Note: This training presentation is continually being evaluated and updated to reflectcurrent needs and best practices. It should be viewed as work in progress.

Learning to Work with Orphans and Vulnerable Children

A Training Manual for Para-Social Workers

A Project of the Social Work HIV/AIDS Partnership for Orphans Vulnerable Children in Tanzania

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Day 1
Overview of Main Concepts

Training Objectives

- Understand approaches to serve OVC affected and infected by HIV/AIDS and how to apply in providing care and support.

- Understand the psychosocial problems and solutions regarding orphans and vulnerable children including child development and psychosocial assessment and how to apply in providing care and support.
- Identify ways in which orphans are affected by the HIV epidemic in Tanzania, including:

    - risk reduction for parents and orphans,
    - the health and social phases of HIV/AIDS as they affect children and families, and
    - understanding of HIV treatment including opportunistic infections and antiretroviral therapy.

- Identify and be able to address a range of psychosocial challenges related to HIV for orphans and vulnerable children including

    - obtaining social support,
    - providing counseling,
    - addressing stigma.

- Understand available resources and systems of care at the local, district and national level for orphans and vulnerable children, (including CMACs and MVC Committees) and develop skills in obtaining community services, and case management.
- Understand the Tanzanian specific policies related to HIV/OVC and international policy contexts related to these areas.
- Understand ethical issues that pertain to the provision of care and support to HIV/AIDS infected and affected orphans and vulnerable children
- Develop skills in documentation, monitoring and reporting

Overview of the Main Concepts, Types and Responses to Orphans and Vulnerable Children

Introduction

- The problem of orphan hood is escalating in Tanzania due to the HIV/AIDS pandemic.
- The national census report 2002 indicated that 10 – 12% of all children below the age of 18 are orphans and vulnerable children

Who is a child?

- A child is every human being below the age of 18 years.

Who is an orphan?

- An orphan is a child who has lost one or both parents

Who is a social orphan?

- A social orphan is a child who has been abandoned or who has lost contact with his her biological parent(s).

Who is a vulnerable child?

A vulnerable child is any child, who is currently experiencing or likely to experience lack of adequate care and protection.

- Three aspects that cause children to become vulnerable:
    - Reduced capacity to cope with calamities
    - Resilience weak points e.g. education, health, welfare, safety, play and participation.
    - Inadequate care and services

Vulnerability

- Vulnerability is:
    - A state of reduced capacity to withstand social, economic, cultural, environmental and political threats both acute and chronic;
    - the susceptibility of individuals, households, and communities to becoming poorer and poorer as a result of events or processes that occur around them.

Problems faced by orphans and vulnerable children

- HIV/AIDS has decreased the capacity to maintain traditional mechanism of care, support and protection to orphans and vulnerable children.
- There has been multiple problems faced by orphans and vulnerable children which include:
    - Lack of psychosocial support
    - Inadequate and poor diet
    - Inaccessibility to basic social services (education, health care, clean and safe water and sanitation)
    - Lack of involvement in decision making about their lives
    - Misappropriation of inheritable properties by relatives or caretakers.

Categories of Vulnerable Children

- Abused and neglected children
- Children living in institutions such as children's homes, remand homes, approved schools and crisis/drop in centers
- Child mothers – due to early marriages and teen pregnancies
- Child domestic workers/child laborers
- Children with disabilities
- Children living on the streets
- Children in prostitution
- Children in conflict with the law
- Displaced children – due to wars in neighboring countries and natural calamities
- Children caring for terminally ill parents over a long span of time
- Children who are heads of household

The Government Response

- Development of national guidelines for community based care, support and protection of OVC/MVC
- A situation analysis of orphaned children to determine the magnitude of associated problems.
- The promulgation and approval of a National Policy on HIV and AIDS (November 2001).
- The establishment of Tanzania Commission for AIDS (TACAIDS) Through an Act of Parliament (2001) to lead the multi sectoral national response against HIV/AIDS under the Prime Minister's Office
- The Government Response
  The establishment of Tanzania Commission for AIDS (TACAIDS) Through an Act of Parliament (2001) to lead the multi sectoral national response against HIV/AIDS under the Prime Minister's Office.
- Facilitate the process of community based identification and targeting of the most vulnerable children and households for support by different stakeholders
    - Currently the program for identification of the OVC/MVC has been implemented in 40 councils. The focus is to scale up the program into the remaining districts. With Global fund support the program will be implemented in 24 districts and JALI WATOTO program will cover 20 districts.
- Development of training manuals for parenting skills and community justice facilitation.
- Review of laws which safeguard the welfare, care, support and protection of children and drafting the Child Bill (in progress).
- Efforts to mainstream MVC/OVC issues in all planning and development activities at all levels.
- Development of community based plans of action for care, support and protection.
- The Government Response
- Development of data management system
- The data management system will be used to capture the OVC/MVC service providers and the number of OVC/MVC receiving support and quality of service provided to the MVC.
- Development of national costed plan of action for OVC/MVC to facilitate scaling up the national response to OVC/MVC.

Services Provided to OVC/MVC

- Shelter
- Clothes & beddings
- Food
- School support
- Psychosocial support
- Health care

Roles and responsibilities of the MOH&SW (DSW)

- Coordination of OVC/MVC plans and activities.
    - Development of guidelines, monitoring framework, indicators and tools for data collection and reporting system.
    - Development of tools and guidelines for the identification and targeting of the OVC/MVC and households.
- To provide technical advice and guidance to the national steering and technical committees on OVC/MVC issues
- To ensure that OVC/MVC plans and activities are implemented in accordance to the national guidelines

- To develop and facilitate training skills on the identification process of the MVC and households to all stakeholders implementing the community based approach for the care, support and protection of OVC/MVC
    - To receive, update, compile, maintain and share data and information regarding OVC.
    - Monitoring and evaluation

Conclusion

- The community based program for protection of orphans and vulnerable children has proven to be the most ideal approach in addressing the problems that face orphans and vulnerable children.
- Enhance community awareness, participation, commitment and ownership.
- It ensures that more orphans and vulnerable children are reached and enjoy the support provided to them.
- It provides an opportunity for the community members to identify associated problems, their causes and available resources and opportunities to solve them.

National Guidelines for Community based Care, Support and Protection of OVCs

OVERVIEW OF NATIONAL COSTED PLAN OF ACTION FOR CARE, SUPPORT AND PROTECTION OF OVC IN TANZANIA 2006-2010

Note: this is not the same with the more recently updated Kiswahili version

Background

- As outcomes of various International and National instruments.

- UNGASS goal (by 2005 every country to have strategies to support.) with five pillars
    - A costed National MVC action plan.
    - A National OVC/MVC coordinating and management structure
    - Policy and regulatory framework
    - National Framework for Monitoring and Evaluation.
    - National Participatory Situation Analysis.

- CRC 1989
- MDGs (1,2,3,4,&6-poverty,education,equality child motality, and communicable diseases)
- Vision 2025
- MKUKUTA/NSGRP

- Started in 2004 ,supported by USAID under technical support of FHI

Why the NCPA

- To provide a road map for mobilizing different efforts in the response of mitigating the needs of OVC in the country
- To map out current national coverage of the specified technical category ,indicating what, and how much is being done; by whom; intensity and extent .
- Resource mobilization inside and outside.

- Determine the critical elements of the specified technical category which can be addressed by different players and suggest specific intervention on which country effort should focus with details of approach/strategy; showing what, where, by whom, when and how many beneficiaries and the costing of each.

Technical areas of NCPA

- Policy and Service delivery environment
- Household level care
- Education
- Health care
- Security and protection
- Psychosocial support
- Community economic capacity building and resource mobilization.
- Measuring the process (M&E)

POLICY & SERVICE DELIVERY ENVIRONMENT

- Generating political will
- Coordination, supervision and management of service provision (National, regional, district, and community levels)
- Roles of DSW, other line ministries and institutions.
- Policy ,guidelines and regulatory framework
- Advocacy and social mobilization.

HOUSEHOLD LEVEL CARE

- Food security and nutrition
- Shelter (availability and quality)
- Bedding and clothing
- Personal hygiene
- Child rearing and upbringing
- Foster care ,adoption, and availability of care providers

EDUCATION

- Pre–school programs (early childhood education, day care centers, pre-primary school, kindergarten and nursery school)
- Primary and secondary school education
- Vocational training

HEALTH CARE

- IMCI, Growth monitoring and PMTCT
- Health services (including care and treatment, home based care for children with HIV/AIDS
- Access to clean and safe water
- Sanitation and hygiene

PSYCHOSOCIAL SUPPORT

- Loved
- Recognized and accepted

- A valued member of the family and community
- Respected
- Comforted
- Involved, to participate in activities
- Protected from all sort of harm
- Given opportunity to play
- Listened to and guided.

SECURITY AND PROTECTION

- Safety nets
- Child participation
- Social protection
- Child rights and community based justice
- Life skills.

MEASURING THE PROCESS (M&E)

- Developing the M&E framework.
- Community capacity development
- Resource mobilization (develop a framework for resource mobilization)

Collaborators

- Regional Administration and Local Government
- Sector ministries responsible with children issues
- Civil society organization
- Development partners e.g UNICEF,USAID,FHI,DFID

Coordination

- National Steering Committee for OVC
- National Technical Committee for OVC
- Implementing partners group for OVC

Icebreaker: Network Search

Look at the list below and find someone who fits each of these categories. Write the person's first name down next to the question.

- Find someone who -----
- Works with orphans and vulnerable children
- Has the same favorite food as you
- Serves on an OVCC committee
- Has the same birthday month as you
- Works in an NGO serving orphans.
- Has the same number of children as you do
- Has been working at their present job for at least 5 years
- Has the same number of siblings as you do
- Has recently moved their place of residence
- Has read a book that you have recently read
- Has traveled farther than you to come to this training
- Has worked with children and families longer than you have

Overview of the Social Work Process for Working with Orphans and Vulnerable Children Affected by HIV

1. Outreach and Identification
2. Engagement of Orphans and Families
3. Assessing Needs and Strengths
4. Developing a Plan of Care: Networking and Identifying and Referral to Other Resources
5. Providing Support and Services within the context of your organization

- Helping HIV Affected Orphans and Vulnerable Children
- Counseling OVC and Their Families
- Developing Support Structures for OVC and their Families

6. Ongoing case management, Advocacy and Follow-up

I. Identifying OVC

Portions adapted from World Vision Ethiopia OVC Manual

Background

- More than 13 million children under the age of fifteen, most of them in the sub-Saharan Africa, have lost one or both parents to AIDS.
- This number is expected to increase to more than 25 million by the year 2010
- Background
- HIV and AIDS makes the task of protecting children both more difficult and more urgent.
- Because of the threat of AIDS, children subjected to sexual abuse and exploitation not only face severe psychosocial damage and physical injury; their very lives are endangered.

Definition of Orphan:

- Children below 18 years who have lost either a mother, a father, or both parents to any cause of death.

Vulnerable children are:

- Children whose parents are chronically ill.
  - These children may be more vulnerable than orphans due to:
    - the psychosocial burden of watching a parent wither,
    - the economic burdens of reduced household productivity,
    - reduced income and increased health care expenses
- Children living in households that have taken in orphans.
  - When a household absorbs orphans, existing household resources must be spread more thinly among all children in the household.

Labeling

- The term ‘AIDS orphans’ should not be used because:
  - Parents rarely know their HIV status.
  - The term may lead to stigmatization and discrimination against orphans.

Why focus on OVC?

- OVC are among those most severely affected by AIDS and most neglected in AIDS programming.

- Investing in OVC is investing in the future strength and security of communities and countries.
- Care for OVC is a powerful common ground for initiating AIDS responses in communities

Process Steps in OVC Identification…

1 Initial Mobilization Planning
- Community members, local authorities, FBO and other actors in the community.
- Mobilize actors at district and village levels.

1. OVC Identification and Registration
- Household surveys in each village

2. Identify priorities for the vulnerable groups
- Examine the current situation of OVC in the community (situation analysis)
- Identify critical community strengths and weaknesses affecting development and support to OVC.
- Identify strategies, activities and actions that will address needs of OVC and assist development in the community.
- Stakeholder analysis:
  - Develop community plans indicating what the community itself can do and
  - Identify other possible partners to meet the gaps.

3. Ensure participation by all stakeholders,
- Needs of children
- Strengths within the community that can be built on
- Opportunities that exist in the community.
- Existence of OVC registers
- Community level information which is relevant in OVC identification and programming include:
  - Household characteristics:
  - Existing social services:
  - Summary of Key OVC needs:

OVC Identification and Registration Format, Tanzania

FORM No. 1 OVC/MVC

INFORMATION ABOUT THE MOST VULNERABLE CHILDREN REPORT (0 – 18 YEARS) YEAR ..... HALF.....

A : BASIC PARTICULARS

Region.....	Council	Ward.....	Village/Street.....
Number of Heads of Households.....		Male.....	Female .....
Number of Heads of Households living with OVC/MVC.....		Male.....	Female .....
Number of all children in the village/street.....		Male.....	Female .....
Number of Most Vulnerable Children in the village/street.....		Male.....	Female .....

B: CHILD PARTICULARS

S/No.	Name of a Child	SEX (Male = 1; Female = 2)	Year of Birth	Child Group (OVC/MVC)	Reason for Vulnerability [F]					Date of Identification	Date of Exit	Reason of Exit	Nutritional Status(0-5)	Completion of Vaccination (Yes = 1; No = 2)	Education Status			
															In School (Yes=1, No=2)	Education Level	Reason of being out of school	Level of drop out
[A]	[B]	[C]	[D]	[E]	1	2	3	4	5	[G]	[H]	[I]	[J]	[K]	[L]	[M]	[N]	[O]

S/No.	Name of a child (as above)	Priority Needs [P]				Services Received [Q]				Service Provider [R]				Information of a Parent/Guardian							
														Name of Parent/Guardian	SEX (Male=1; Female=2)	Age	Education	Employment	Relationship with a child	No. of dependants in the household [Y]	
[A]	[B]	1	2	3	4	1	2	3	4	1	2	3	4	[S]	[T]	[U]	[V]	[W]	[X]	Male	Female

PERSON FILLING IN THE QUESTIONNAIRE

.....	.....	.....	.....
Name	Title	Signature	Date

APPROVAL BY VILLAGE/MTAA EXECUTIVE OFFICER

.....	.....	.....	.....
Name	Title	Signature	Date

Guiding principles for OVC programming

- Strengthen the caring and economic coping capacities of families and secondary caregivers (guardian angels) through community based approaches
- Enhance the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children, and their caregivers
- Guiding principles for OVC programming
- Strengthen the protection and care of orphans and vulnerable children within their extended families and communities
- Encourage approaches that allow children to remain in communities rather than being institutionalized
- Foster linkages between HIV and AIDS prevention activities, home based care, and efforts to support orphans and vulnerable children
- Target the most vulnerable children, not only orphans
- Ensure gender awareness in all the interventions
- Encourage children and adolescents to participate in identifying solutions and making decisions that affect them
- Support schools and ensure access to education
- Reduce stigma and discrimination
- Accelerate learning and information sharing
- Strengthen partners and partnerships at all levels and build coalitions among key Stakeholders
- Ensure that external support strengthens and does not undermine community initiative and motivation

Panel Presentation

Community caregivers and programs:

Real life examples

Day 2
Developmental and Legal and Ethical Issues

Life of a Child I

HUMAN DEVELOPMENT AND ATTACHMENT

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Basic Needs of a Child

- Safety and protection
- Permanent or lifetime relationships with caregivers
- Developmental support

Human Development

- Human development occurs along 5 dimensions:
  - Physical
  - Cognitive or mental
  - Emotional
  - Social
  - Moral
- Human development is a combination of environmental and genetic factors.
- Each child inherits specific genes from his or her parents that will make this child a unique individual, different from other human beings but yet the same.
- Human babies need a great deal of nurture and care for many years.
- There is a broad range in the way humans develop, and each of us develops at a different pace.
- Proceeds in stages, and each stage is important for the next one. No stage can be skipped.
- Affected by ethnic and cultural identity, education, appearance and life experience.
- Though a wide range in development is normal, being significantly behind or delayed can indicate a problem.
- Trauma and even stress can delay developmental progress and even cause regression.
- Being slow to reach a particular stage does not mean a child will not eventually reach the next stage. But it takes care and patience on the part of parents or caregivers.

