

A Guideline of Care on Understanding and Talking About HIV

A motivational approach for health-care providers
of teens and their parents

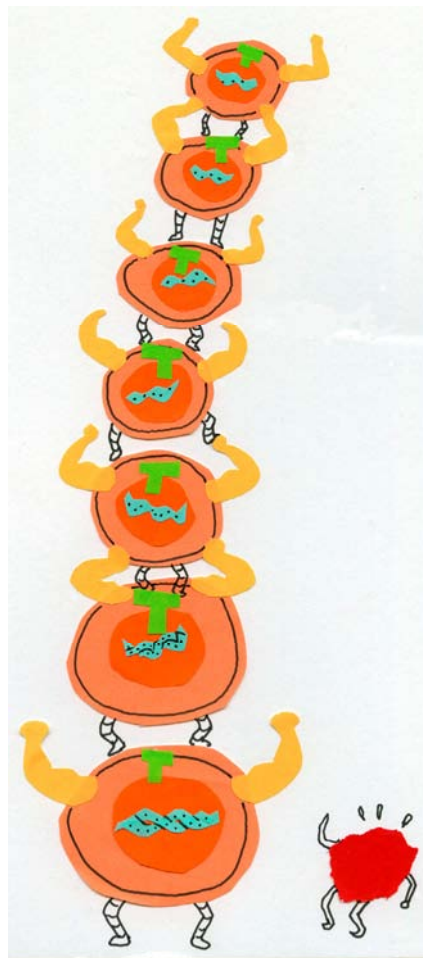


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Introduction

This guideline of care was developed in consultation with the HIV Team at Children’s Hospital and Regional Medical Center in Seattle and families who obtain services from the team. The guideline is designed to be an assessment interview with separate versions for the teen and parent. In addition to the assessment, there are recommendations for intervention and referral. The guideline is based on the theoretical perspectives of motivational interviewing (Miller & Rollnick, 2002), stage theory (Prochaska et al, 2002) and social cognitive theory (Bandura, 1989).

The following are the four components of the guideline:

I. The Parent Assessment Interview

- Understanding HIV
- Talking About HIV with Family & Friends & the Worksheet for Deciding and Telling

II. The Teen Assessment Interview

- Understanding Their Health Condition
- Talking to Friends and Family & the Worksheet for Deciding and Telling

III. The Bridge Process to Intervention & Referral

IV. Visual Aids

Assessment Interview: The assessment interview takes approximately 75 minutes. Additional time is needed to complete the “Bridge Process to Intervention and Referral”. The expectation is that a professional member of the team would conduct the guideline, summarize the results directly to other team members and note a summary in the youth’s record.

All the parent and teen assessment interviews are best conducted during one clinic visit. The interview is to be completed with the teen and parent separately to ensure privacy. It is important that confidentiality is explained to the parent and teen and a mutual understanding occurs about what will or will not be shared. The parent version is to be completed before the youth version. This will assure that the parents’ expectations and language used about HIV are considered during the teen interview. If for some reason, the assessment interview is not completed in one visit, then complete the section on “understanding” for the parent and the teen. At another clinic visit, preferably scheduled within the month, complete the “talking to family and friends” section as well as the bridge process. If the teen and parent have agreed to share information with each other, the clinician would summarize the results and

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clarify next steps with the parent and teen together at the completion of the interview. If information is not to be shared, the clinician would conduct a summary with each separately.

Bridge process: The teen or parent may or may not identify concerns or areas of learning needed. This guideline was developed with the intent that the information learned would be used to provide tailored or individualized services to the family in follow-up clinic visits. Upon reviewing the results of the assessment interview, the clinician may determine that further elaboration is needed or that a specific concern of the HIV team has not been addressed by the youth or parent but is a central issue to the care. The bridge process assists the clinician to move to an intervention stage and/or referral.

While conducting the assessment interview or bridge process, it may become evident that other therapeutic approaches may be needed to match the needs of the teen or parent. For example, the clinician may find that a family member needs to “tell their story” about living with HIV and is not ready to complete the guideline. The clinician may consider rescheduling the assessment interview and provide the family member with the opportunity to talk about the experience and meaning of HIV. The clinician could also assist the family member to consider as needed or requested, a referral to a counseling resource for rebuilding the family or individual narrative. Other interventions may be needed for the family such as case management or education with a social cognitive approach (SCT).

SCT would provide an appropriate framework for an area of learning identified by the youth or parent during the assessment interview. SCT involves using a learning loop to promote the person’s self-efficacy. The loop consists of observing or demonstration by others of a targeted skill, obtaining information, rehearsing and obtaining positive feedback about the targeted change. If readiness for learning is expressed by the youth and/or parent (s), it is helpful to assist the person to name and describe a practical, behavioral goal. Information that is focused, practice of a new skill and auditory and visual learning encourages change. Affirmations for effort and small changes also aid learning. A way to summarize the learning experience is to brainstorm with the person about ways to monitor actions toward a goal and supports available .

Visual Aids: The visuals are supplements to the assessment and bridge process and are aimed to engage the person in learning. These illustrations assist in learning by using a concrete, single concept approach. The visuals were designed to be used in interaction with the youth or family member, not to be handed out. If a clinician gives a copy of a visual aid to a parent or teen, the clinician would do so in response to a goal or question of parent or teen. At that time it would be helpful to check-out what is known about the content on the visual, inform as needed and affirm effort and learning. There are cues within the guideline for places to use the visuals. All visuals are at the eighth grade reading level.

Training of clinicians: The optimal preparation for clinicians conducting the interview is to have a minimum of 8 hours of training in motivational interviewing and its application to the guideline. It is recommended that coaching is also obtained from a consultant during the first 6 months when the clinician initially uses the guideline.

Motivational Interviewing and Stage Theory: Foundation for Guideline

Motivational principles are integrated throughout each step of the guideline to assure that the clinician uses a motivational approach during the interactions with the teen and parent. The motivational principles are: empathy, develop discrepancy, roll with resistance and support self-efficacy. Each person's "stage of readiness" (ready, not ready or unsure) is assessed by the clinician during the assessment interview. Motivational approaches that match each person's readiness stage are then used by the clinician during the session to encourage the parent and the teen's thinking and choice-making.

The goal of the clinician is to enhance the client (s) understanding of his/her own situation, beliefs and behavior through a conversation. With a motivational approach, it is not the goal of the clinician to change the person's beliefs or actions, but to create a climate in which the person becomes more interested and willing to prepare for or create a personal change. How willing, able and ready each person in the family is to make a choice or change what is happening in their life plays an important part in the health care approaches that are used (Miller & Rollnick, 2002).

