how best to utilize them
  - Vulnerable areas and offer assistance
  - The child’s strengths and use them to optimize success
- If possible, use multiple information sources

Basic strategies
- Child-focused sessions (not parent-focused)
- Establish rules and confidentiality limits
- Remember that children express themselves through:
  - Verbal and Nonverbal channels
  - Creative productions
- Always validate and encourage the child

In accordance with child’s level
- Adapt:
  - Session length
  - Quantity of information given
  - Nature of information
In accordance with child’s level

- **Under 5 Years:**
  - Difficulty expressing their feelings verbally
  - Play a game, get down to their level
- **Between 6-12 Years:**
  - Games are still good, but more advanced and catered to their age/maturity level
- **Adolescents:**
  - Informal Conversation
  - Discuss daily living, friends; talk in their language

Remember that a child’s age-level may differ from his or her intellectual and emotional level.

Maintaining a relationship with the child patient

- Speak with the child
- At the child’s level
- Be truthful
- Be friendly
- Have fun

Document, document, document...

- What understanding did the child verbalize at this visit?
  - i.e. Remembered names of 2 of 3 meds (reviewed all)
- What was taught to the child at this visit?
  - i.e. Explained about “soldiers of the body”
- What did the child reveal about himself/herself?
  - i.e. Likes football- plays on team
  - i.e Wants to be a soldier

Adolescents as a Special Population

Adolescents with Chronic Diseases

“Not quite children; not yet adults”

Special challenges in maintaining good health and medical adherence

With HAART, infants who were born with HIV and not expected to live full lives, are now entering into adolescence and adulthood

Botswana Baylor COE Current and Anticipated Teen Clinic Enrollment

Projected Adolescent Enrollment at Botswana-Baylor COE
A Conservative Estimate of Botswana 3-Year Teen HIV-Care Needs?

Treating adolescents with HIV present some unique challenges

Challenges: Part 1
Dosing
- Pharmacokinetics of some ARVs change during adolescence
  - Altered hepatic enzyme activity
  - Alterations in plasma protein binding
- Dosing based on Tanner staging, not age
  - Tanner I/II: pediatric dosing
  - Tanner III/IV: dosing based on whether growth spurt completed
  - Tanner V: adult dosing

Challenges: Part 2
“The Adolescent Mind”
- Concrete Thinking
  “I feel fine; why do I need to take medicine?”
- Decreased Future Orientation
  “living for today”

Challenges: Part 3
Disclosure
- Adolescents learning of their HIV status for the 1st time may find it difficult to deal with it
- They may react negatively and act out with high-risk behavior

Challenges: Part 4
Adherence
- Problems with adherence often manifest in the adolescent years
Teenagers at the Botswana-Baylor COE

- First 89 teens on NNRTI-based HAART regimens for >6 months
- 47 with history of virologic failure according to Botswana criteria (53%)

Challenges: Part 5

- Normalizing life experiences

Normalizing life experiences

- HIV positive status or multiple illnesses may result in HIV positive adolescents feeling different from others
- They may miss school and activities with peers and may feel isolated or become withdrawn as a result
- Such feelings may eventually affect their outlook on life and potentially their adherence

Helping them have a “normal” life can present a challenge for those who care for them

Recommendations for Adolescent Patients

- Adolescent-focused services
- More frequent follow-up
- Intensified individual psychosocial support

Adolescent-focused Services

- “One stop shop” - integration of services
  - Primary care
  - HIV care
  - Gynecologic care
  - Mental health
  - Case management
  - Prevention services
- Continuity of care

Recommendations for Adolescent Patients

- Encourage disclosure and ongoing education
  - Staff with interest and expertise in adolescent issues
  - Increased psychosocial support
- Peer support programs
  - Camp for HIV-infected youth
  - Teen Club (support group for HIV-infected teens)
Recommendations for Adolescent Patients

- Identify and develop skillful adolescent-focused health practitioners within HIV care programs
- Normalize daily activities for adolescents
- Stress living positively

Challenges: Part 6

- “Secondary prevention”

Horizontal HIV Infection- an emerging problem among adolescent youth in Africa

- Increased susceptibility to acquiring HIV infection
  - Behavioral factors
    - Early initiation of sexual activity
    - Gender power imbalance
  - Biological factors
    - Immature cervix: single layer columnar cells instead of multilayer squamous cells
    - More asymptomatic STDs
  - Socioeconomic factors
    - Sex for money, food or goods
    - Inadequate youth sexual education
    - Lack of confidence in healthcare

“Secondary Prevention”

- Address high-risk behaviors
  - Sex
  - Drugs
- Help combat negative influences
- Help with planning for the future
- Teach how to protect themselves and others
  - Abstain
  - Be Faithful
  - Condomize

Summary

- Increasing numbers of HIV+ adolescents create unique challenges for health care providers
- Comprehensive, adolescent-focused services can help to foster successful transitions to adulthood for HIV+ youth

THANK YOU

- Thank you to all our Partners