Core of Attachment Theory

- A child develops into a healthy, functioning adult in the context of a **continuous** relationship with a **sensitive** and **responsive** adult whom the child perceives to be his or her parent.

Significance of Attachment

- Developmental potential is profoundly affected by the environment in which the child is raised.
- Children need loving care and attention if they are to develop into productive adults with the ability to have safe, nurturing, lasting relationships.
- Most children are born into loving families with at least one or two adults who make the appropriate deep and lasting emotional commitment to the child

Key Elements of Attachment

(1) it is an enduring emotional relationship with a specific person;
(2) the relationship brings safety, comfort, soothing and pleasure;
(3) loss or threat of loss of the person evokes intense distress.
(4) This special form of relationship is often best characterized by the maternal-child relationship.

- The attachment, love, and commitment between family members provide the environment for healthy development.
- Children who are well cared for develop trust in their environment and those around them.
- Children's interactions with others forms the basis for ***belonging, all learning, empathy, moral and social development***
- Bonding experiences: holding, rocking, singing, feeding, gazing, kissing, and other nurturing behaviors.
- Factors crucial to bonding include time together (in childhood, quantity does matter!), face-to-face interactions, eye contact, physical proximity, touch, and other primary sensory experiences such as smell, sound, and taste.
- Scientists believe the most important factor in creating attachment is positive physical contact (e.g., hugging, holding, and rocking).
- Holding, gazing, smiling, kissing, singing, and laughing all cause specific **neurochemical activities in the brain. These neurochemical activities lead to normal organization of brain systems that are responsible for attachment.**

Reference

Pasztor,E., Blome, W., Cavin, B., Langan, J., Leighton, M., McFadden, E., Olea, M. Petras, D., Polowy, M., Ryan, P.,Sweency-Springwater, J., & Wynne, S. (I 993). *FosterPRIDE/AdoptPRIDE: Preparation and assessment program for foster and adoptive families*. Washington, DC: CWLA.

Case Example

Video

CHILDREN'S RIGHTS
Ethical and Legal Issues

Difference between Ethical and Legal
- Ethical: Principles or Guidelines
- Legal: Laws or rules

ETHICAL ISSUES THAT UNDERPIN WORK WITH OVCs

1. Human Rights and Human Dignity

Professionals working with OVCs should uphold and defend each child's physical, psychological, emotional and spiritual integrity and well-being.

This means:
- Respecting the right to self determination
  Practitioners should wherever possible respect and promote OVC's right to make their own choices and decisions, provided this does not threatened the rights and legitimate interests of others.
- Promoting the OVCs right to participation
  Practitioners should promote the full involvement and participation of OVCs using their services in ways that enable them to be empowered in all aspects of decisions and actions affecting their lives as much as possible.
- Treating each OVC as a whole –
  We should be concerned with the whole person, within the family, community and societal and natural environmental, and should seek to recognize all aspects of an OVCs' life.
- Identifying and developing strengths – we should focus on the strengths of all OVCs and thus promoting their empowerment.

2. Social Justice

Para-social workers have a responsibility to promote social justice in relation to society in general and to the OVCs with whom they work.

This means:
- It is our responsibility to challenge negative discrimination to OVCs on the basis of characteristics such as ability, age, culture, gender or sex,
- We should recognize and respect the ethnic and cultural diversity of societies in which we practice, taking account of individual, family, group and community differences.
- We should ensure that resources at their disposal are distributed fairly, according to need.
- All children's programs should promote the rights and interests of children and restore or maintain their dignity.
- The best interests of the child should always be put first.
- Children's rights to make decisions for themselves should be respected at all times.
- Care should be taken to ensure that children understand the implications of their participation.

- Children must be empowered with the knowledge that they have the power to decide whether to participate.
- Children's rights to confidentiality and freedom from discrimination should not be compromised.
- Children should participate in an environment where they feel safe with their own peers and where they do not feel threatened, frightened or used.
- Children should not be portrayed in a negative or disadvantaged way.
- Children should not be exploited for commercial, medical or research purposes.
- Children, parents and care givers should be involved in negotiating policies to ensure that they are child-focused.

Children Rights

- ***"Considering that the child should be fully prepared to live an individual life in society and brought up in the ideals proclaimed in the Charter of the United Nations, and in particular in the spirit of peace, dignity, tolerance, freedom, equality and solidarity".***

Preamble, UN Convention on the Rights of the Child.

The Charter on the Rights and Welfare of the African Child

- The Charter on the Rights and Welfare of the African Child is a written statement that grants certain rights and privileges to African children.
- Children Legal Rights
- Key points about legal issues and children's rights are:
  - There are a number of international conventions which refer to the rights of children. The most important of these is the UN Convention on the Rights of the Child
  - Laws, relating to the rights of the child in different countries vary greatly as indicated in country constitutions
  - People have to know about the law and it has to be implemented or enforced.

The UN Convention

This convention has four main principles:

- A child's right to life, survival and development.
- A child's right to be treated equally. This means that no child should be discriminated against.
- A child's right to participate in activities and decisions which affect them.
- All actions should be based on the 'best interests' of the child.

The UN Convention includes:

- The right to a name
- Protection of a child without family.
- The right to a nationality
- Protection from work that threatens a child's health, education or development.
- Protection from abuse and neglect.
- Protection from Sexual Exploitation
- The right to health and medical care
- Freedom of thought, conscience and religion

- The right to play
- Assurance that adoption shall only be carried out in the best interests of the child
- Protection from economic exploitation
- The right to a standard of living

Constitutional Rights of the Tanzanian Child

1. life, survival and development (art. 3)
2. respect for the child (art. 12)
3. join association and participate in peaceful assembly
4. access primary and secondary education
5. to express himself/herself as a person.
6. Freedom of thought, conscience and religion (art. 14)
7. Freedom of association and peaceful assembly (art. 15)
8. Children have a right to join associations and other groupings such as youth leagues of political parties, boy scouts, girl guides, and other groups.
9. Protection of privacy (art. 16)
   Most people do not think that children are entitled to privacy. Many parents would wish to know everything concerning their children, including the kind of correspondence they receive.
   The Constitution of the United Republic of Tanzania provides the right to privacy to every person.

10. Access to appropriate information (art. 17)
11. The right not to be subjected to torture or other cruel or unusual punishment

- Children need special protection measures because they are not capable of defending themselves against such treatment.
- The Bill of Sexual Offences Special Provisions Act of 1998 has added a new section in the Penal Code section 169A on cruelty to children, to protect children against ill-treatment, neglect and injury.

Major Laws affecting OVC in Tanzania

- Children and Young Persons Act,R.E,2002
- Affiliation Act, Cap 278, R.E 2002
- Probation and Offenders Act, Cap 247,2002
- Sexual Offence Special Provision Act, 1998 (SOSPA)
- The Law of Marriage, Cap 29, R.E 2002
- Employment and Labour Relations Act, No 6 2004
- Adoption of Children Act, R.E, 2002
- Children Homes (Regulations Act) R.E 2002
- Penal Code, Cap 16
- Education and Training Act, 1998
- The Day Care Centres Act, Cap180,R.E, 2002

Policies

- Child Development Policy, 1995
- National Guidelines for Care and Support of MVC

- Education Policy
- Health Policy

Day 3

II. Engaging OVC and their Families

Engaging Clients: Issues in Communicating and Interviewing with Families

Portions adapted from Catholic AIDS Action, Psychosocial Support Training Curriculum, Namibia

Overwiew of Social Work Process for Working with Orphans and Vulnerable Children Affected by HIV

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6. Ongoing case management, Advocacy and Follow-up

Engaging families and children

- Engagement is the process of helping people overcome obstacles to using services or getting help.
- These obstacles can be concrete, such as lack of information about what is available or not having a way to get to the services.
- These obstacles can also be internal to the person, such as reluctance to ask for help or not thinking that services would be beneficial.

BASIC ENGAGEMENT TECHNIQUES

1. Start where the client is --

- How does the person see the problem?
- How would he or she like your help or someone else's help?
- Where does he or she want to start?

2. Empathy

Empathy is the ability of one person to step into the inner world of another person and to step out of it again."

Empathy is to feel 'WITH'
Sympathy is to feel 'LIKE'
Pity is to feel 'FOR'

When empathizing, we help the client become aware of their feelings and help them to express these feelings. But be sure to "own" your statements by starting sentences with phrases like "I think.." or "I'm wondering if…"

Basic empathy:
I think you feel …….. (Name feeling)
Because ……. (give reason for feeling)

I think you feel sad because you just heard your friend is in hospital.

3. Questioning
This is the primary technique that we use to obtain information, to let the client know we are interested, and to help the client think about the problem or need.

Open ended questions allow the client to open up, while retaining control of the flow of information given. Open-ended questions often start with words like "how" or "what".

Closed questions can be answered with one or two words, e.g. "yes", "tomorrow", "10 years". Closed questions often start with words like "did" or "do".

Open-ended	Closed-ended
Who....else knows?	Does....any one else know?
When....did it begin?	Did....it start recently?
Where....did it begin?	Has....it always been a problem?
What....would you like to do about it?	Do....you want to do anything about it?
How....do you think this will help?	Do....you think this will help?
How....will you do that?	Will....you be able to do that?

Be careful not to use leading questions, e.g. "You would like to do that, *wouldn't you*?"
Brainstorm questions

Both types of questions have their uses.

- Closed questions are necessary to obtain specific information or help a shy person talk. Closed questions, however, may also feel like interrogation.
- Open-ended questions make room for the person to talk and help you gather information about the problem from their perspective.

4. Good Responding Skills

- Listen as accurately as possible to all the counselee's feelings.
- Hold off your response until you think you understand the thought and feeling. For example, 'I have a feeling that you are very lonely. Is that right?'
- Don't interrupt a positive, significant silence.

Brainstorm

- Use head nods and 'mm' to encourage the counselee, or repeat the last few words
- Avoid offering advice or making judgments.
- Avoid interrupting or changing to unrelated topics.

Brainstorm

Good Responding Skills

- Don't speak too soon, too often, or for too long. Don't lecture!
- Observe any reaction in the counselee to your response.
- Sum up what you have heard and how things fit together.

Brainstorm

5. Other ways to listen

- **Commenting on the process or your observation** –
  - Many times a client can become quiet, or laugh, then the para-social worker can say "You look very sad, like you are about to cry?"
  - State what you see/observe, for example 'you look like you want to laugh'. Don't judge.
- **Paraphrasing** (restating) —
  - Repeating in short what the client has said, but bring out the main or key issue of what was said.
    - this helps clarify,
    - helps the person tell the story, and
    - shows that you have been listening.
  - Allow client to correct you.
- **Summarizing**--repeating in short what the client told you, pulling out the main points of their story to sum up the client's concerns or issues discussed so far.
  - A summary is used:
  - To check that you have understood client's story
  - When changing topics
  - When closing discussion or clarifying something
  - To collect thoughts when stuck
  - To each person present to show them that you have heard and acknowledge their point of view

Communication Qualities

- **Knowledge and appropriate skills** to work with people
- **Self confident -** do not doubt yourself

- **Keep it simple** especially when working with children
- **A good listener**
- **Empathic**
- **Approachable**
- **Patient -** problem might have been there for a very long time and will need time to resolve
- **Accepts people** as they are
- **Treats all information as confidential**
- **Honest with integrity**
- **Non-judgmental**

If possible Brainstorm

Basic Assumptions of the Strengths Approach

- All persons possess strengths that can be used to improve the quality of life.
- We should recognize these strengths and respect the client to allow them to go in the direction they wish.

- The client's motivation is increased by a consistent emphasis on strengths as the client defines them.
- Discovering strengths requires a process of cooperative exploration between client and para-social worker
- The para-social worker does not have the final say on what the client needs to do to improve their lives or how they should do it.
- Focusing on strengths of the client turns the para-social worker away from the tendency to judge or to blame the client for their difficulties and toward discovering how the client has managed to survive, even in the most difficult circumstances.
- All environments—even the most poor—contains resources.
- It's more efficient to learn from successes than from failures.

If possible Brainstorm

Issues in Communicating with Children

Guides for Communicating with Young Children

- Get your head physically on the same level as the child's.
- Make eye contact.
- Use a gentle touch.
- Speak with firmness, not anger, pleading, or whining.
- Give clear and consistent instructions.
- Avoid confusing contradictions or mixed messages.
- Don't give too many instructions at once.
- Allow children to make choices appropriate to their age level.
- Affection is often shown non-verbally. Be sure to hold a child for comfort and share smiles and hugs.
- State things in terms of how a child's behavior is affecting you.
- Notice your body language.
- Don't try to trick children.

Required brainstorm

Use positive direction instead of negative statements

- Instead of: "Don't rock your chair!"
  - Try: "Sit on your chair".
- Instead of: "Don't touch anything, you're all dirty!"
  - Try: "Wipe your hands on this towel".

Required
Brainstorm reasons for using positive direction

- Instead of: "Don't be so loud!"
  - Try: "Talk in a quiet voice".
- Instead of: "No you can't play outside, we have to go to the shop".
  - Try: "Yes, you may play outside when we get back from the shop."

Brainstorm

What is "Good Listening"?

"Good Listening" to a child who is distressed is actively taking in what is being said.

- Act as a receiver, a holder of the child's feeling, so that the emotional tension in the child can be released in a constructive way.
- Increase understanding and knowledge of what children experience–as seen through the child's own eyes. This will enable you to give some help to the child immediately – comfort, relief of guilty feelings and understanding of why the event happened, and what it meant.

Skip/resource info only

- Give the child the feeling of having been heard and having her/his feelings recognized and understood. Maybe the child will not feel so alone anymore.
- Act as a model for important people in the child's life, who may not have realized the child's needs for being heard, for being comforted
- Listen with a loving, caring attitude.

SOME POINTS TO CONSIDER

- **Introducing yourself**: How are you going to introduce yourself so that the child understands who you are and why you are talking to him/her?
  Simple language is important.
- **Time**: Be careful to plan enough time for the conversation so that you can leave the child in control of his/her feelings.
  If time is short, avoid eliciting strong emotions in the child.
- **Positive Support**: Give the child positive support for the efforts he/she is making to overcome traumatic experiences, and the inevitable daily life difficulties which follow. Encourage the child to talk about what is helping in this process.
- **Privacy:** Be sure that where the conversation with the child/family will take place is as private as possible.