Here are examples of willing, able and ready.

- *Willing: What is happening now in the teen's life? Is there any area where he/she wants to make new choices? If so, then how important is it for the teen to begin to work on their #1 choice?*
- *Able: Self-efficacy and skills for taking care of self are sufficient for the teen to build on these strengths and begin the steps needed to make the change they identified.*
- *Ready: The teen has begun to think of ways to make things better about his/her own #1 choice for a health change and then is able to determine the first small step to obtain the outcome of his/her goal in regards to their #1 choice.*

Motivational Principles & Examples of Approaches

Principle	Approach Example
Empathy	Listen to and understand the teen's and the parent's point of view. Learn the meaning of the experience for each person
Develop discrepancy	Explore values and congruence of the person's daily behaviors. Elicit the teen's or parent's arguments for change.
Roll with resistance	Emphasize personal control and choice. Use reflective listening skills to "come alongside" the teen or parent.
Support self-efficacy	Elicit person's belief and confidence in carrying out and succeeding with a specific task. Affirm strengths.



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Examples of ways to match the clinician’s skill set with the readiness stage of each member of the family are as follows:

STAGE	AIM	SAMPLES OF INTERVIEW SKILLS
Ready: Goal formation & plan; intention to change	<ul style="list-style-type: none"> Assist teen & parent to set up a practical goal and steps needed 	<ul style="list-style-type: none"> “What are your ideas about how you can improve your health now for your HIV?” “Often teens (parents) know what works for them (making a change). What have you noticed that helps you to make a change?” “Given what we’ve discussed, what do you think your next step is? How would you go about doing that?”
Unsure: Mixed desire, ability, reason/need to change	<ul style="list-style-type: none"> Explore ambivalence & choices Assist teen/parent to identify positives/strength/already happening (just a little bit); 	<ul style="list-style-type: none"> “What would happen if there wasn’t a change?” “How might it be helpful to your body if there was a change?” “Have there been times when you were taking your meds (name them) just a bit more than now? How was that possible?” “What are the good things about not taking all of your meds every day? What are some things that are not good? (or that get you in trouble?)”
Not Ready: Little or no desire, ability, reason/need to change	<ul style="list-style-type: none"> Explore fully teen/parent’s position re to change/life situation Offer information with choices given about type/content of information. Create discrepancies by raising doubt about staying the same and enhance hope that certain things could change and that help is available. 	<p>Use open ended questions to explore beliefs/situation:</p> <ul style="list-style-type: none"> “Help me know what this has been like for you since HIV arrived in your household?” “What is happening now just a little bit that you think helps your_____”? “What do you know about the long-term effects of HIV? What do you make of those?” “We’d like to help you. It’s your choice when to begin and what to start on.”

Recommendations for System and Professional Supports for Translating the Guideline to Practice

In association with learning and implementing the guideline, it is essential for the health care providers to determine solutions to the following areas:

- Who in the clinic population will the guideline be used with and how will they be prepared for this change of clinic routine?
- What space will be used for the interview session?
- What will each provider on the team be responsible for?
- Who will champion the guideline by assuring that system barriers are resolved and specific persons will conduct the guideline?
- How will quality assurance be built in to maintain adequate implementation standards?
- What institutional supports will assure that the clinician has the time to learn, implement and obtain coaching related to the guideline?
- What reimbursement options will be available for the care provided?
- What periodic coaching will be available for the team members using the guideline?

Parent Interview: Understanding HIV

Introduction: Now that _____(teen) is _____(age), we thought it would be helpful to check-in with you about what you think _____(teen) knows about their HIV and, what friends and family know about _____(teen) having HIV. We thought it was important to talk with you first and then we will talk with _____(teen). This information will help the health care team better know what services may be helpful to your family.

1. What has _____(teen) been told about his/her health condition? Are you aware of who has talked to _____(teen)?
2. What are the words that _____(teen) uses to describe HIV?
3. What does _____(teen) think the reasons are for coming to see the HIV team?
4. What do you think _____(teen) would benefit from learning now about HIV? Topics like:
 - how HIV affects his/her body or activities such as dating
 - deciding who to talk to about HIV,
 - how medicines work
 - the value of following the medicine regimen
 - planning the transition to adult care
5. How important is it to you that _____(teen) learns what you've identified as a topic(#4)? Please mark on the line below from 1 to 10.
1 _____ 10
Not important Somewhat important Very important
6. How ready do you think _____(teen) is to learn more about what you've identified in #4... Please mark on the line below from 1 to 10.
1 _____ 10
Not ready Somewhat ready Ready
7. What, if any, concern do you have about _____(teen) learning more about HIV?
8. What do you notice _____(teen) doing or thinking that shows you some readiness to learn more about HIV, especially the topic you identified as the focus?

Parent Interview: Talking about HIV with Family and Friends

We'll now go on to learn about how you as a family and your teen talk about HIV.

1. It will be helpful for us to learn who knows (in the family and outside the family) that ____ (teen) has HIV. From your view, who is it OK for ____ (teen) to talk to about medicines or symptoms related to HIV? Is there anyone it is not OK for them to talk to?
2. Has _____ (teen) been asked to *not talk* about HIV to anyone inside your household? If so, how is this working for you and _____ (teen)? What would you like to see different about this?
3. Before _____ (teen) begins to date (or if dating now), what do you think he/she needs to learn to be able to explain to others about HIV?
4. How ready do you think ____ (teen) is to learn how to talk to a good friend or date about HIV? Please mark on the line below from 1 to 10.
1 _____ 10
Not ready Some what ready Ready
5. What would be good about talking to others about ____ (teen) having HIV?
6. What concerns, if any, do you have about other family members or friends learning that _____ (teen) has HIV?
7. What would be good about being able to talk with others about HIV?
8. How would you decide whom to talk with about HIV? What would you say? (Use :Deciding & Telling Worksheet here)
9. What would you be ready to talk about with a member of the HIV team at Children's? (Circle one or more choices).
 - your thoughts and feelings about your teen having HIV
 - ways to improve your understanding of HIV (show visual aids)
 - ways to improve the consistency of taking all medications prescribed (show visual aids)
 - ways to improve your skills in talking with your teen to help him/her know more about HIV
 - ways to talk with your teen about telling certain friends or a date about HIV*
 - transitioning to adult care
 - other (explain) _____

**For those expressing readiness about "who to talk to and what to say" see the Worksheet on Deciding & Telling about HIV*

Deciding and Telling about HIV Worksheet

Deciding who to tell about having HIV, why, pros and cons, when to tell and who can support you

Who?	Why this person?	Pros/cons of telling this person?	When do I tell?	Who can support me after I tell?