- **Who should be present?**
  - Ask children who they want to be present, when appropriate
  - It is important to have some adult with the child who the child knows and trusts, and who can follow up with the child afterwards (parents, relatives, a trusted teacher, or a responsible community member).
- **Sitting? Standing?:**
  - Different cultures have different customs relating to how adults and children should behave when talking together.
  - Try to be near the child so you can touch him/her if necessary.
- **Be sensitive to the child's state:**
  - Children can be exhausted, hungry, ill, frightened, cold and all these states of course will affect your relationship with the child.
  - Never press the child to tell things she/he does not want to nor let anybody else do this. Then, the whole point of the conversation will be lost. The child will not trust you, and will feel anxious.
  - If there is something you see that is worrying the child, you can say: "I think the question I asked you is difficult for you to talk about.

Communicating with Children

- **Never leave children with a sense of failure** because they have not or cannot answer your questions.
- **Record** conversations with children. It may be necessary to write down the conversation one is having with a child. It is important that children are given our full attention under such circumstances.

  Required: Communicating with Children
- **Clarify – don't interrupt:**
  Interrupting a child will often bring the child to silence and cause the child to doubt whether he/she is saying the right things.
  Wait until the child has a natural pause, and clarify points you want to understand more clearly; 'is that what you meant?' 'What happened next?'
- **Simple language:**
  Keep your language simple,
  Your questions short,
  Your explanations also short and simple
- **Confidentiality:**
  The child must know that his/her identity will not be revealed, that secrets will be kept, as well as exceptions to confidentiality.

Other ways to help children talk

- **Measuring the problem–**
  - Ask a question about how serious the problem is.
  - With children you can use hands or numbers, e.g. "last time you said you were this angry, show me how angry you are today?"
    Skip/resource info only
- **Empty Chair:**
  - The empty chair is used to represent anyone important who is not present in the session, e.g. grandmother, father, teacher, etc.
  - The counselor can ask "If your teacher was seated in that chair next to you, what would you say to her about not going to school?
  - With children the missing member may be represented by a puppet or doll.

Skip/resource info only

Other ways to help children talk

- **Play—**
  - Play is very useful with children.
  - This helps them feel relaxed, welcomed and respected.
  - Use dolls, toys, drawings, puppets to help child talk about their concerns.

Skip/resource info only

Life of the Child II
Addressing Crisis and Impact of Trauma in OVC

Addressing Crisis in OVC

What is a Crisis?
- At some point in our life we, or someone near us, will be experiencing a crisis
- It is an unstable or crucial time of loss, change, or stress that takes people out of their comfort zones and/or normal coping pattern

What is a Crisis?
- Precipitated by
  - an unusual outside event OR by a change in the person's ability to cope with illness, previous events, or current life stresses. Sometimes a seemingly small thing can be the "last straw".
  - A turning point in life that can't be avoided – retirement, the empty nest time, death of a parent, death of a spouse.

Types of Crises
- Developmental Crises
  - Normal, expected
  - Transition from one developmental stage to another
  - Transition from one stage of family life cycle to another

- Situational Crises
  - Unplanned, unexpected, uncommon and extraordinary events
  - Sudden onset, unexpected, emergency quality, potential impact on community
  - Crisis as Danger and Opportunity
- Opportunity
  - Successful coping, the individual survives the crisis with increased coping skills, emotional growth, and resources which prepare him for future stressors.
- Danger
  - Unsuccessful coping, the individual may return to a lowered level of functioning or remain nonfunctional via suicide, homicide or psychosis.

Process of Crisis Formation
- Precipitating Event Occurs
- Perception of event leads to subjective distress
- Subjective distress leads to impairment in functioning
- Coping skills fail to improve functioning

Effective Coping Behavior
- Actively exploring reality issues and searching for information
- Freely expressing both positive and negative feelings and tolerating frustration
- Actively invoking help from others
- Breaking problems down into manageable bits and working through them one at a time.

- Effective Coping Behavior
- Being aware of fatigue and pacing coping efforts while maintaining control in as many areas of functioning as possible
- Mastering feelings where possible, being flexible and willing to change
- Trusting in oneself and others and having a basic optimism about the outcome.

Ineffective Coping

- Individual becomes so upset by a distressing event that her/his coping methods fail and ability to function is reduced.
- State of disequilibrium ensues for 4-6 weeks.
- Inadequate support is offered and no intervention/help is sought.
- Individual is unable to realistically and effectively respond to the event and functions at a lowered level.
- Individual is left unprepared emotionally to cope with future stressors and easily enters into crisis states when faced with potential distressing events.

Formula to increase functioning

- Alter/change perception of the precipitating event and offer coping strategies
- Subjective distress will be lowered
- Functioning level returns to previous level or higher

Intervention

- Act immediately to help the person cope
  - Relieve anxiety
  - Prevent further disorientation
  - Ensure sufferers do not harm selves
- Take control
  - Be clear about what and whom you are attempting to control
  - Appear stable, supportive and able to establish structure
  - Be clear in introductory statements
  - Do not promise anything that might not happen
  - Guide sufferer

ABC Model of Crisis Intervention

A. Developing and Maintaining Contact
  - Basic attending skills used throughout interview
- **Attending Behavior**
  - Eye contact, warmth, body posture, vocal style
  - Verbal following, overall empathy (focus on client)
- **Questioning**
  - Open-ended, closed
- **Paraphrasing**
  - Restating, clarifying
- **Reflection**
  - Positive, painful, ambivalent, and nonverbal feelings
- **Summarizing**
  - Tying together feelings and facts
  - Tying together precipitating events, subjective distress, meanings

B. Identifying the Problem and Therapeutic Interaction

- Identifying the precipitating event, explore meanings and perceptions about it, assess subjective distress, current and previous functioning socially, behaviorally, academically, and occupationally.
- Suicide assessment, substance abuse issues
- Therapeutic interaction: Educational, empowerment, support, and reframing statements.

C. Coping

- Encourage client to think of ways to cope.
- Offer alternative coping strategies: groups, legal/medical referral, bibliotherapy, agencies
- Follow-up

Reference

Kanel, K. (2003). *A guide to crisis intervention*, 2nd ed. Pacific Grove, CA: Brooks/Cole.

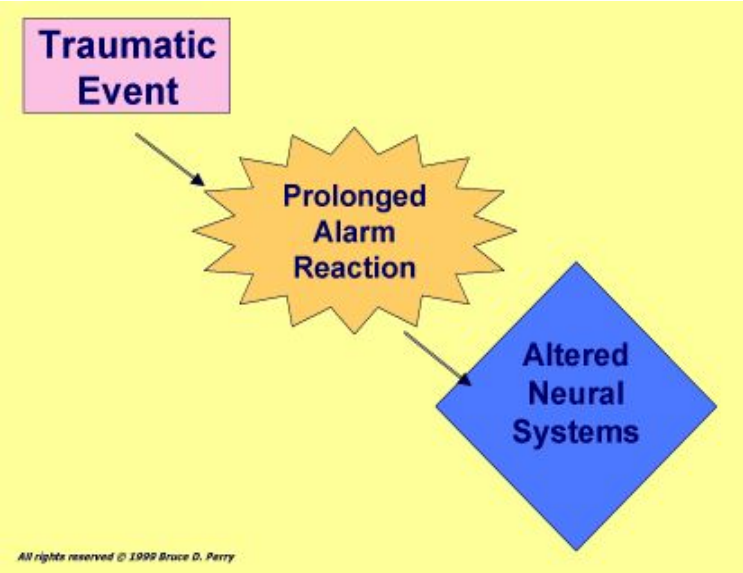
Addressing Issues of Trauma

Trauma

- A psychologically distressing event that is outside the range of usual human experience.
- Involves
  - Sense of intense fear
  - Terror
  - helplessness

Childhood trauma

- Increases risks in adulthood
  - Emotional
  - Social
  - Cognitive
  - Physiological



Response to Trauma Continuum

Terror

⇧

Fear

⇧

Alarm

⇧

Vigilance

⇧

Calm

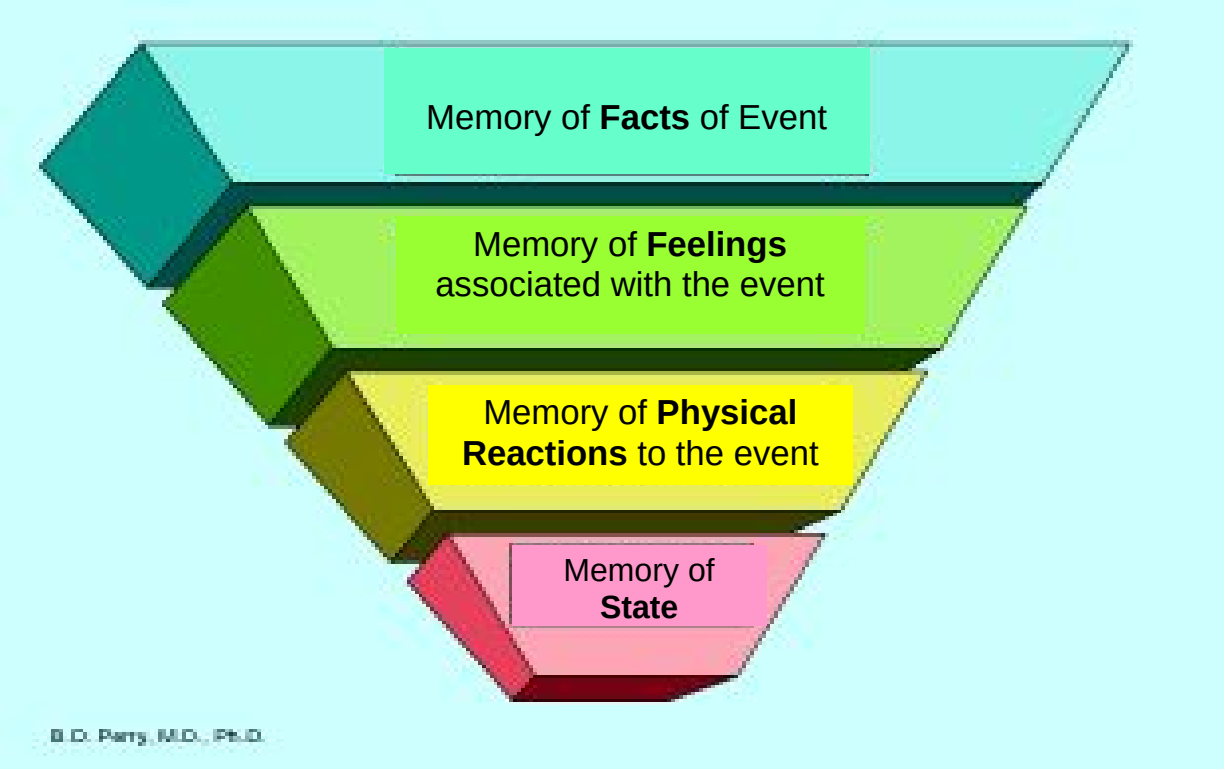
Reactions to Threat

- Hyperarousal: Fight or Flight
- Dissociation: Freeze and Surrender

Factors that Influence Response

- Dissociation
  - Younger children
  - Females
  - Trauma involves pain
  - Inability to escape
- Hyperarousal
  - Older children
  - Males
  - Trauma involves witnessing event
  - Trauma involves playing an active role in event

Memory of Trauma



Post-Traumatic Stress Disorder (PTSD)
- Symptoms last longer than one month
- Recurring intrusive recollection of the traumatic event
- Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness
- Persistent symptoms of increased arousal – physiological hyper-reactivity

Symptoms
- Behaviorally impulsive
- Hypervigilent
- Hyperactive
- Withdrawn
- Depressed
- Sleep difficulties
- Anxiety
- Loss of previous functioning
- Persistent physiological hyper-reactivity

Who develops PTSD
- The more life-threatening the event
- The more the event disrupts the child's normal family or social experience
- An intact, supportive, and nurturing family is a relative protective factor

Hallmark Symptoms of PTSD
- RE-ENACTMENT
  - Play, Drawing
  - Nightmares
  - Intrusive thoughts

- AVOIDANCE
  - Withdrawn
  - Off in own world
  - Avoiding other children

Treatment Helps!!
- Treatment usually incorporates
  - Review and recollection of traumatic experience
  - Information about the normal and expected processes of post-traumatic functioning
  - Focus on specific symptoms

How to Help the Caregiver: What to do
- Don't be afraid to talk about the traumatic event
- Provide a consistent, predictable pattern for the day
- Be nurturing, comforting, and affectionate, but be sure that this is in an appropriate context
- Discuss your expectations and your style of discipline with the child

What to do
- Avoid physical discipline
- Listen to the child
- Talk with the child

- Watch closely for signs of reenactment, avoidance, daydreaming, and physiological hyper-reactivity, anxiety, sleep problems, behavioral impulsitivity
- Protect the child
- Give choices and some sense of control
- If questions, ask for help!!

Reference

Child Trauma Academy. (2007). Bonding and attachment in maltreated children. www.ChildTraumaAcademy.com. Downloaded March, 20, 2007.

Large Group Exercise

- Count off by 10 into groups of 5 – 6.
- During the break think about the children you have worked with in the age group assigned to your group and try to identify one who might have suffered trauma.
- After the break, meet in your group and select a recorder and reporter for your group.
- Select one of the children you have identified to focus upon in the group.
- Drawing upon the material presented last week and the information presented today answer the following questions:
  - What traumatic events has this child experienced? (that you know about)
  - What symptoms of trauma does this child present?
  - What age appropriate interventions would you include in your service plan to address the trauma?

Group Exercise Age Assignments

- Groups 1 and 2 – preschool age child
- Groups 3 and 4 – primary school age child
- Groups 5 and 6 – secondary school age
- Groups 7 and 8 – college age youth
- Groups 9 and 10 – adult (caregiver)

Day 4
III. Assessment

Overview of Social Work Process for Working with Orphans and Vulnerable Children Affected by HIV:

1. Outreach and Identification
2. Engagement of Orphans and Families
3. Assessing Needs and Strengths
4. Developing a Plan of Care: Networking and Identifying and Referral to Other Resources

5 Providing Support and Services within the context of your organization

- Helping HIV Affected Orphans and Vulnerable Children
- Counseling OVC and Their Families
- Developing Support Structures for OVC and their Families

6. Ongoing case management, Advocacy and Follow-up

The Concept of Holistic Assessment, Needs and Strengths

Definition of Assessment

- The process of
  - gathering,
  - analyzing and
  - synthesizing information about a child and/or family situation
- In order to
  - understand factors impacting the situation,
  - prioritize needs,
  - plan interventions, and
  - deliver services.

Steps in Assessment

- Plan the Assessment:
  - What information do you need?
  - Where can you obtain needed information?
  - What is the best method for obtaining the information?
- Gather information:
  - Interview child, family members, others
  - Records – school, health, others
  - Observations – appearance, behaviors, environment
  - Standardized instruments or professional evaluations
- Analyze information:
  - What are the major needs to be addressed?
  - What are the strengths and resources to build upon in addressing the needs?
- Synthesize information:
  - What are the priorities for services?
  - How should we proceed?

Information Needed for Assessment

1. Who is involved in the case?

- Name, age/birth date, location of child(ren) (include contact information)
- Name, age/birth date, location of parents, siblings, other family members (include contact information)
- Name, age/birth date, relationship to child of all members of household where child currently resides (list all household members, include contact information)
- Name, relationship to the child, and contact information of person/agency who referred the child to your agency
- Name, relationship to the child, role in the case, and contact information of other persons involved in the case.

2. Why is the child/family coming to your agency for help?

(*What is the presenting problem/issue or reason child/family referred to your agency?)*

- From the perspective of the person referring the child/family for services?
- From the child(ren)'s perspective?
- From the parent(s)' perspective?
- If the child's caregiver is someone other than the parent, from the caregiver's perspective?
- From the perspective of other persons involved in the case?

3. What is the background of the problem?

- When and how did the problem/issue begin?
- How has the problem/issue evolved/developed over time?
- What other stressors/needs affect the problem/issue?
  (Identify needs/issues affecting each family member: child(ren), parent(s), and other family members)
  - Health needs?
  - Mental health needs?
  - Educational needs?
  - Substance abuse?
  - Financial needs?
  - Recent transitions/changes?
  - Previous losses/separations?
  - Child physical abuse?
  - Child sexual abuse?
  - Spousal abuse?
  - Other stressors/needs?

4. What are the resources/sources of support available to assist in addressing the problem?

- Individual strengths and coping strategies of family members? *(Identify strengths and coping strategies of each family member: child(ren), parent(s), other family members)*
  - Extended family?
  - Friends?
  - Financial resources?
  - Connections to faith community?
  - Non-Governmental Social Service Agencies?
  - Governmental Agencies?
  - Other sources of support/resources?

5. What efforts have been made to resolve the problem/issue?

- What strategies have been used to solve/address the problem?
- What have been the results of each effort to resolve problem?
  - What successes were achieved?
  - What challenges/barriers were encountered?

Analysis of Information for Assessment

6. What are the service needs, strengths and priorities for this child and family? *(Analysis of information gathered)*

- What problems/issues need to be addressed in order to resolve the problem?
- What resources/strengths are available to address the problems/issues?
- What problems/needs are most important and/or urgent)?

Synthesis of Information for Assessment

7. What are your recommendations for proceeding with the case? *(this is your synthesis of the information)*

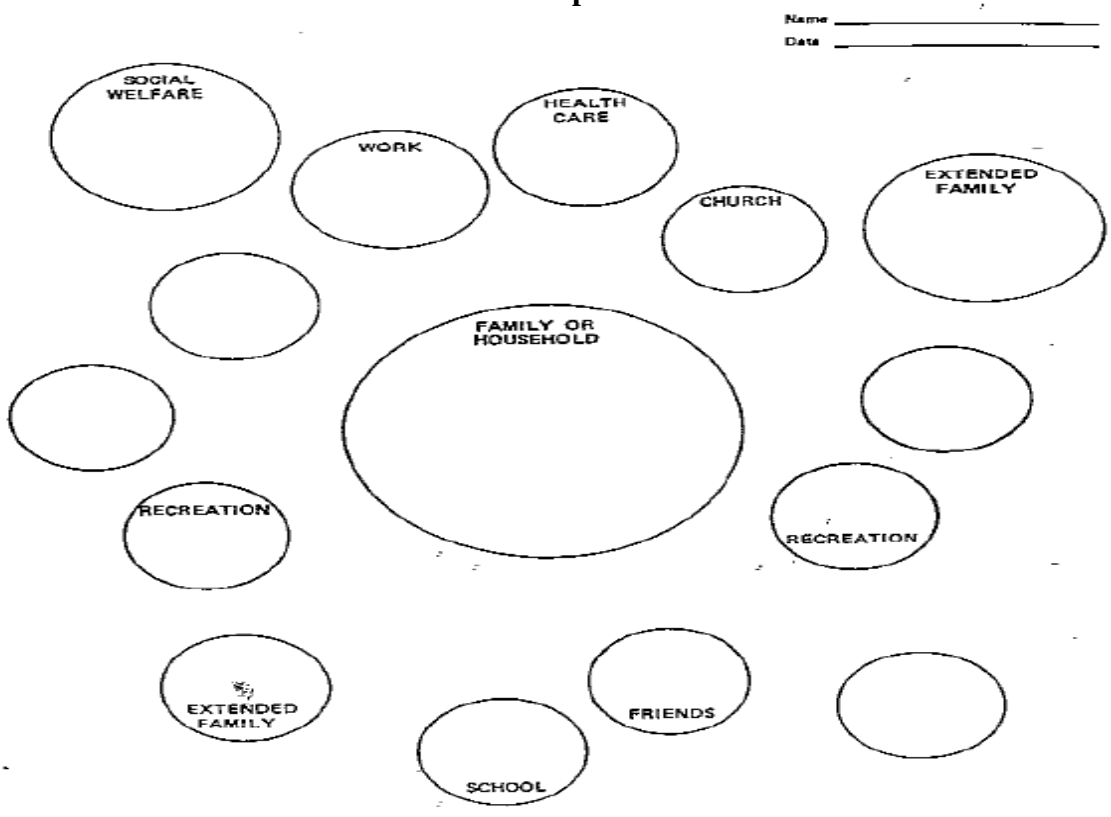
- What are the priorities for services to this child and family?
- "Putting it all together" how do you recommend services to the child and family proceed?

- Your recommendations form the basis for developing a plan of services with the child and family.

Process of Assessment

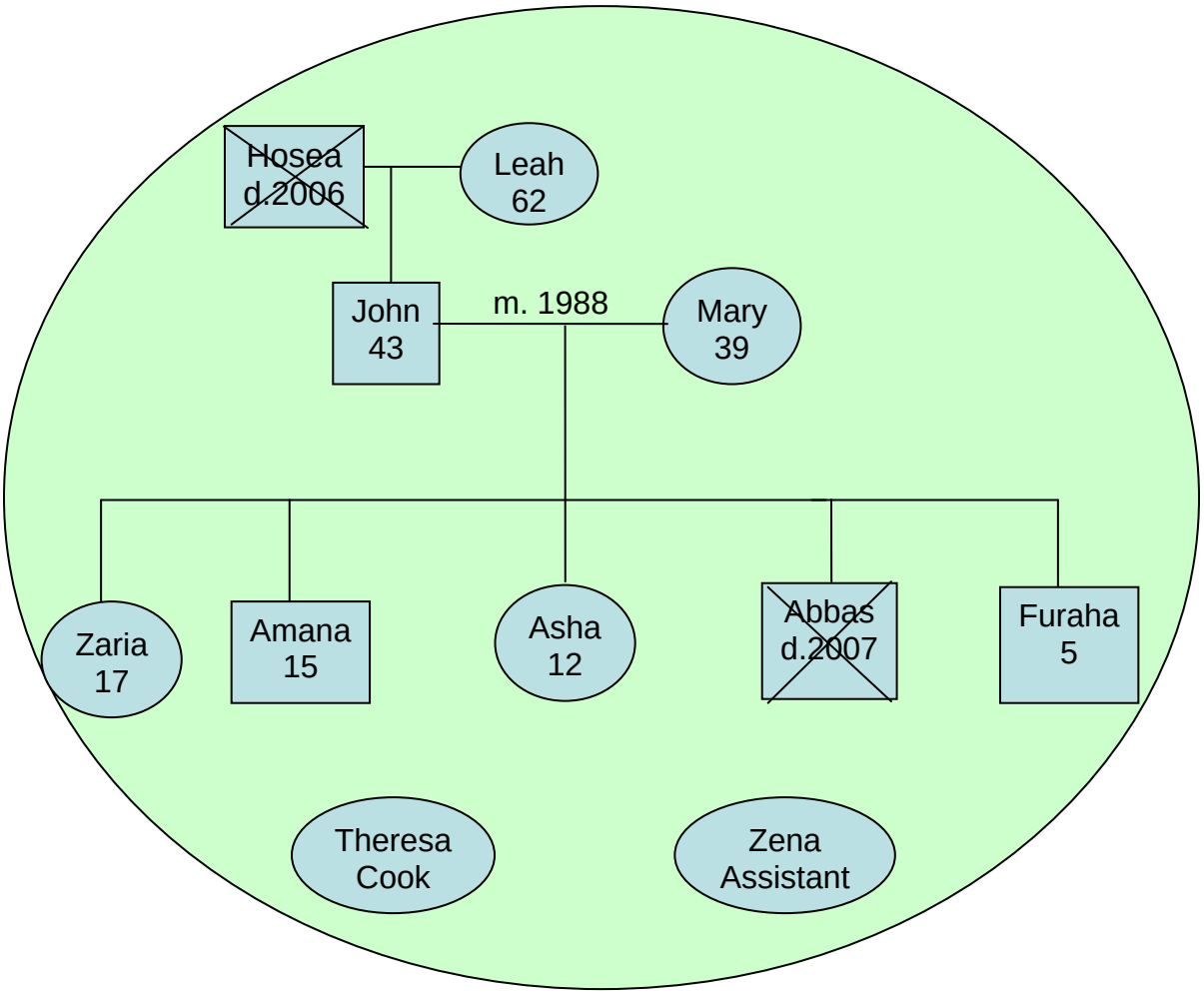
- Major focus on assessment at beginning of involvement with child and family.
- However, important to remember assessment continues throughout work with child and family
  - New needs emerge
  - Situation improves
  - Other changes
  - Determine progress
  - Determine when services need to change or end
- Assessments are best conducted in partnership with the child and family
  - They have the most information about their situation
  - Their lives are most affected by decisions
  - They must implement any changes
- Assessments are most effective when conducted from a strengths perspective
  - Concentration on problems or needs alone can lead to frustration and HOPELESSNESS
  - EVERYONE has strengths - qualities, abilities, resources - that can form the basis for change and growth
  - Focusing on strengths provides a basis for problem solving and HOPE
- Assessments are most helpful when conducted from an ecological perspective
  - Individuals influence – and are influenced by – their environments
  - Factors that contribute to individual needs AND solutions may be found within the larger "systems" in which the child is embedded: household, extended family, peer group, school, community

Eco-Map



Eco-Map

- A useful tool for working with children and families to assess needs from a "person-in-the-environment" perspective is the Eco-Map
  - To be completed with the child and family
  - Useful in assessment, planning, intervention
  - Portrays a point-in-time overview of the family in their life situation
  - Demonstrates positive connections and sources of conflict
  - Demonstrates flow of resources, or lacks and deprivation of resources
  - Highlights issues to address and resources to be mobilized



Instructions for completing Eco-Map

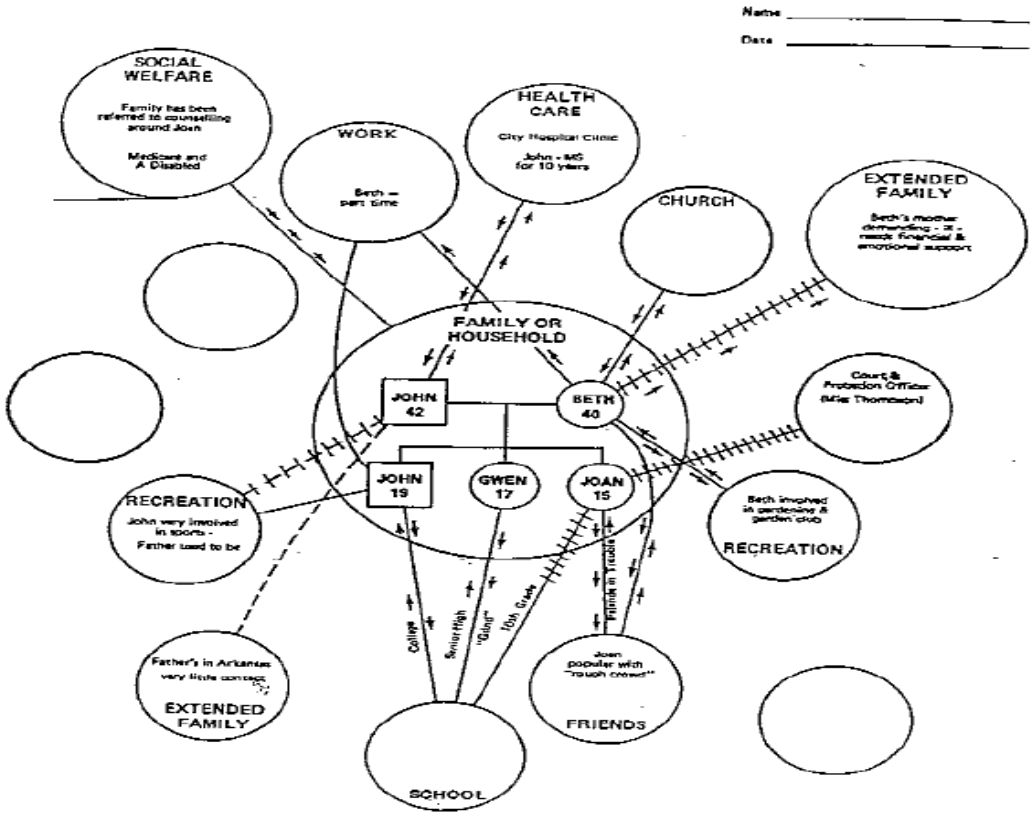
- Draw nuclear family or household in large circle at map's center
  - Use squares to depict males, circles to depict females
  - Depict relationships as in a traditional "family tree"
    - Draw straight line between husband and wife to indicate marriage,
      - write date or year of marriage on line
      - Draw slash across line to indicate divorce, write date or year of divorce
      - Draw a line down from the from the parents to indicate children, write age of children in square or circle

- draw line up from the parent to indicate grandparents who live in the household, write age of grandparent in square or circle
- Draw a square or circle near the bottom of the circle to indicate household members who do not related to the family, write their age and relationship with the family in or above their square or circle
- Draw an X across a square or circle to indicate death of the person, write the date or year of death

- Next, add connections between family, or individual family members, and the larger environment by drawing lines between the family and the circle with the particular system label

- The type of line indicates the nature of the connection
  - Solid or thick line indicates a strong connection
  - Dotted line indicates a tenuous connection
  - Slash marks across a line indicate a stressful or conflicted relationship
  - Arrows along the connecting lines indicate the flow of energy, resources or interest OR
  - Ask families nature of relationship and write brief description along connecting lines

Completed Eco-Map



Recording the Assessment

- What is the purpose of case records?
  - Organize and keep important information about the child and family
  - Plan services
  - Monitor progress
  - Evaluate service outcomes
  - **Help children and families retain vital information about themselves**
  - Be accountable to service recipients, government bodies, funders, etc.

What information should be in the record?