Deciding what to tell

What will I say?

What pictures will I use to help me explain when I tell the person(s) about HIV

How do I think the person will respond once I tell him/her?

It's typical for people to respond to news about HIV in many different ways.

Some people are calm, some are uncomfortable, some want to understand how it is for you, while some don't want to hear.

Be ready to hear all types of responses and have an idea of a way for you to cope, like taking a deep breath or telling yourself that they need more time to be understanding.

Call on your supportive people to help you practice what you will say or "debrief" after you've talked.

Person's responses and your coping

Example of person's response:

Calmness, listening, expressing understanding

Tightens facial muscles and walks away

Coping example:

Express your appreciation that person listened to you

Stay calm, take a couple deep breaths or listen to music and talk to a good friend

Who will I practice my 'coping' response with?

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Teen Interview: Talking to Friends and Family

We'd find it helpful to learn what others know about _____ (words teen uses to describe his/her health condition).

1. Who in your family knows that you have/are _____ (use words of teen)?
2. Who outside your family knows that you have/are _____ (use words of teen)?
Have you talked with someone about _____ (words of teen)? If so, what did you say?
3. What would be the reasons for talking with a friend about your _____ (use words of teen)?
4. What would be the reasons for talking with a family member about your _____ (use words of teen)?
5. Have you been asked to *not talk* about your _____ (use words of teen) to anyone outside your home or a member of the family? If so, please explain.
6. What could make it easier for you to talk about your _____ (use words of teen)?
7. How important is it to you to learn about who to talk to and what to say about your _____ (use words of teen)?
1 _____ 10
importance to learn who to talk with/what to say
8. What worries, if any, do you have about talking to others? How do you think they will react? Talk about the best and the worst ways they might react.
9. What would be good about talking to others regarding your health condition?
10. How would you decide who to talk to? What would you say? (use Deciding & Telling Worksheet)
11. What would you be ready to talk about with one of the HIV team at Children's or someone important to you? (Show examples to teen & have him/her circle one or more choices).
 - your thoughts and feelings about having _____ (use words of teen)
 - ways to improve your understanding of _____ (use words of teen) or your treatment
 - who to talk to and what to say about _____ (use words of teen) *
 - Other?

**For those expressing readiness about "who to talk to and what to say" see the Worksheet on Deciding & Telling about HIV*

Deciding and Telling about HIV Worksheet

Deciding who to tell about having HIV, why, pros and cons, when to tell and who can support you

Who?	Why this person?	Pros/cons of telling this person?	When do I tell?	Who can support me after I tell?

Deciding what to tell

What will I say?

What pictures will I use to help me explain when I tell the person(s) about HIV

How do I think the person will respond once I tell him/her?

It's typical for people to respond to news about HIV in many different ways.

Some people are calm, some are uncomfortable, some want to understand how it is for you, while some don't want to hear.

Be ready to hear all types of responses and have an idea of a way for you to cope, like taking a deep breath or telling yourself that they need more time to be understanding.

Call on your supportive people to help you practice what you will say or "debrief" after you've talked.

Person's responses and your coping

Example of person's response:

Calmness, listening, expressing understanding

Tightens facial muscles and walks away

Coping example:

Express your appreciation that person listened to you

Stay calm, take a couple deep breaths or listen to music and talk to a good friend

Who will I practice my 'coping' response with?

The Bridge Process to Intervention and Referrals: A Motivational Approach

Interventions

I. If the teen or parent identifies **READINESS** to learn more about HIV or to talk to others, use motivational strategies that match that stage. Assist the teen (parent) to begin to identify a well-defined goal of his/her interest before the end of the session. Schedule a follow-up in clinic and/or a phone appointment to continue work on very concrete, practical goal, initial steps and ways to remove barriers and build in supports. Check with the teen how or if parent would be one of supports and if so, what would be helpful.

II. If the teen or parent is **NOT** ready or **UNSURE** as found during the assessment interview, use motivational strategies relevant to that stage. Remember that the provider's goal is to enhance the teen's and parent's understanding of the situation, beliefs and behavior which, in turn, increases the likelihood that willingness to change and subsequently change occurs.

Here are sample responses, if the teen or parent is NOT ready or UNSURE.

If parent or teen says **NO**, not today or I've talked enough about HIV (and safety is not an emergent concern): *"Ok, I appreciate the time we've talked today. Let's check in again next time you are in clinic"*. (confirm the date for the next time scheduled)

Next summarize what you heard the teen/parent said about learning about HIV and talking to others as they've described during the assessment interview. Do this separately with the teen and the parent if the ok to share the information together has not been obtained. Remember to focus on building the relationship and using creative ways of informing when "not ready".

The following sample scripts to consider using when there is a significant health concern that has not been identified by the youth (parent) or ambivalence (unsure) is expressed about a change that is needed per the provider or parent's perspective. If there are multiple areas of concern, consider selecting one in consultation with the teen (parent) that is more likely to engage the person initially. Typically, individuals will work on only one change at a time and an easier or smaller task is a good starting point

A. Provider offers the teen or parent an opportunity to bring up areas not covered during interview. Encourage the teen (parent) to tell you more on the topic and assess readiness for change. Use motivational interviewing strategies that match with the stage of readiness.

Example: *"We've just completed talking about your interests in learning more about HIV and talking to others. It's been helpful to learn more about what you are thinking and interested in. Is there anything I haven't asked about that you think is important?"*

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B. If the youth or parent does not bring up the concern after asking the open-ended question above, and there is a professional concern about the teen's health behavior, then give the teen (parent) a choice about ways to be involved in the conversation. Here are examples of scripts regarding medication use as the health behavior.

Example 1 *"Before we end today, I'd like to ask about one more area: medications. We have known you for a long time. You know that the team here thinks it is important that you take all your medications all the time. What do you think about taking all your meds?"*

Example 2 *"I really want to know what you think? or What message have you gotten about taking your medicines? or You've told me that you'll get around to doing your medications more consistently later, like when you are in your 20's and that concerns me. I'd like to tell you why?"*

Example 3: *"I realize that it is your choice. How would it be for you to take a few minutes and let me show you some pictures and get your opinion about them, to see if they are useful to you or others?"(select the appropriate visual on medications)*

When the teen (parent) has given the OK to proceed or has reviewed the visual and given info, then proceed with motivational interviewing and do scaling on importance and confidence re to learning area.

Example of Scaling for Importance

For teen: *"On a 1 to 10 scale, how important is it to you that you take your medications all the time?"*

For parent: *"On a 1 to 10 scale, how important is it to you that he/she takes the medications prescribed all the time?"*

1 _____ 10
Important to take meds all the time

"So it's a _____. Tell me more about that. How come it is a ____ and not a lower number? What would it take to be just a bit higher importance to you? In what ways is it important to you?"