- Demographic information - child and family
- Psycho-social information
- Health information
- School information
- Special evaluations or assessments
- Legal records
- Financial information
- Para-social worker contacts with/on behalf of child and family
- Record of services provided and their outcomes

Criteria for entries into the case record

- Every contact made by the para-social worker and other representatives of her/his agency should be recorded as soon after the contact as possible.
- Entry should include:
  - Date of contact
  - Where contact occurred
  - Who was present
  - Purpose of contact
  - Summary of what occurred during contact
  - If relevant, worker's assessment of contact
  - Outcomes of contact including agreed upon next steps
  - Entry should be signed and dated by person making the case record entry

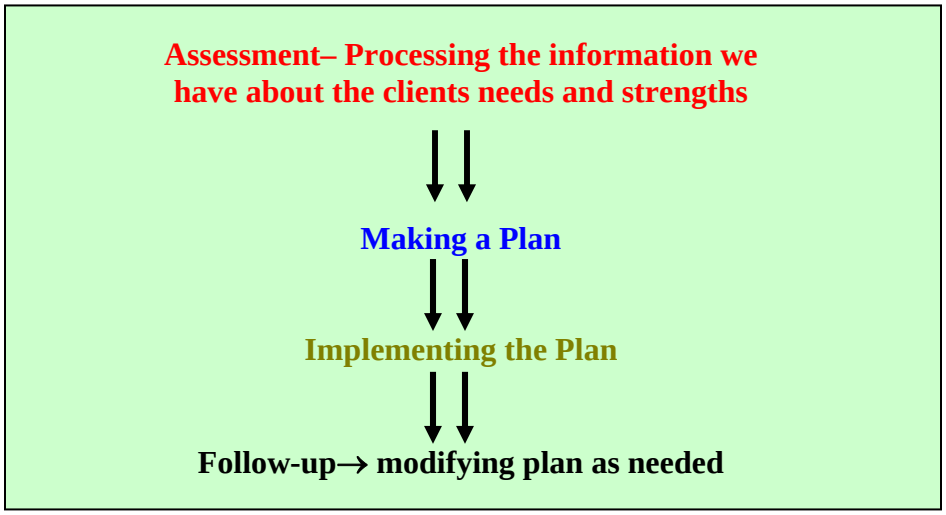
Reference

Hartman, Ann. (1995). Diagrammatic assessment of family relationships. *Families in Society: The journal of contemporary social services*, *76*(2) pp. 111-122.

Day 5

IV. From Assessment to Plan of Care

From Assessment to Plan of Care



WHAT IS CASE MANAGEMENT

(Definition)

- Case management is one among the approaches that could be used by para social workers when addressing problems of OVCs and their families.
- The objective of case management is to bring about positive and sustainable changes in the lives of people in need.
- OVCs have diverse needs that cannot be met by a single source of services.
- Case management is about managing the delivery of a number of services to improve the condition of children and families.

WHY DO CASE MANAGEMENT?

- **Continuity of care** and services and follow-up.
- Assessment--**comprehensive family centred** assessment of medical, social and psychosocial needs.
- Develop and implement a **service plan.**
- **Co-ordination** of care and referral activities.

WHY DO CASE MANAGEMENT?

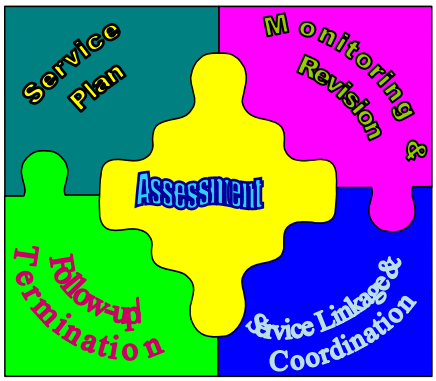
- **Minimize duplication** of services
- Periodic **re-assessment and evaluation** of client needs and case management activities
- Developing and maintaining a **service network**

WHAT ARE THE ***FUNCTIONS*** OF CASE MANAGEMENT?

- **Problem solving**
- **Client empowerment** and self directed initiatives to clients.

- Help client **deal with organizational, attitudinal or other service barriers**
- WHAT ARE THE ***FUNCTIONS*** OF CASE MANAGEMENT?
- Support client efforts to **prevent HIV infection** (if negative) and HIV transmission (if positive)
- Facilitate problem solving and planning
- Work with other organizations to **create networks of care**

WHAT ACTIVITIES ARE INVOLVED IN CASE MANAGEMENT?



- Identification of consumer/client
- Engagement to create working relationship
- Assessment to establish working statement
- Service planning
- Linkage with needed services
- Consumer advocacy

MODELS OF CASE MANAGEMENT

- Generalist
- Specialist
- Case manager (Therapist)
- Family
- Psychosocial rehabilitation – centre module
- Supportive (care model)

ROLES AND RESPONSIBILITIES OF A CASE – MANAGER

- Planner
- Facilitator
- Manager
- Enabler
- Supervisor
- Evaluator
- Resourceful person
- Broker

WHAT DO CASE–MANAGERS DO?—(RESPONSIBILITIES)

- Interviewing clients and their systems.
- Data gathering to establish psychosocial needs of the client.
- Guide discussion and decision making forums among relevant program representatives.
- Monitor to ensure adherence to the plan
- Conduct counseling with clients and their families during crisis situation.
- Document clients' progress
- Liaison between client and other actors involved in the change process
- Establish and maintain good public relations with resource systems

GUIDES FOR EFFECTIVE CASE MANAGEMENT

- Quick response to the client
- Well developed relationship with client and other systems
- Frequent contacts with client
- Service continuity from intake to follow up

PARA SOCIAL WORKER CASE MANAGEMENT PLAN

Needs	Goals	Planned Interventions	Referrals	Time Frame	Follow-up and Notes
1					
2					
3					
4					
5					

PARA SOCIAL WORKER CASE MANAGEMENT PLAN (Sample)

Needs	Goals	Planned Interventions	Referrals	Time Frame	Follow-up and Notes
Child is lonely, depressed	Increase contact with peers	• Help child develop a list of favorite activities and people likes to be with • Involve child in group activities at community center	Refer to director of community center	2 weeks	
School problems	Regular attendance	• Provide school fees and supplies • Meet with school to determine problems and solutions	Case Conference with School	3 weeks	
Health Problems	• Address skin problems • Assess HIV risk • Provide needed health exam, tests	• Initial health center visit • Counseling regarding health problems and promotion	• Health Center	First visit within 1 week. Follow-up as needed	
Housing	• Assess safety of current housing	• Visit home, meet household members, determine needs	• As needed	Within 2 weeks	

Case management is a process. It can be accomplished through...

- a designated **case manager**
- a **team approach** within an organization
- by **supporting client self management**
- by a **case manager in another community-based setting**
- By **empowering client/caregiver self management**
- Through **networks of workers** in diverse programs
- By **mobilizing volunteers**

Models of Case Coordination

- **Central coordination mechanism**– an organization coordinates services from various organizations with a **case manager**
- Case managers have standard
  - Procedures
  - Training
  - Evaluation systems
  - Follow-up
- Developing case management teams
  - Team of workers with an agreement to do case management
  - May be inter-disciplinary
  - Possible members: doctors, nurses, social workers, outreach workers, health educators, peer educators, volunteers
  - Case conferences may provide organization
- Network model
  - Case management occurs across organizations
  - Need for
    - Communication structures
    - Quality assurance
    - Sharing of information
- Volunteer model
  - Buddies or peer case managers
  - Volunteers need:
    - Training
    - Organization
    - Support
    - Follow-up
- Client/Caregiver Self Management with Support: Empowerment Model
  - Social Worker assists in
    - Assessing needs
    - Suggesting resources
    - Helping with linkage
    - Monitoring and follow-up
  - Client/Caregiver does the follow-through!

Some guides for working with community groups

- Communication
- Sharing of knowledge and information
- Sharing of decision making (power)
- Networking
- May be:
  - Formal with letter of agreement
  - Informal
- Providing support works both ways!

Obstacles to Case Management: Our own reactions

Fears of contagion

- Fear of death
- Denial of helplessness
- AIDSism
- Gender, Ethnicity, homophobia, sex phobia, addictophobia
- Obstacles to Case Management
- Over-identification
- Anger
- Provider control needs

Obstacles to Case Management

- Stigma of AIDS and HIV risk behavior
- Lack of family or community support
- Impact of HIV Associated Dementia
- Ethical Dilemmas
  - Paternalism versus self determination
  - Confidentiality/Disclosure Issues

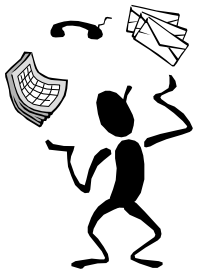
Source: Roberts, Severinsen, Kuehn, Straker & Fritz, 1992

Accessing Case Management Resources

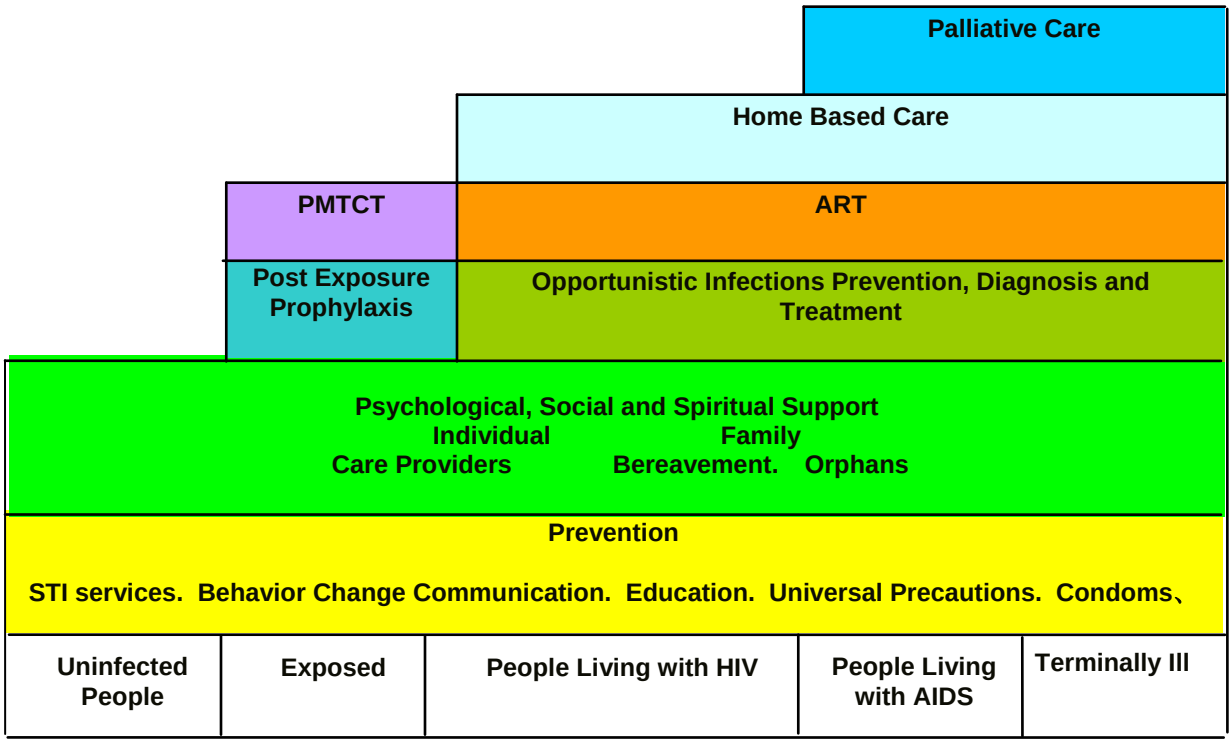
Source: Project HOPE HELP Project, 2006

What are Some of our Roles in Systems of Service?

- Network developer
- Network resource
- Use network as a resource
- Service Coordination
- Building resources
- Community Building
- Service Delivery
- Mobilizing family, friends, community groups



Continuum of Care



What are Possible Sources for Help for OVCs?

- Schools
- Clinics
- Hospitals
- Dept of Social Welfare
- Churches
- Most Vulnerable Children Committees
- Community developers
- Businesses
- Outreach workers
- Health educators
- Volunteers
- Home based care workers
- AIDS Service Organizations
- Support/self help groups
- Faith based organizations
- Associations, burial societies, etc.?
- Food programs
- HIV Implementing Committees
- NGOs
- Police
- Other child service programs
- Adoption programs
- Foster parents
- Others????

Don't re-invent the wheel! Resources and Referrals:

- CM agencies must have current resources and referrals at all times.
- Resources and referral sources frequently change.
- This information needs to be shared.
- It is pointless for a new case manager to start off "hunting" for commonly used referrals and resources.
- The CM must learn how to access referral sources expeditiously.

- There are certain eligibility criteria for most referral sources and it is the CM's job to know these requirements.

Do You Know Your Resources?
Types of Resources (Brainstorm)

Resource Tips

- Create a resource guide for the region that lists services for their topic
- Specific agencies or programs that offer assistance for their need
- Any programs or agencies not traditionally used that you have accessed for your clients.
- Housing
- Financial Assistance
- Transportation
- Alcohol and Substance Use Treatment
- Legal
- Supportive Services
- Others??????





Mapping Exercise--work in groups of about 8 from same area if possible. Appoint a recorder to present summary

- What are possible sources of help for orphans and vulnerable children in the community? See previous list for help!
- Using large paper and marker pens make a map or picture of your community
- Put the possible resources on the map
- How do these relate to each other? Draw arrows (→)
- Put your map up.
- Go back into large group. Each group to put up map and present
- Discuss findings.

CASE CONFERENCES

- Meeting conducted by a worker in human services to discuss client's problem and service plan
- Composition
  - Workers within or between agencies.
  - Services providers
  - Involving families, caregivers, clients?

Purposes

- Help to clarify the client's situation and his/her behavior
- Help to determine the best service plan

- Help to set new service plans
- Helps to set new service plans.

STEPS FOR CONDUCTING CASE – REFERENCE
- Presentation of summary: relevant information about case
- Discussion of the case
- Developing and selecting options: the service/case-management plan
- Summing up
- Ending of the conference.

Self Care, Support and Avoiding Burnout

Source: Linsk, Steinitz, et al., Caring for Yourself So You Can Care for Others, Catholic AIDS Action, Namibia, 2001

Developing Your Support Plan
- Helping is like building a fire–
  - If you don't tend the fire it will go out can't burn and provide energy
  - What fuels the fire?
    - Support
    - Knowledge
    - Self care
- Other???

Do Helpers Need Support?
- The "super" helper
  - Everyone comes to him or her for help
  - Very good at listening, problem solving, making others feel better
  - Their role is the helper

How Long Can the Super Helper Help?
It depends.
- If they have their own supports can help for a very long time
- If DON'T have support
  - May feel exhausted or burdened
  - May not be dealing with own life
  - May feel annoyed, irritable, stressed or angry

Who Is Our Support?
- Exercise: Who is in our life?
  - Who provides basic support?-- Food, home, and other necessary things
  - Who helps if you need to borrow something?
  - Who helps if you are sick and need care?
  - Who do we tell personal information to?
  - Who do we tell how we feel with?
  - Who can help us relax or play?

Where Do We Find Support?

- Do you have a support place?
  - Church
  - Family gatherings
  - Community events
  - Home
  - Social place – often where food or drink are served
  - Work place

Burnout

- No fuel for the fire
- Caregiver exhaustion leads to reduced ability to provide care
- Emotional and behavior responses include:
  - withdrawal from care
  - feeling overwhelmed by the care needs

Signs of Burnout

- Multiple losses-- family or work or both
- No time to use coping strategies
- Increased stress may lead to physical, emotional symptoms
- Decreases the joy in life

Preventing and Addressing Burnout

- Identify the loss and its meaning
- Take time to talk with colleagues and/or friends and family

Preventing and Addressing Burnout

- Recognize the process of grieving
- Utilize successful coping and grieving strategies

Developing a Burnout Prevention Plan

- Regular Burnout Debriefing
- New Learning leads to less burnout
- Take a break– allow the coping to work!
- Recognize your successes
- Problem solving
- Deep breathing, yoga, exercise
- Journaling to increase understanding and acceptance

Creating Boundaries

- What are the limits of caring?
  - Program boundaries
  - Our own personal boundaries
- Avoiding harm to ourselves or others

Setting Boundaries

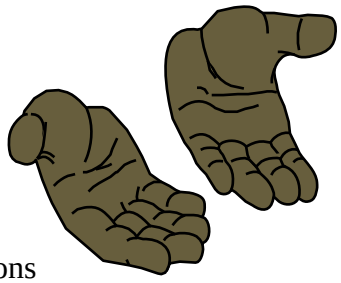
- Clear about how much time can spend
- Clear about what can and cannot do
- Clear about the kinds of relationships are acceptable
- Being able to say no, while still valuing the person
- Helping find another source of help (refer)
- Avoiding places that may be dangerous
- Limiting topics of conversation

Within the Boundaries or **Outside** Boundaries?

- Client asks volunteer to come over at 2 in the morning because of a family crisis
- Client asks staff member to provide food for the family
- Client asks volunteer to go out socially
- Client asks staff member to help solve a family conflict
- Client asks volunteer to help them go to clinic
- Client follows staff person everywhere they go
- Organization asks staff to work all night and day for 3 days

The caregiver has two hands

- One to care for the care receiver
- One to care for him or her self



A Personal Support Plan

- Who helps
  - Task help
  - Feeling/Talking help
- Where to get help
  - Support places
- Checking in
  - Stress
  - Success
  - Problems
- What helps?
  - Talk
  - Actions
  - Sharing the task
  - Pacing and breaks
- Getting credit
  - Self credit
  - Credit from others

Caregiver Support Plan--

- Understanding
  - Do we have the knowledge to do the job?
  - Lack of understanding leads to more stress
  - Improving Understanding
    - Training
    - Reading
    - Getting advice
- Feelings—
  - Sensing how we feel
  - Expressing how we feel

    - To self - To others

  - Transforming feelings to positive action
- Sharing the tasks
  - Can we help each other?– Make a trade--I'll do this part if you can do that
  - Be clear about what you CANNOT do
  - What NEEDS to happen when?
- What is the coping plan?– Taking care of ourselves
  - The idea of respite– take a break
  - Sharing the stress– letting someone know
  - Accepting the losses
  - Use of stress reducers: exercise, meditation, self reflection, diet
- Self Care --Caring for yourself so you can care for others
  - Time
  - Social support– find someone who can hear you
  - Back-ups– who can "fill in" when need another helper
  - Helping Networks

Celebrating Success

- We can be successful helpers even when there is sadness and loss
- Need to see how we are helping
- Need for
  - Hope
  - Meaning of the work

Supporting the Caregiver

- Ceremonies
- Sharing
- Gifts

Group Exercise: Case Conference to Develop a Service Plan

- Appoint a recorder to present at recap
- Discuss the group's case for this week (25 minutes)
  - What is your reaction
  - What do you see as strengths and needs
- Work in mini-groups of 4-5 people (45 minutes)
- Take roles of client, family members, parasocial worker/case manager, community people, schools, NGOs, etc.
- Conduct a case conference.
  - Present relevant background and assessment information
  - Develop a plan of care for the case using community resources (case management service plan)

Case Discussion Debrief

- In large group, each group to present (25 minutes)
  - A brief description of the client system presenting problem
  - At least 2 parts of the case management plan
- Discuss main points we've learned about using assessment to develop service plan (15-20 minutes)

Learning to Work with Orphans and Vulnerable Children
A Project of the Social Work HIV/AIDS Partnership for Orphans Vulnerable Children in Tanzania

Day 6
V. A Framework for Counseling OVCs

Social Work Process for Working with Orphans and Vulnerable Children Affected by HIV:

1. Outreach and Identification
2. Engagement of Orphans and Families
3. Assessing Needs and Strengths
4. Developing a Plan of Care: Networking and Identifying and Referral to Other Resources
5 Providing Support and Services within the context of your organization
- Helping HIV Affected Orphans and Vulnerable Children
- Counseling OVC and Their Families
- Developing Support Structures for OVC and their Families

6. Ongoing case management, Advocacy and Follow-up

Counseling & Problem-solving Model

1. Developing and maintaining rapport
- Tone of voice
- Attending behavior
- Questioning
- Paraphrasing
- Reflecting feelings
- Summarizing
- Non-judgmental

2. Identifying and exploring the problem
- Use questions to help you and the client understand the problem
- Make the problem specific
  - What is the problem?
  - When did it start?
  - How much of a problem is it?

3. Identify & explore feelings
  - Label the feelings – sad, happy, angry
  - Notice nonverbal messages/feelings and reflect them back
  - Acknowledge and affirm conflicting or ambivalent feelings
  - Tie the feelings to the facts or to the problem

4. Explore solutions and options for solving the problem
- What have you tried in the past to solve a problem like this?
- What would you like to do?
- Share your own ideas about solutions
- Counseling & Problem-solving Model

5. Select an option/solution and make a plan
- Help the client choose a realistic solution
  - Which solution do you like the best?
  - Which one are you able to do?
  - How and when would you do it?
- Talk about how you/para social worker or others (friends, family, NGOs) might be part of the solution
- Decide who will do what, when, and where
- Make referrals as appropriate
- Follow-up to see if the plan was followed

RISK REDUCTION AND BEHAVIOR CHANGE

Meaning of Change
- Alteration or adaptation.
- Each and every individual, group and community undergo changes.
- The change may be major or small, to the better or to the worse. Change is inevitable.
- Change as adaptation
- Active, dynamic process where people, together with their environment form an ecosystem in which each shape the other.
- People may change environments to conform to physical and psychological needs
- At times people conform or adjust to environmental imperatives to satisfy needs and their goals.

Meaning of Behavior
- "The total response, motor and glandular, that an organism makes to any situation with which it is faced" (Psychology Dictionary)

Behavior Change/Risk Reduction
- Reducing HIV/AIDS and/or substance abuse risks involves changing behaviors.
- A model of behavior change that can be helpful in understanding how behaviors change and how para social workers can be helpful in that process has been developed by researchers Prochaska and DiClementi.

Change processes and planned change

The role of Para-social Workers

Source: Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47 (9), pp. 1102 – 1114.

Components of the Change Process:
- **Experiential component** – how the client experiences him or herself in a new or different way
  - May discover that he or she is being dealt with differently by other person(s) in his/her life

- May also find new kinds of feelings or symptoms arising within self

- **Rational component–**
  - perception of self and how one exists through the process of reflecting and conceptualizing about oneself
- the cause-effect relationships in the background,
- how one has handled recent situations
- the meaning of a new way client has experienced self.

Planned change
(The role of Para-Social Workers)
- Para-Social Work intervention is based on a process of planned change.
- Change is indicated when client systems have unresolved problems and/or feel a need to change.
- Planned change is an approach to problem solving based on
  - problem assessment,
  - knowledge of the client systems' readiness for change
  - focused intervention.

Planned Change: The role of Para-Social Workers
- Para-Social worker functions as a change agent in this process and jointly plans for change with the client.
- Planned change is purposeful and increases the likelihood of predictable outcomes as a result of the change efforts. (Hefferman, et al., 1988:10)
- Specific application
- Change efforts may be geared toward assisting
  - individuals,
  - groups, or
  - communities
  - or all three

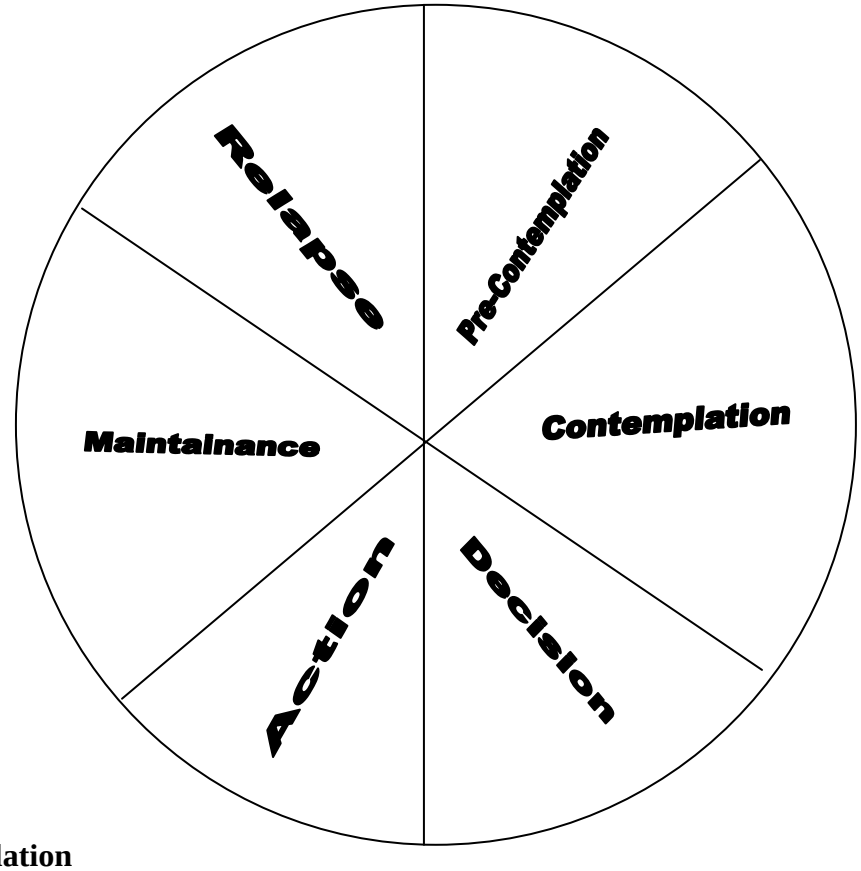
Risk Reduction And Behavior Change
- **Risk reduction or harm minimization** approaches are based on the realization that behavior change is difficult and is a process rather than a single event.
- It involves very complex patterns of psychosocial relationships as well as economic requirements.
- Realistic solution strategies to such problems may focus on risk or harm reduction.

Stages of Change

Circle of change
- The model "circle of change" describes the stages of change each person goes through on the journey to changing behavior.
- This "stage of change" model was developed by Prochaska and Diclementi (1982) who differentiated six stages in the change process.

- This model is not presented to suggest that change is simple or easy, but rather to emphasize that change is complex and involves a process.
- Para social workers can assess where a person is in the change process and choose interventions appropriate to that stage.
- This helps para social workers "begin where the client is"

Circle of Change



Pre-contemplation

Person has no desire to change, either not aware of the problem or is ignoring it.

- Sees no need to change
- Para-Social Work Action
  - Provide information and feedback to raise awareness of the problem and the possibility of change.
  - Do not give prescriptive advice.

Contemplation

- Thinking about change, feeling somewhat concerned about the behavior, but not having yet made commitment to change.
  - May be a lengthy process requiring the person to have moved from accepting the problem existing to accepting some responsibility, feeling a need to do something about the problem
  - Considers change, but also rejects it

- Social Work Actions
  - Help the person tip the balance in favor of change
  - Help the person see the benefits of changing and the consequences of not changing

Decision

- Determined to change, taking a decision to do so but has not yet put the decision into practice
- Wants to do something about the problem
- Social Work Actions
  - Help the person find a change strategy that is:
- Realistic
- Acceptable
- Accessible
- Appropriate
- Effective

Action

- Making the change, trying to change
- Takes steps to change
- Social Work Actions
  - Support the person
  - Advocate for the person
  - Help accomplish the steps for change

Maintenance

- Maintaining new behavior or a lifestyle without the old behavior
- Maintains goal achievement
- Social Work Actions
  - Help person identify possibility of relapse
  - Help person identify and use strategies to prevent relapse

Relapse

Relapse is possible in both action and maintenance stages.

- Not the end of the changing process
- Can lead to realization of the danger of getting back to the old behavior and a renewed commitment to further work on the problem (a return to contemplation).
- Relapse can result in going back to the old behavior which will put the person back at the beginning of the cycle.

Questions to process eco-maps

1 What was the experience of completing your own eco-map like?

- What feelings did you have?
- Comment: Children and families will also have feelings as they think about their life situations: surprise, relief, sadness, anger, etc. Para social workers must be prepared to validate and respond to these feelings. This is an important part of the para-social work process.

2. What did you learn from this experience?

3. How can you use what you learned in working with children and families?

Life of a Child III

Loss and Stigma

Introduction

- All children experience crises when separated from their parent(s) whether from illness, death, or abandonment.
- Feelings about loss cause behaviors that indicate the child is angry and sad.
- These feelings are appropriate but may produce behaviors that are harmful to the child, others, or property.
- Para-social workers and caregivers need to understand these feelings and behaviors.

The Grief Process

- The death of a close loved one such as a parent results in a process of grief
- We often think of grief in terms of the cultural rituals we observe at the time of death.
- While these customs are helpful in coping with the immediate feelings of loss, the grief process does not end when the customs have been observed.
- Rather, coming to terms with the loss of a loved one takes a long time.
- Children grieve anew at each developmental stage

Grief Process

- Shock/Denial
- Anger
- Sadness
- Acceptance

Developmental Grieving

- Moving through the stages of grief is not a linear process
- Rather, people move back and forth along the pathway
- We may grieve even after we believe we have achieved acceptance
- Children revisit losses at each stage of development

Impact of Developmental Grieving

- Children may seem to forget the loss for a while, then suddenly become very sad or angry
- Sometimes children seem to have reached acceptance but have simply “bottled up” their feelings. These strong feelings may erupt at a later time
- Multiple losses trigger strong, but unresolved emotions from previous losses
- Children who are separated from their parents due to illness, death, or other cause will be grieving
- The pain of separation and loss is a type of trauma
- Children can become stuck at one level, or even regress to an earlier level of development
- Children who are separated from parents may appear angry, depressed, or hostile
- “Whenever you see anger, look for the pain”
- Other children may appear charming and carefree. This is a way of hiding the pain of loss
- Things that Trigger Developmental Grieving
- Anniversaries
- Birthdays
- Holidays
- Special songs, foods, etc.
- Certain places
- People who have the same name or look like the missed person

Factors that Affect Ability to Grieve

- Nature of the loss – loved one, health, self-esteem
- Age at time of each loss
- Degree of attachment to lost person
- Ability to understand why person is gone
- Emotional strength
- Circumstances causing loss
- Number of previous separations
- Help given prior to, during, and after the loss

Challenges of Helping

- Helping children with loss may be challenging because:
  - Separation and loss are painful experiences
  - It is uncomfortable to be with children who are angry and sad
  - Other people's grief reminds us of our own painful experiences
  - Dealing with painful losses takes a long time – even a lifetime
  - Developmental grieving may be frustrating - after all we are the ones who have loved child

How to Help

- Recognize that children who have lost their parents can best be helped by connecting them to nurturing caregivers who make a lifetime commitment to them.
- Connections to other caring adults can provide important supplemental support but CANNOT substitute for a committed caregiver who functions as a loving parent figure.
- Para-social workers can have the most positive impact on a child by strengthening the capacity of parents and other caregivers to provide nurture and appropriate structure.