For teen: *"You have said, it's about a _____ importance to take your medications all the time. How confident are you that you can take all your medications all the time?"*

Example of Scaling for Confidence

1 _____ 10
Confident will take meds all the time-

"Tell me more about that. How come it is a ____ and not a lower number? What would it take to be just a bit higher?"

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III. If the youth or parent is AMBIVALENT or unsure about a change or its importance or confidence, match the motivational strategy to this stage. Here are examples:

Example 1 Consider using one or more of the visual aids to help the teen get the picture of value of medications or a better understanding of some aspect of HIV.

“Looking at these pictures, what advice would you give another teen about taking medications?” For you, what are the good things about making a change and beginning to take your medications more consistently? What would it mean for you to stay the same?

Example 2 *“What do you like or not like about taking the medications just some of the time? So part of you thinks, “_____” and part of you thinks “_____” Where does that leave you now?”*

Example 3 *“Imagine you are 21 years old (or a year about 5 years older) Where would you like to be, with whom, doing what? Then imagine that you make a change now and take all your medications, all the time. What will your health be like when you are 21 years old?*

“What will it be like if you don’t change and stay doing what you are doing with your meds?”

Examples of scripts with parent(s)

“Your _____ (son/daughter) is saying he/she would like to tell someone outside the family about HIV and you have said you’d prefer he/she didn’t. You’ve commented that he/she is likely to be hurt by the response from others. Tell me more about that. “

“How do you see that working as he/she gets older?”

“When would you imagine your son/daughter will want to begin dating?”

“What is the connection between telling others that he/she has HIV and keeping secrets?”

“How will that work for your teen over time?”

“When do you imagine the time will be just right for your (son/daughter) to tell another person that he/she has HIV?”

IV. To conclude the bridge process, use reflective listening and summarization skills. Offer help and resources as appropriate.

Example: *“If you’d like help on this, let me know, I could help you or help you know who else might best be a guide for you to deal with this.*

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Referrals to Team Members

If there is more complexity or emotional responsiveness than expected during the parent and teen assessment interviews (Understanding HIV or Talking to Friends and Family), the clinician may consider encouraging the family to consider the possibilities of adding a psychosocial specialist to their team of care. The goal of the referral process is to encourage the teen and/or parent to be curious about the benefits of following up on a referral. The goal is *not* to have them say yes to the referral.

The clinician's approach will be enhanced by trying to more fully understand the teen or family's situation, rather than to try and change it. It's important to 'stay with' the teen or parent's readiness level and help them gain understanding of their own strengths, ideas and values as well as their ambivalence. They may not be ready, just yet to address what is happening in a different way or may need time to think through what type of resources they believe will assist them at the present time.

Here are some ways to learn more about the teen's or family's situation and assist them to think about getting additional support. By the clinician using a motivational approach, the likelihood of parent or teen considering additional resources may be increased.

The following are *examples* of interview questions to use. Again, the clinician's focus is to learn about the teen and parent, and through this process, encourage each to consider some new possibilities and also use existing strengths to do so.

Examples

“What do you think about the medicines that we've prescribed?”

“What do you think your team believes about the medicines?”

“What's the difference between your thinking and the team's?”

“So here you are. You have to take all these medicines and it's clear you don't want to, and often you don't. I wonder what would suit you best: to keep things as they are or to think about trying out a different way?”

“There's usually more than one way to figure this out. These medicines are a struggle for you and you and your mother/father keep debating about them. I've learned from other teens that it's been helpful to talk with the counselor/social worker on the team. What are your thoughts about checking in with one of the providers on the team such as _____ or _____?”



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Examples (continued)

“I’ve noticed in the past that when you’ve run into a roadblock, what has helped is to _____. What do you think about trying that again and letting me know how it works? By talking with me about your choices, it could help you figure out whether you’d like to do the same thing or something different.”

“What do you think of us setting up an appointment for you with the counselor?”

“On the one hand, you are saying you know it’s important. On the other hand, you are not doing it (name what ‘it’ is). On a scale of 1 to 10, how important is this (name it) to you? Why is it a # _____ and not lower?” What is helping make it a _____ for you? What is getting in your way to make it even more important to you?

“It sounds like it is hard to see a way forward right now. I know _____ has been helpful to others when they try to figure out what to do with this kind of dilemma. Would you be interested in checking in with her/him today?”

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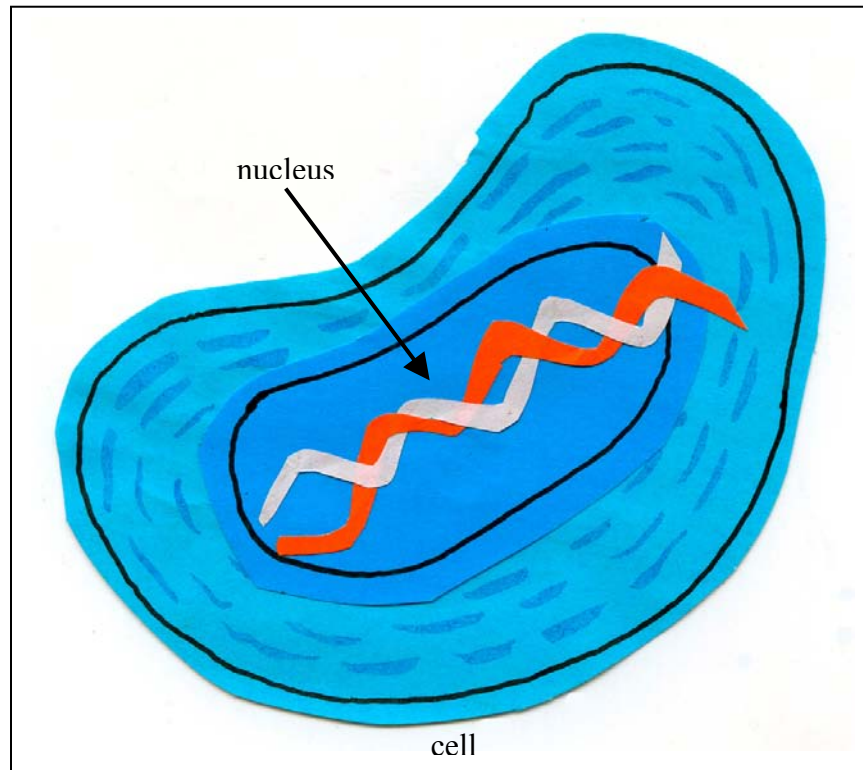
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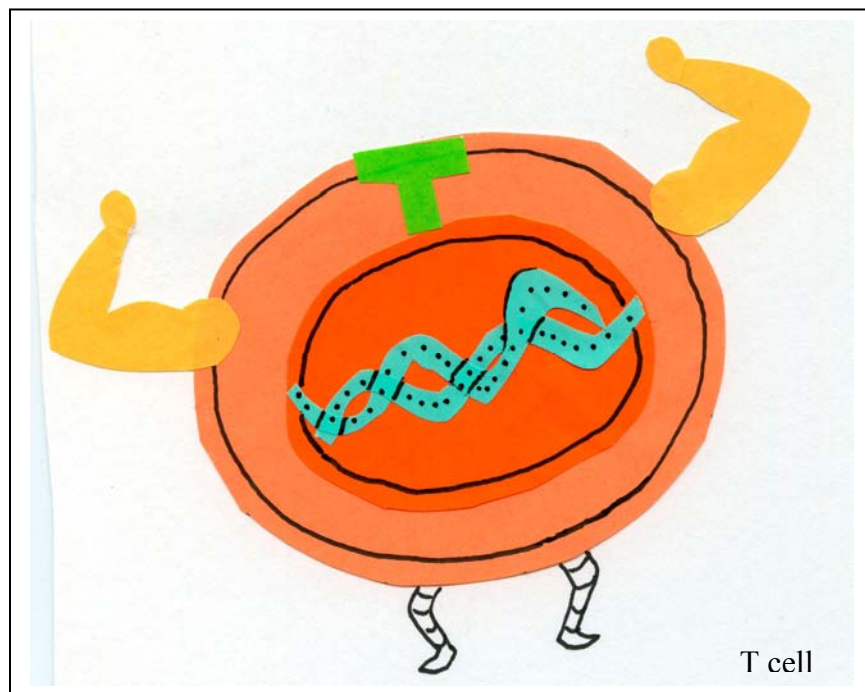
www.thebody.com/pw/disclosure.html

What is a cell?



A cell is the smallest living part of you. Your body is made up of millions of different kinds of cells. Each cell has a job to do. The nucleus of the cell has the plan for what each cell should do.

What is the immune system?



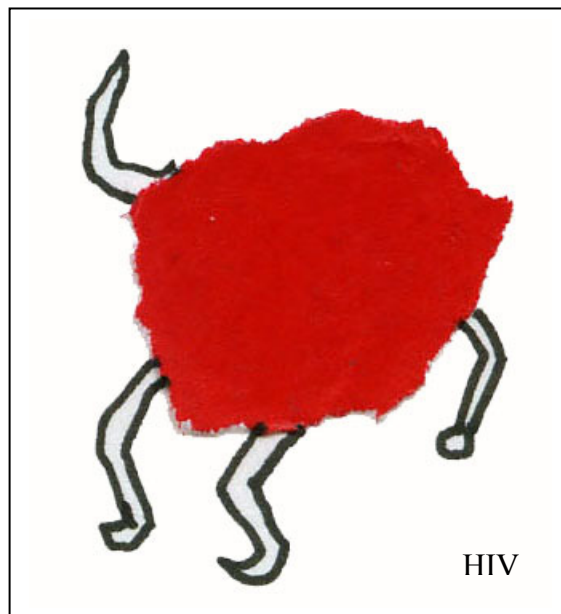
The immune system is a team of cells. This team works to keep germs from making your body sick. It cannot be seen because it is on the inside of the body. The leaders of the team are special helper cells called T cells or CD4 cells.

What is a virus?

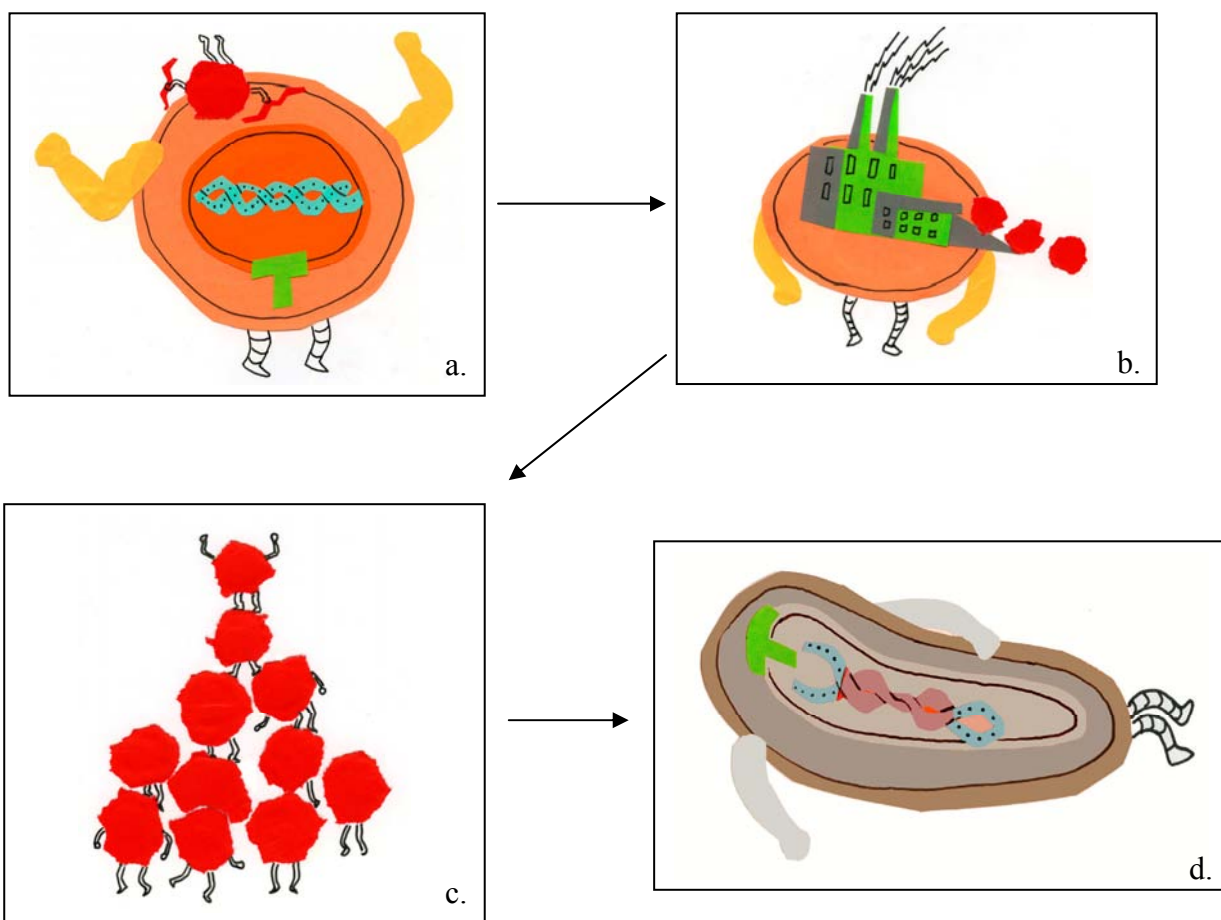
A virus is a tiny germ that is so small that you cannot see it. A virus can make people sick. It turns healthy cells into sick cells, and then your whole body feels sick. Some viruses are very common, like the viruses that cause a cold or the flu. When you get well, these viruses are gone from your body.