HOW TO HELP CAREGIVERS

- Recognize children may be confused about parent-child relationships, caregivers need to model relationships with the child and clarify roles when needed
- Recognize that helping the child takes persistence, skill, patience
- Demonstrate 24/7
  - Child's needs and feelings are important
  - Child is safe and is going to be cared for
  - Child's needs can be expressed and met
  - Parents can be consistent and trusted
- Understand that as child grows and develops, all the steps in the grieving process may need to be expressed over and over again

Reference

Pasztor,E., Blome, W., Cavin, B., Langan, J., Leighton, M., McFadden, E., Olea, M. Petras, D., Polowy, M., Ryan, P.,Sweency-Springwater, J., & Wynne, S. (I 993). *FosterPRIDE/AdoptPRIDE: Preparation and assessment program for foster and adoptive families*. Washington, DC: CWLA.

Large Group Activity
You are going to have a big party to celebrate a major accomplishment. You are able to invite 5 people in addition to your family and friends. Choose the 5 people you would invite to your party from the list below.

- Medical doctor
- Politician
- Beggar
- Movie star
- Daladala Conductor
- Street cleaner
- Famous singer
- Prostitute
- Witch doctor
- Street vendor

Stigma

Introduction
- Orphans and vulnerable children experience stigma due to:
  - HIV/AIDS
  - Family circumstances

Stigma Defined
- Stigma is "severe social disapproval of personal characteristics, circumstances or beliefs that are against cultural norms."
- A powerful tool of social control
- Used to marginalize, exclude, exercise power over individuals with certain characteristics

Factors that Contribute to HIV/AIDS Related Stigma
- HIV/AIDS is a life threatening disease
- People are scared of contacting HIV
- HIV is associated with behaviors that are already stigmatized
- People with HIV/AIDS are thought of as being responsible for becoming infected
- HIV/AIDS is often seen as result of moral fault that deserves punishment

Forms of HIV/AIDS Related Stigma/Discrimination
- Laws, rules and policies
- Community-level responses
- Women
- Family
- Employment
- Health Care
- Denial

Effects of Stigma/Discrimination
- Isolation
- Self-rejection
- Reduced opportunities – employment, education, social relationships, etc.
- May create anger, resentment and retaliation
- Reduces the humaneness of the society
- Deprives the society of the contributions of those who are stigmatized

HOW TO HELP
- **Societal Level**
  - Legislation
  - Education
  - Monitoring
  - Enabling Environments

  - Public Messages
- **Personal Level**
  - Shift child's focus from perceived worthlessness to strengths and hope
  - Combat marginalization and disconnectedness by assuring children are connected in terms of personal relationships and within greater environment

Work to assure child is connected to:

- Information
  - Children need information about themselves, their family, their situation, decisions being made about them.
  - Having information about their lives helps children feel secure and safe.
- Significant People
  - Minimize the losses children experience by maintaining the child's connections to siblings, extended family, and other people of importance to the child.
  - Work to develop attachment relationships with caregivers.
- A means of Support
  - Secure financial support for the child.
- Group Membership
  - Involve the child in age appropriate groups: the family, groups focusing on issues of interest to the child, etc.
- Meaningful Roles
  - Help the child perform significant roles in the family, at school, within peer groups, etc.
- Source of Joy
  - Celebrate the child's achievements.
  - Include the child in family and cultural holidays and celebrations.
- Values and Morals
  - Involve the child in religious or other activities that teach a system of values and morals to guide the child's behavior.
  - Consistently model the values and morals you wish to impart to the child
- Personal History
  - Due to their young age, orphans and vulnerable children often forget the details of significant events in their lives. They may develop a confused sense of their own history.
  - Preserve for the child information about events in their own lives such as: where they were born, places they have lived, people they have lived with, schools they have attended, people who have been significant in their lives. Memory books or other scrapbooks or boxes can be helpful in this.
- Place
  - Most people have an emotional attachment to a place they identify as "home". Children who have moved often or lived on the street may not have a sense of where "home" is.
  - Stabilize the child's living situation and minimize moves to help the child develop a sense of stability and belonging.

Reference

Folaron, G., & Wagner, M. (1998). Children in the child welfare system: An ecological approach, Chapter 55, pp. 113-133, in R.R. Greene & M. Watkins (Eds.), *Serving diverse constituencies.* New York: Aldine de Gruyter.

Day 7
HIV Affected Children and Families

Overview of Social Work Process for Working with Orphans and Vulnerable Children Affected by HIV:

1. Outreach and Identification
2. Engagement of Orphans and Families
3. Assessing Needs and Strengths
4. Developing a Plan of Care: Networking and Identifying and Referral to Other Resources

5 Providing Support and Services within the context of your organization

- Helping HIV Affected Orphans and Vulnerable Children
- Counseling OVC and Their Families
- Developing Support Structures for OVC and their Families

6. Ongoing case management, Advocacy and Follow-up

VI. Ongoing case management, Advocacy and Follow-up

HIV/AIDS—Test Your Knowledge

True or False???

☐True ☐False	HIV is easily caught through coughing or sneezing
☐True ☐False	HIV can be spread from the mother to child before birth
☐True ☐False	Medication given to mother and child before, during and to the child after birth can reduce transmission
☐True ☐False	It is safe to work with, eat with or go to school with a person who is HIV positive
☐True ☐False	Any person who has HIV appears sick or very thin
☐True ☐False	The only real way to avoid HIV is to be educated and use risk prevention so the virus cannot enter your body
☐True ☐False	One way to avoid transmitting HIV is to breastfeed a child

What do the following stand for (fill in the blanks)

H _____
I _____
V _____

A _____
I _____
D _____
S _____

What is HIV?

- H- Human - because this virus can only infect human beings
- I- Immuno-deficiency - because the effect of the virus is to create a deficiency, a failure to work properly, within the body's immune system.
- V- Virus - because this organism is a virus, which means one of its characteristics is that it is incapable of reproducing by itself. It reproduces by taking over the machinery of the human cell.

AIDS

- A – ACQUIRED - one acquires or gets infected with,
- I – IMMUNE - affects the body's immune system, which usually works to fight off disease
- D – DEFICIENCY - makes the immune system deficient (not work properly)
- S – SYNDROME - a wide range of different diseases and opportunistic infections.

Acquired Immune Deficiency Syndrome

How many people with HIV are living in Tanzania? _____
How many children have lost a parent to HIV in Tanzania? _____

Global Situation

- There are 3.4 million new infections annually
- Out of which more than 70% are women
- The biggest risk factor in the world is to be a married woman having monogamous sex with her husband in Sub-saharan Africa
- Every day 10,000 people get infected worldwide
- 14 million orphans as a result of HIV/AIDS

HIV/AIDS Situation in TANZANIA

- 1,400,000 people were estimated to be living with HIV/AIDS by the end of 2005
- 110,000 children between the ages of 0 - 14 years were estimated to be living with HIV/AIDS by the end of 2005
- 1.1 million children between the ages of 0 – 17 years were estimated to be orphans due to AIDS

HIV/AIDS Epidemic in Tanzania

- 140,000 deaths estimated due to AIDS
- 12-13% of pregnant mothers attending ante-natal clinics are HIV positive
- 50% of hospital beds are occupied by patients with HIV/AIDS
- 6.5%: Estimated percentage of adults (ages 15-49) living with HIV/AIDS
- 710,000: Estimated number of women (ages 15-49) living with HIV/AIDS

Sources:

- UNAIDS 2006 Report on the Global AIDS Epidemic, 2006.
- UNAIDS Regional Support Team for Eastern and Southern Africa, 2006.

- CIA World Fact book 2005

History of the epidemic in Tanzania

- Tanzania is number 15 of 25 countries most hit by HIV/AIDS in the world
- AIDS was first identified in Tanzania in 1983
  - Until December 1985, 8 out of 20 regions of Tanzania mainland had reported 404 cases to the MOH
  - To date every region has reported cases of HIV/AIDS
- More than 6.5% of the adult population is infected by HIV/AIDS.

Common Modes Of HIV/AIDS Transmission

- The main mode of transmission is sexual. HETEROSEXUAL accounts for 77% of all cases
- Mother to Child
- Blood transfusion
- Sharing of sharp objects contaminated with infected blood (tattooing, genital cutting)
- Unsafe practices (sanitation, infection control, etc.)

AIDS is NOT transmitted by…

- Day to day relationships-- Living with an HIV infected person
- Coughing or sneezing
- Sharing eating utensils, work tools, water or towels for hand washing
- Mosquitoes or bed bugs
- Sharing the same food with HIV/AIDS infected people
- Sharing the same toilet
- Working together with people infected with HIV/AIDS
- Kissing or hugging or touching infected people
- Witchcraft

How to Prevent HIV

- The ABCDs
  - Abstinence
  - Be faithful to one partner who is not infected
  - Condom use
  - Delayed sexual initiation
- Empower all partners to be able to negotiate safer sex practices
- Raise public awareness of transmission factors such as meetings, discussions, and mass media campaigns
- Identify and treat STIs, which increase risk of HIV transmission
- Avoid piercing the skin with contaminated objects

HIV/AIDS Progression stages

Pre Infection	*Acute Infection*	*Sero-Conversion*	*Asymptomatic Period*	*Periodic Health Problem*	*Development of more severe Health Problems*

ART

What HIV Does in the Body

- The virus attacks the immune system and attacks specific cells called CD-4 cells, a type of t-cell.
- Once inside the CD4-cells the virus can reproduce rapidly (billions of new viruses per day)
- Viruses reproduce more rapidly immediately after infection causing acute symptoms (rashes, flu symptoms)
- Following the acute stage, there is a long latency period of no symptoms averaging 10 years while the immune system is being destroyed. The person can still infect others during this time
- Specific infections can occur called opportunistic infections. A person with HIV who has had an opportunistic infection is considered to have AIDS. Examples:
- Tuberculosis
  - Pneumocystis and other bacterial pneumonias
  - Kaposi's Sarcoma
  - Herpes simplex and herpes zoster
  - Cryptococcal meningitis
  - Candidiasis (thrush), oral, vaginal, anal other locations
  - Cervical Cancer
  - B-cell lymphomas
- AIDS is also diagnosed when CD-4 cells go below 200 per microliter of blood

Required. Define Opportistic Infection. Note: Just note that malaria, and TB are major Opportunistic infections in Africa, do not dwell on list.

Other symptoms of AIDS

- Recurrent fever for more than a month
- Unexplained loss of weight of more than 10% within a month
- Diarrhea for more than a month
- Cough for more than a month
- Night sweats
- An itchy skin rash
- Memory loss or difficulty in thinking clearly
- Unexplained weakness, numbness or pain, progressive headaches (neurological manifestations)
- Invasive cancer of the cervix
- Swollen glands (Generalized lympadenopathy)

Anti Retroviral Therapy

- Anti-retroviral treatment requires combinations of 3 drugs to attack the virus at different points in the process of multiplying.
- Therefore it is important to help the person taking drugs be sure to take all of the medicine at the proper time.
- Other drugs will become available in the future and are in final testing

- There are currently twenty-six drugs of five classes approved for treatment in the US and Tanzania

Without effective antiretrovirals (ARVs)

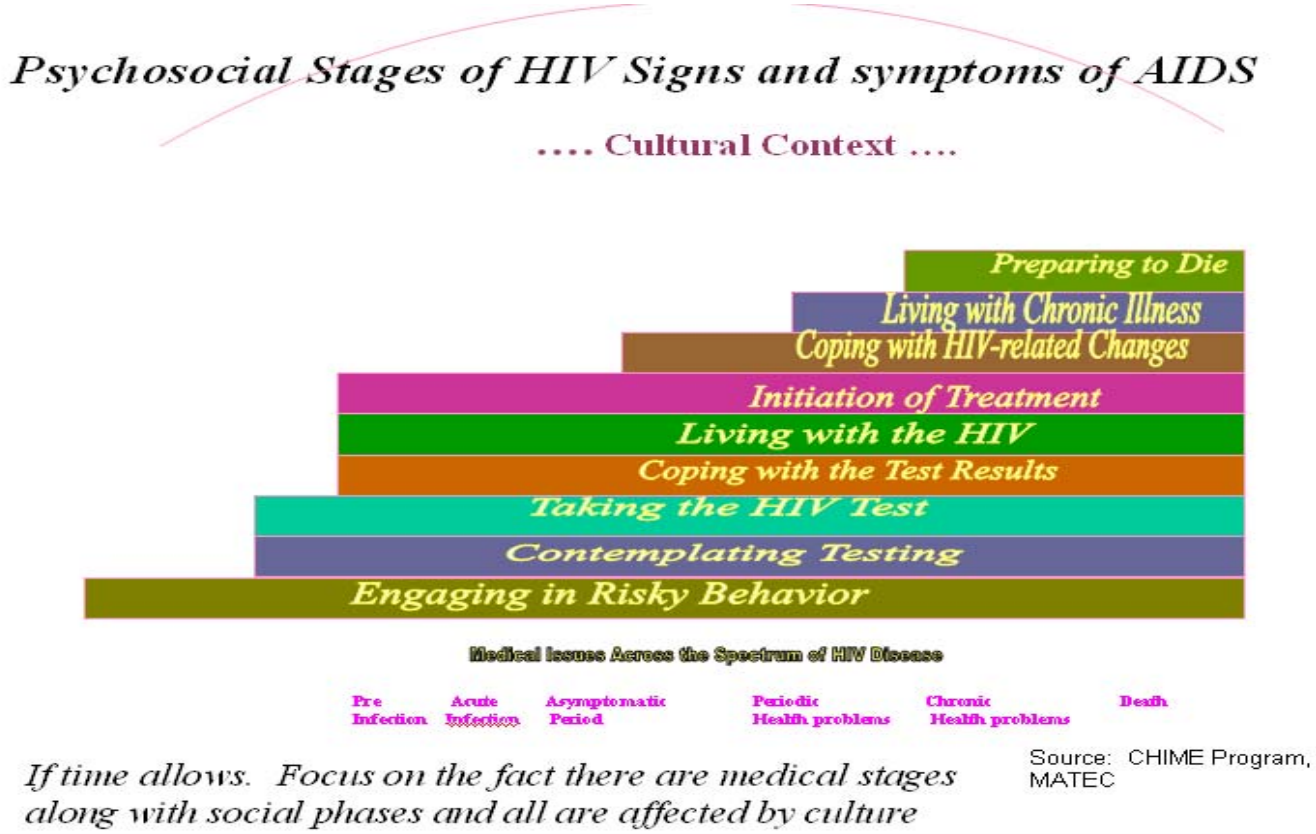
- HIV causes progressive destruction of the immune system.
- Immune function will deteriorate ultimately leading to death

Stigma, myths and misconceptions

- Despite various Intervention programs the level of stigma is still high. It contributes to
  - Failure of some People Living with HIV and AIDS (PLWHA) to reveal their HIV status
  - Difficulty in accessing services
  - Difficulties in adherence to ARV treatment
  - Possibilities for acquiring new infections
  - Further transmission of the virus to others
  - Ultimate death

Factors contributing to HIV/AIDS Infection

- Economic
  - Poverty
- Social
  - Alcohol intoxication
  - Drug and substance abuse
  - Prostitution
- Cultural
  - Polygamy
  - Inheritance of widows



Risk Assessment and Voluntary Counseling and Testing

Risk Assessment

- Do you mind if I ask you some questions about your health? This will include your sexual health.
- Are you sexually active---do you have sexual or intimate contact with another man or woman? If yes, with men, women or both?
- Do you take disease precautions? If yes, explain. If not, why not?
- Do you take any recreational drugs that involve needle transmission? If yes do you share needles? How do you clean them?
- Do you have any questions you would like to ask me about your sexual health, AIDS or sexually transmitted diseases?

Required. Do as 5 minute practice in groups of two, switch roles midway
Source: Linsk, 2000

Voluntary Counseling and Testing (VCT)

- Process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV.
- Decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential (UNAIDS, Technical Update, May 2000).
- Good voluntary counseling assists people to
  - Know their HIV status
  - Make informed decisions
  - Cope better with their health condition
  - Lead more positive lives
  - Plan for future
- VCT is a **vital point of entry to other HIV/AIDS** services including
  - Prevention of mother-to-child transmission
  - Prevention and clinical management of HIV related illnesses and treatment of tuberculosis
  - Psychosocial and legal support
  - Facilitates early referral for care and support including access to anti-retroviral therapy

Benefits of VCT

- Alleviates anxiety
- Promotes behavioral change
- Assists reduction of stigma in the community
- Helps motivate those who test negative to remain uninfected
- Help prevent transmission to others for those testing positive
- May address HIV in the broader context of people's lives, including poverty and its relationship to risky practices

Provision of VCT in Tanzania

- "Same day" or even "same hour" results
- Informed decision making and consent

- Confidentiality and anonymity
- VCT sites don't give written results
- Partner notification through couple VCT
- VCT providers should be part of existing networks of relevant services (STIs, TB)
- Human rights must be respected

The HIV Test
- Blood drawn from the arm OR finger
- Test is done in the laboratory
- Results are ready in thirty minutes

After test (Post-test Counseling)
- Meeting between the counselor and client to:
  - Give and explain the results
  - Discuss with him/her how to stay free of infection
  - Discuss with him/her how to cope

What about client's rights?
- The **Decision** to test
- **Privacy** during test
- **Confidentiality**
- Rights are strictly observed during VCT

Required. Discuss with group

Informed Consent
- **Competence**: The clients must be competent to make decision for themselves. The in competence for AIDS patient can temporary due to emotional depressions and disturbances
- Freedom: The clients must freely decide to enter into a helping relationship, if it taking on HIV/AIDS test and about revealing the test results to their family, partners, fellow workers etc;
- **Full Information**: The client must be given full information about the HIV/AIDS, every action taken in the counseling process, and consequences of all decisions taken
- **Understanding**: Clients must have full understanding of what the counselor is explaining, requesting him/her to do. The importance of informing the HIV Test result to the partner.

Prevention of Mother-to-Child Transmission (PMTCT) of HIV/AIDS

HIV and Pregnancy
- You can help mothers to protect baby from the infection
- There are drugs that reduce the chance of passing on the infection
- Counsel mothers to help plan childbirth and baby care
- Provide information on baby feeding
- Worldwide
  - 1 percent of pregnant women are HIV-positive.
  - 95 per cent live in developing countries
  - 90 per cent of all HIV-positive children live in developing countries.

- In Tanzania
  - 1 out of 3 HIV-positive woman will transmit the virus to her child if no preventative action is taken. Of these:
    - Half transmit the virus during childbirth
    - Some 15-20 per cent are infected during pregnancy
    - 33 per cent through breastfeeding

Pregnant women who are HIV-positive who take antiretroviral drugs reduce the chance of infecting the baby by half or more.

Treatment options include:

- a one-month course of Combivir during the last weeks of pregnancy
- a single dose of nevirapine during delivery, followed by a single dose to the infant within 72 hours of birth
- effective ARV of the pregnant woman

Breastfeeding and HIV Transmission

- For HIV-positive mothers with limited access to clean water and sanitation, the choice of whether to breastfeed or not can be a painful dilemma.
- New mothers must weigh the risk of passing on the infection to their infants against the risk of denying them breast milk.
- Breastfeeding and HIV Transmission
- During the first two months, a bottle-fed baby is nearly six times more likely to die from diarrhea, respiratory or other infections, compared to a breastfed child, mostly because contaminated water is used in mixing the formula, bottles are unclean and other reasons
- Do not switch back and forth between breast and bottle feeding

What you Can do To Reduce Mother to Child Transmission

- Advise mothers to shorten the time they breastfeed
  - Reducing the length of breastfeeding from two years to six months alone can reduce the risk of transmission by two thirds.
- Help mothers to get medical care for breast problems, along with sores or thrush in an infant's mouth

What Para-social Workers Can do To Reduce Mother to Child Transmission

- Assist pregnant women to obtain HIV testing and receive anti-retroviral treatments to avoid transmission, when possible
- Help solve problems of funding, transportation, access to make it possible for mothers to obtain this help

Principles for interventions to prevent mother to child transmission

- Access to full information about HIV
- Information on mother to child transmission
- Information from relevant research
- Knowing ones HIV status
- Access to the means of prevention, such as condoms and relevant HIV/STD health services

Treatment for HIV: THE USE of ANTIRETROVIRAL DRUGS

1. Offer greater patient survival and
2. Improved quality of life
3. Reduces mother to child transmission

HIV and OVC

- Concern about HIV prevention for the parents or caregivers
- Concern about risk reduction for the children

How Para-social Workers Help Families with HIV Infected Children?

- Assess the needs of the child and his or her family in terms of
  - HIV knowledge
  - Issues of disclosure
  - Stigma and discrimination
- Problem solving in terms of…
  - Child's information about their HIV status
  - Emotional responses– depression, denial, etc.
  - Family issues
- Need for resources
  - Financial support
  - Housing
  - Food
  - Transportation
  - Access to health care
- Provide HIV education to increase understanding of how to provide support and reduce stigma
- Coordination of services and referrals

Treatment for HIV: THE USE of ANTIRETROVIRAL DRUGS

- There is no cure for HIV/AIDS at this time. This means that:
  1. No medicine that can destroy the virus that causes AIDS nor
  2. No vaccine exists to make people immune to the effects of HIV.
- There are, however, a range of medical, social and psycho-social interventions available that can prolong health and slow down the immune suppression caused by HIV

GOALS OF ANTIRETROVIRAL Therapy

1. Reduce number of viruses in the body to undetectable level (<50 per mm3)
2. Restore and/or preserve immune function
3. Improve quality of life
4. Reduce HIV-related morbidity and mortality
5. Minimize drug resistance– when the virus mutates so the drug class is no longer effective

Issues of ARVs

1. Most side effects go away after a few weeks. If not, need to contact health provider
2. Side effects can be managed prospectively

3. Side effects should not prevent effective treatment
4. ARV is for the lifetime, unless in cases of serious side effects, e.g. damage to nervous system

The Use of ARV's

- Assess readiness to adhere (follow through on medications)
- Access to medications and ongoing medical care
- Provide support to take medication
- Develop a plan to ensure follow-through
- Discuss Issues of disclosure, family and social support
- Recognize and sustain success
- Troubleshoot problems

Adherence

Definition

- **Adherence** means taking the ARV doses at the right time, in the right amount at least 95% of the time
- **Non-adherence** may include missing doses, or under dosing consistently, overdosing or taking ART only occasionally like when you feel bad, etc.

Source: Linsk, 2006

Assessing Readiness*: Adherence to regimens*

- Is treatment medically appropriate?
- Is patient **ready** to take on drug regimen
- Will person be able to take medication correctly (95% standard)
- How can we support successful ARV adherence

What About Missing Doses?

- Does this occur with your clients?
- Does this happen when you take medicine?
- Are people willing to admit to missing doses?
- What are the consequences of missing doses?
  - Actual
  - Feared
- How does it feel to miss a dose?
- Is this a
  - Mistake or error?
  - A common occurrence that happens to everyone
  - Something to be embarrassed or ashamed of
  - Other?

Required, brainstorm

Missing Doses and Culture

- What does missing something, losing something, or forgetting something mean in Tanzanian culture or a specific culture?
- What does making an error or mistake mean in specific cultures?

Reframing Missing Doses?

- Missing a medication dose happens to everyone (normalize)
- Missing a dose should help us learn how to avoid this in the future
- Missing a single dose will not usually lead to problems.
- Telling the caregiver or provider about missed doses is a way to help yourself and others.

What is the Role of the Para-social Worker in Supporting Adherence?

- Helping the person with HIV decide if they are ready to take the medications
- Helping develop routines to take the medication regularly
- Helping with access and refills of medications
- Assisting the person or their family in solving any problems relating to medication adherence
- Helping address problems of side effects

HIV Affects Us All!

- There is NO cure for HIV/AIDS, but there is VERY effective treatment
- Counseling and Testing (VCT) is the gateway to treatment AND prevention
- Prevention and safer sex techniques are vital to those who are NOT infected and to those who are ALREADY infected
- Families should be supported by knowledgeable para-social workers working in integrated care systems so that they can help their clients:
  - to practice safer sex
  - to make the decision to test
  - to prevent further transmission to partners or children
  - to get treatment and
  - to adhere to treatment for THEIR LIFETIMES
- HIV transmission from mother and child can be reduced to near zero if all mothers are identified and treated during pregnancy, childbirth and breastfeeding
- HIV positive adults and children who receive AND adhere to appropriate treatment can have long and healthy lives

The Future

If we work together:

- We can have an HIV free generation
- We can have an HIV free generation in Tanzania
- We can have an HIV free generation in Africa
- We can have an HIV free generation the world over

HOW?

- Break the Silence – Stamp out Stigma
- Understand and promote the “Power of Ten” – local networks of services
- Keep families safe and strong
  - Practice safer sex
  - Prevent Mother to Child Transmission
  - Create a positive environment for the treatment of all positive people

Day 8
Parenting
Supporting Families

Sources:

Henggeler, Scott W. et all (1998). Multisystemic treatment of antisocial behavior in children and adolescents. New York: Guildford Press.

Mattaini, Mark. (1999). Clinical Intervention with families. Washington, DC: NASW Press.

Parenting

- We have seen that the growth and development of children is best promoted within a family setting.
- Providing family settings for OVCs often means that care giving families must be supported in their new roles.
- If these families are to be successful, they need information and support in effective parenting strategies, especially in parenting children not born to them.
- Therefore, we are going to address parenting skills.
- This information applies to parenting all children – those born to the parent as well as children coming into the home after the loss of a parent.
- The information is especially useful in parenting children not born to the caregiver.

Two Dimensions of Parenting: *finding the right balance*

Warmth

Control

Warmth

- Warmth refers to verbal and nonverbal behaviors that are emotional in tone
  - This includes expressions of affection, acceptance, approval of the child.
- The emotional tone a parent communicates to a child may range from warmth to rejection.
- Warm parents are
- Relatively accepting
- Nurturing
- Use frequent positive reinforcement

Absence of Warmth

- Children who experience **low levels of positive affection** and **high levels of negative affection** are at risk for
  - Interpersonal and behavioral difficulties
  - Difficulty trusting
  - Difficulty responding positively
  - Difficulty developing empathy for others

Control

- Control refers to actions the parent takes to provide guidance, structure, discipline to the child.
- Teaches frustration tolerance
- Teaches socially acceptable norms of behavior
  - Cooperation with others
  - Avoidance of aggression
  - Respect for authority

Absence of Appropriate Control

- Children who experience harsh control strategies, inconsistent discipline, and/or lack of monitoring are at high risk for:
  - behavior problems
  - delinquency
  - drug use

Types of Parenting

	HIGH **W A R M T H** *LOW*	
C O N T R O L	AUTHORI TATIVE PARENTING	HARSH P ARENTING
	PERMISSIVE PARENTING	NEGLECTFUL PARENTING
	LOW	

Parenting Styles

- Research has shown that the parenting style that achieves the best results in terms of outcomes for children is the authoritative style.
- Authoritative parents maintain
  - high levels of warmth in their relationships with their children (affection, acceptance, approval)
  - high levels of appropriate control (guidance, structure, monitoring of the child's behavior)

Authoritative Parenting Practices

- Communication:
  - listening to your child
  - communicating clearly with your child
- Prosocial Involvement:
  - play with your child
  - engage the child in positive activities with peers, etc.
- Clarity of instructions and consequences
  - Expected behavior defined clearly
  - Stated in terms of positive behaviors
  - Privilege given or withheld when rule is broken or kept stated with rule
  - Posted in public place in home
  - Consequences: rewards and punishments
    - Privilege must be highly desirable by child
    - Younger the child – the more frequently the desired behavior must be rewarded
    - For youth of all ages, to see that good behavior pays off the desired behavior must be rewarded frequently
    - Privilege must be tied to a specifically stated rule about behavior that is desired
- **Reinforcement**: the most basic law of behavior is that people do what works for them. Therefore, rules must be:
  - Enforced 100% of time
  - Enforced in unemotional manner
  - Privileges dispensed or withheld every time child complies with or breaks the rule
  - Praise accompany privilege
  - Mutually agreed upon by parents
- **Pinpointing**: being clear about desirable and undesirable behaviors, especially those the parent wishes to change
- **Record Keeping**: while it is not necessary to keep track of everything, when a particular behavior has been pinpointed to increase or decrease, record keeping can be essential
  - Common strategies include posting the behavior in the home and awarding a smiling face or star every time the child performs the expected behavior
- Give up highly coercive discipline:
  - Corporal punishment
  - Deprivation of food
  - Confinement
- Parental monitoring – keeping track of your child's whereabouts, activities, behaviors
- Advocacy – interacting with other to assure your child's needs are met and rights are respected

Three Most Powerful Positive Parenting Practices

- Prosocial involvement (playing with your children and involving them in positive activities)
- Clarity of instructions and consequences
- Reinforcement (following through on what you say)

Building a Base of Support for Caregivers

The Care giving Future Challenge

- Increasing numbers of people living with HIV
- ↓
- Increased numbers of Orphans & Vulnerable Children
- ↓
- Increasing need for help and support
- ↓
- Increasing reliance on caregivers

Caregivers Often

- Focus on the care receiver to the exclusion of their own needs
- Neglect their own health
- Do not use supports or services
- Have unresolved grief and loss issues
- Are motivated by their spirituality to sustain care giving
- Provide care in complex family situations

Caregivers are affected by

- Their own health (including HIV status)
- The care situation
- The needs and losses of the care receivers
- Grief and mourning related to their families, friends and clients

Caregiver responses

- Fulfilling the role of care giver
- New meaning in life
- Stress and feeling overwhelmed
- Depression
- Anger/ Resentment
- Health changes due to care demands

Coping

- Dealing with and overcoming
  - stress
  - problems
  - difficulties

Coping may vary by:

- Culture
- Spirituality/religion
- Community
- Family
- Personal background
- Past experiences

Ways to Support Caregivers

- Listening and problem solving
- Linkage to resources
- Use of local government leaders
- Education, Information and Training Courses and Workshops
- Support Groups
- Family or Community Meetings
- Recognition
- Help provide resources for children and families (food, housing, medical, etc.)