How is HIV different from other viruses?

HIV is a very strong virus when it is inside the body. HIV makes good “helper T cells” (CD4 cells) in the immune system sick. Once it is inside the body, HIV does not go away like most other viruses.

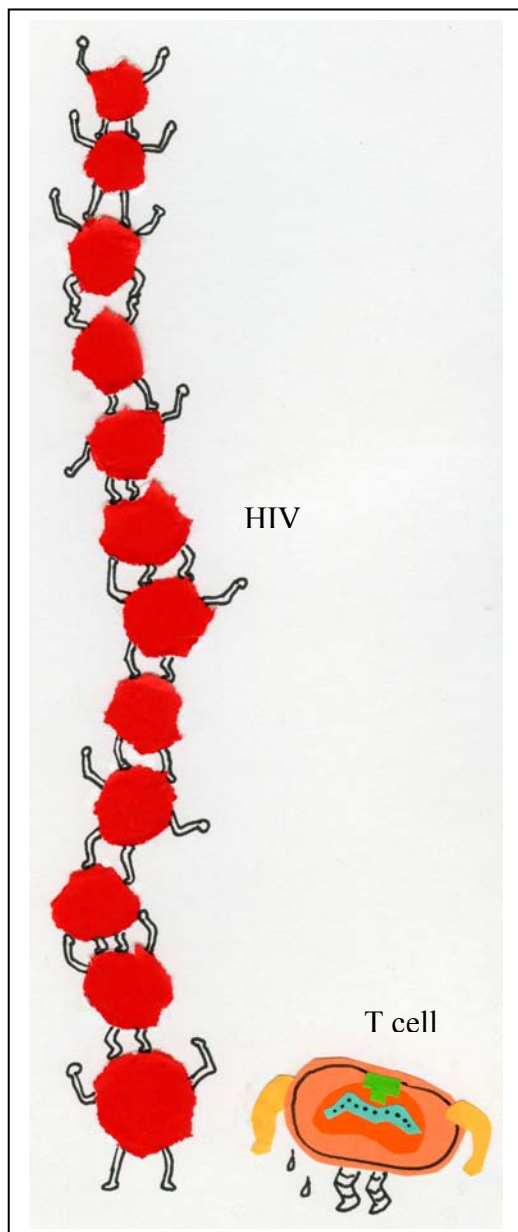


How does HIV infect the T cell (CD4 cell)?



- The HIV virus gets into the T cell (CD4 cell) and takes over the cell.
- It turns the T cell (CD4 cell) into an HIV factory.
- It makes copies of the HIV.
- HIV damages the T cell (CD4 cell) and then the T cell (CD4 cell) dies.

What can happen when HIV infects T cells (CD4 cells)?



After some time, T cells (CD4 cells) die faster than your body can make them. Then there are more and more viruses than T cells (CD4 cells). When this happens, the immune system has trouble fighting other infections. Then you can become sick with colds or pneumonia or other infections. You can become sick with infections that do not make people with healthy immune systems sick.

When HIV gets very strong and you do not have enough T cells, you can get more infections, lose weight, not grow well and feel more tired.

What is HIV?

H _____

I _____

V _____

H stands for human, which means people.

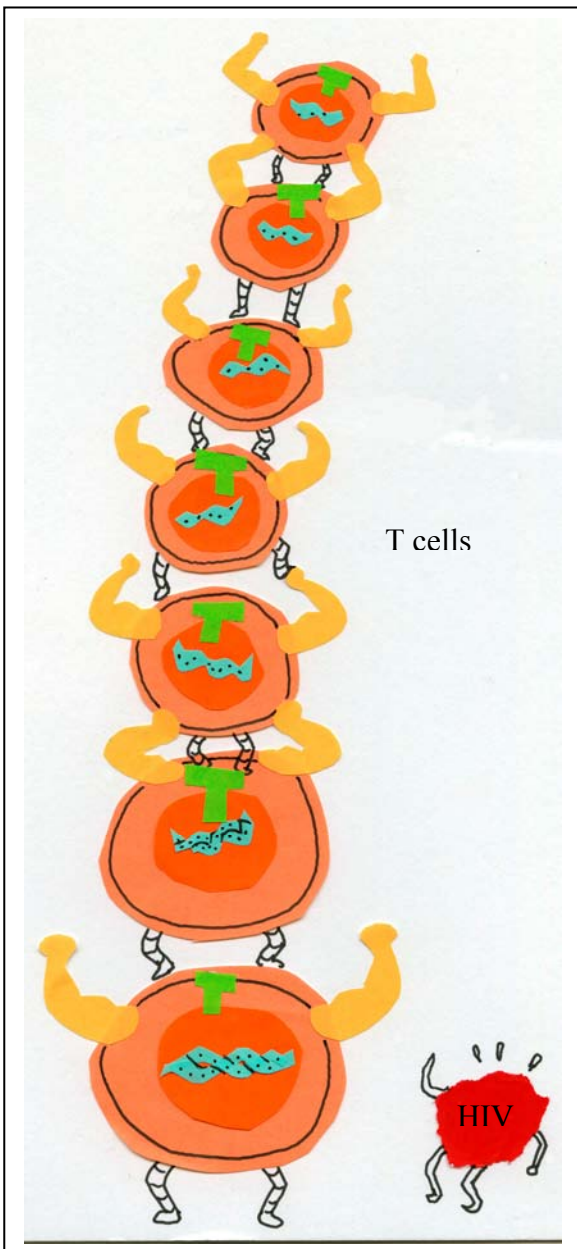
I stands for immunodeficiency, which means an immune system does not work right.

V stands for virus, a kind of germ.

What is AIDS?

People have AIDS when the immune system, or the germ fighting system, does not work at all.

Do you know the goal for taking HIV medicines?



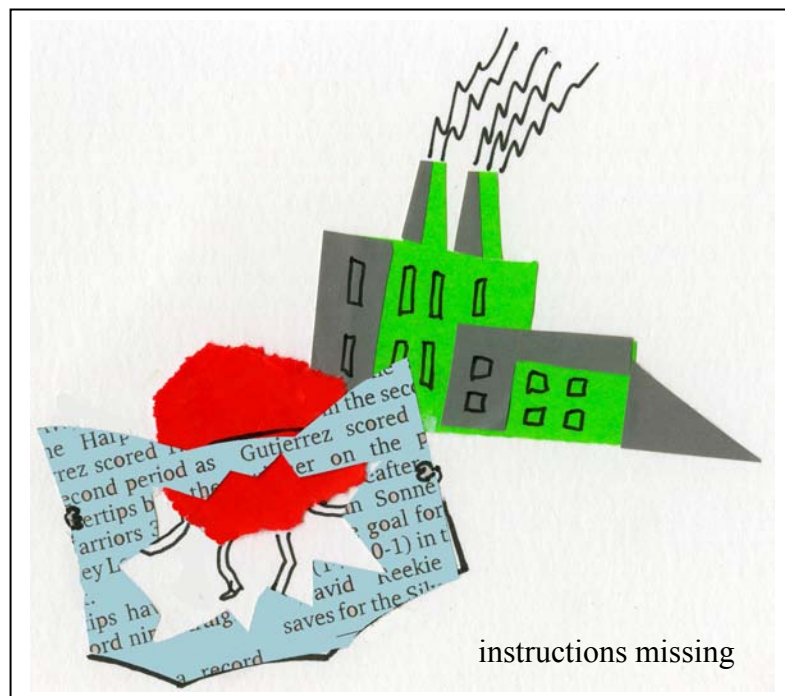
The goal of HIV treatment or medicines is to have T cell numbers high and viral load (the amount of HIV in the blood) low.

How do the HIV medicines work?

You may need to take many medicines to treat HIV. HIV is so strong that it takes more than one medicine to treat it. Two common types of medicines are:

Nucleoside Reverse Transcriptase Inhibitors (NRTI's) and Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI's)

When you take NRTI's and NNRTI's, it makes it hard for HIV to make more virus. The medicines block HIV from taking over the T cell (CD4 cell) nucleus which works like the machinery of the factory. When you take these medicines, the instructions for how to make HIV are missing.

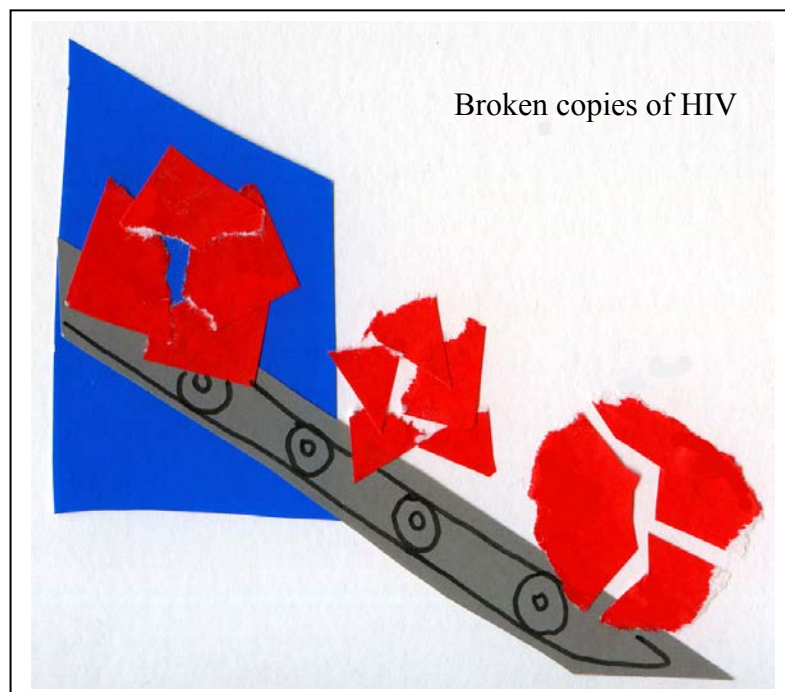


How do the HIV medicines work?

You may need to take many medicines to treat HIV. HIV is so strong that it takes more than one medicine to treat it. A common type of medicine is:

Protease Inhibitors (PI's)

When you take PI medicines, HIV virus copies that are made don't work right. The HIV copies cannot infect T cells. The HIV copies do not work right.



Drug resistance: Why is it important to take all of your medicines every time?

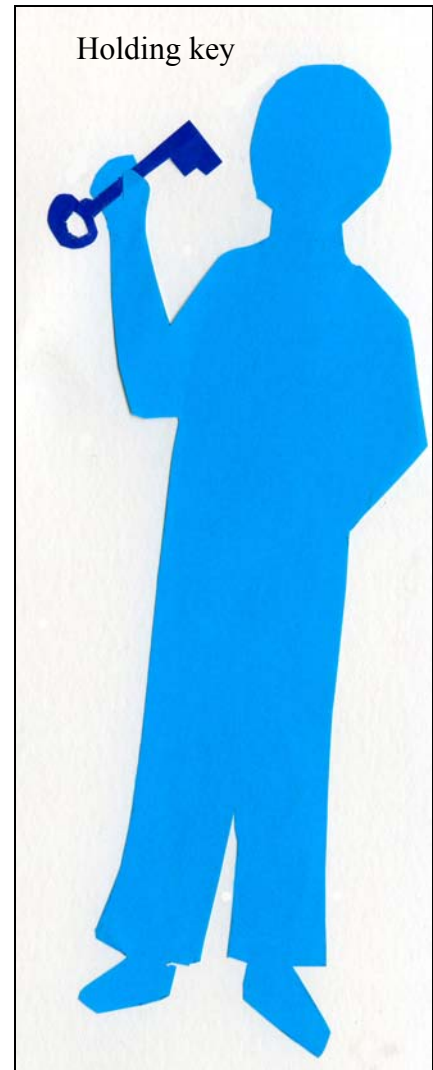
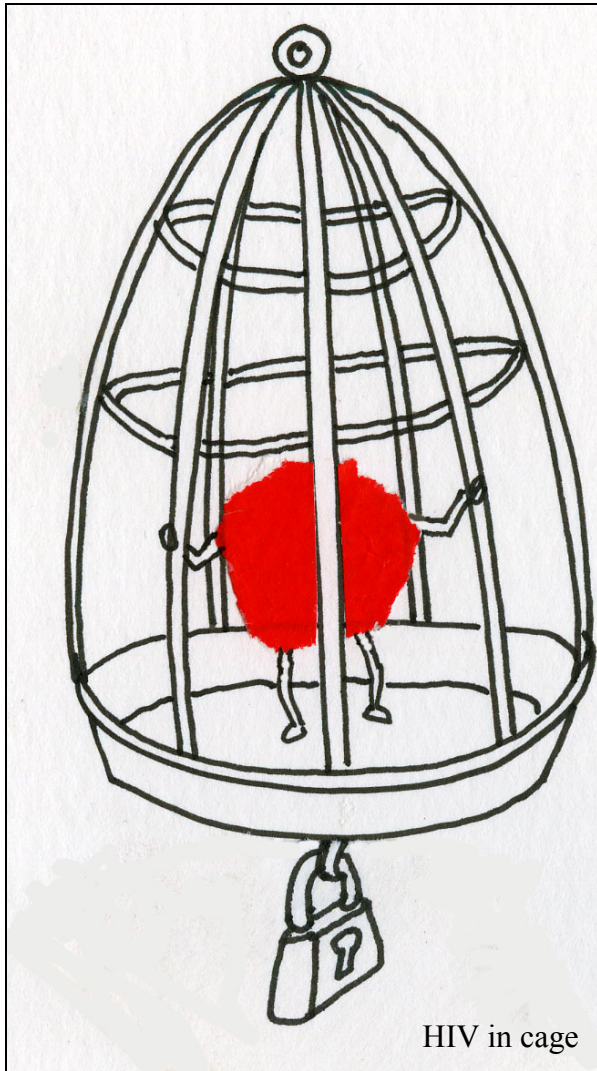
It is very important that you take all of your medicines every time. If you skip some medicines or quit taking them for a few days, they may not work later.

HIV virus is tricky.

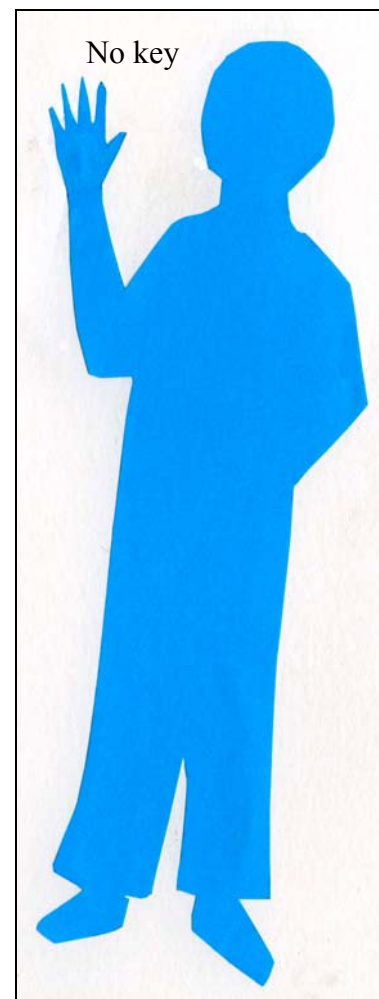
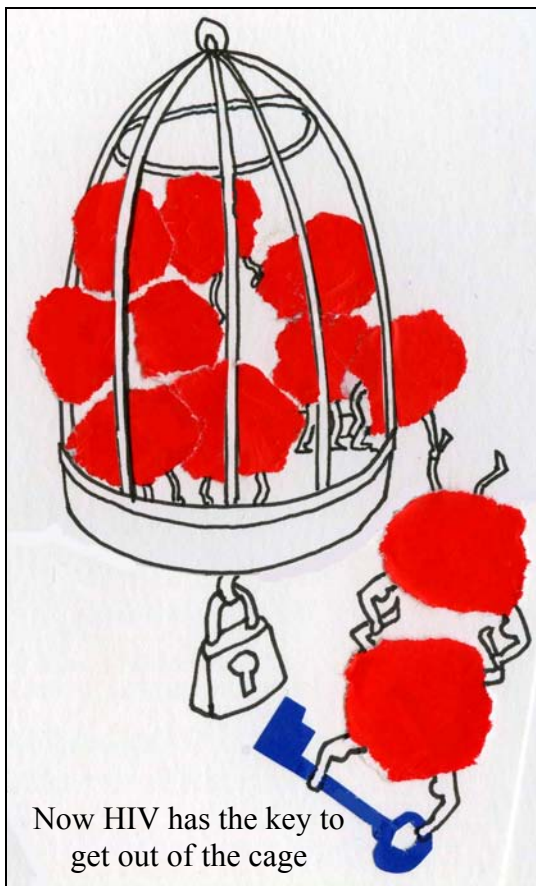
HIV virus can change. The medicines that worked before may not work anymore. Then you may need to take more medicines or different medicines.



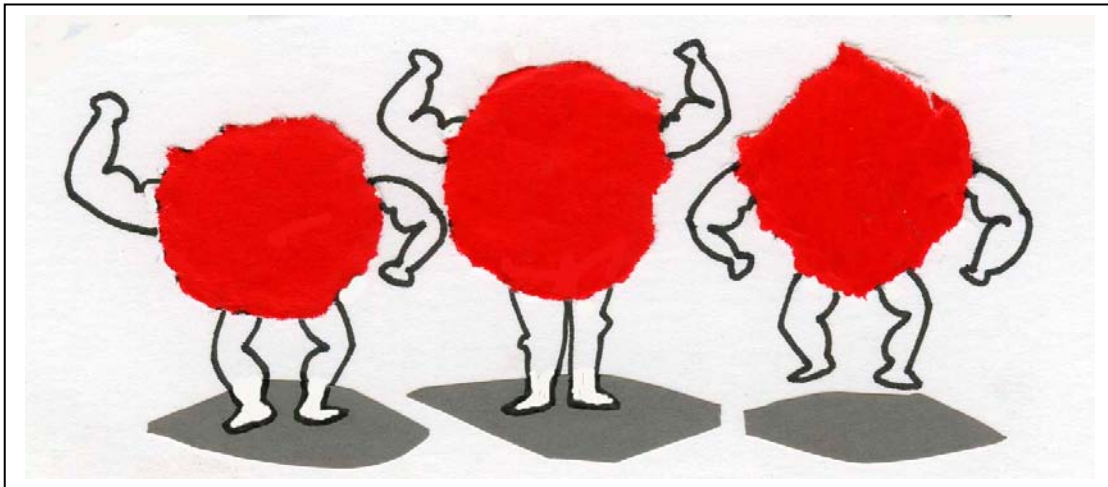
Taking all medicines every time



Not taking all medicines every time gives HIV the chance to learn how to outsmart the medicine.



Tough HIV



The virus that gets out of the cage is a mutant virus that is stronger and harder to kill.