

# Training on the new NDOH and NDSD...

## CHILD AND ADOLESCENT DISCLOSURE COUNSELLING (CADC) FLIPCHART

Dr Leon Levin

Right to Care NGO

# Disclosure Trainings

- Will be part of HTS Provincial trainings
- 30-70 participants in the training
- One full morning devoted to Disclosure training
- For approximately 1 hour we will deal with the theory behind disclosure
- The rest will be role plays
  - Partial Disclosure
  - Full Disclosure
  - Post Disclosure

# Ways of doing disclosure with the flipchart

- Reading the entire process to the client from the flipchart
- Combining reading with chatting to the client
- Chatting to the client without using the Flipchart

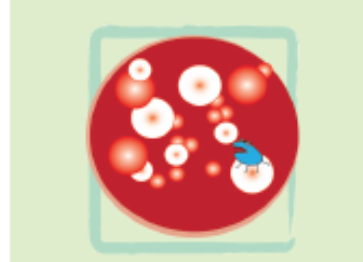
# Partial Disclosure for children 5-9 years



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5

Let's start by talking about blood.  
**What colour do you think blood is?**

*Provide the answer "Red" if the young person cannot.*

6

In your blood there are red blood cells which make it red. There are also some other little cells in your blood, what colour do you think they might be?

*If the young person is unsure say "I am going to give you a clue" and point to the white cell in the picture, that will assist him or her in providing the answer "white".*

7

Right!  
Now we are going to talk about those white cells.

8

White cells are the soldiers in our bodies. They fight germs and keep us well. This little blue creature in the picture is a germ! **Do you know what a germ is?**

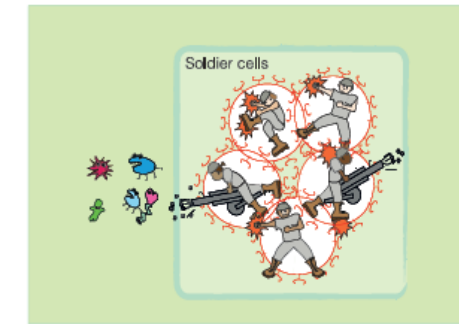
*Allow the young person to answer.*

9

**Let's try this little quiz about germs.** You can guess if what I say about germs is true or false.

*Caregiver can be included e.g. by asking young person and caregiver a question each.*





10

Great! You know some things about germs already. **So we can say that a germ is something that makes us sick.**

11

Remember we said white cells are the soldiers that fight germs. **What do you think a soldier cell would do if it found a germ?**

*Encourage the young person to answer.*

12

The **white cells** travel around our bodies in our blood looking for germs. **When they find them they kill them so that we don't get sick.**

13

But what would happen if a person did not have many soldier cells in his/her blood but only very few?

*Encourage the young person to answer and assist if necessary.*

14

A person with very few soldier cells in his/her blood may become sick. You had very few soldier cells when you first started coming to the clinic / hospital.



## PARTIAL DISCLOSURE

15

That is why you started taking medicine to keep your body strong and help to make more soldier cells. You can see in the picture, when the girl takes her tablets, her soldier cells become strong and the germs die.

16

Remember when I asked you if you were sick or not? You said you were not sick. **Is that right?**

*Allow the young person to answer*

17

You are not sick because your medicine is keeping you well. It is preventing you from getting sick.

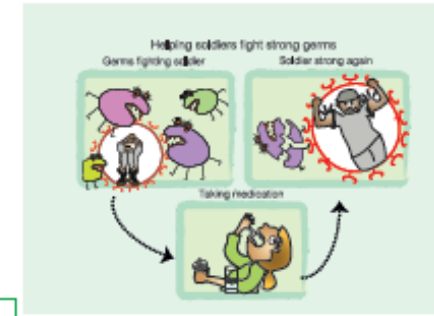
18

What do you think will happen if you stop taking the medicine?

*Allow the young person to work it out. If they can't, assist by saying "you may get sick." Explain that this doesn't always happen quickly. Sometimes a person may only become sick after some time.*

19

This is why it is very important to take your medicine. **You need to take your medicine every day so that you don't get sick.**



### **Summarise the session:**

*Ask the young person/caregiver if there are any questions. **Make an appointment for the next session** (this can be a further partial disclosure visit or a full disclosure session depending on the age, readiness and maturity of the young person.)*

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# Full Disclosure for adolescents older than 10 years



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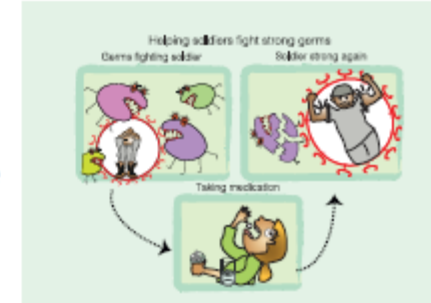
# Full Disclosure

- Break it up into smaller sections
  - Introduction
  - Game
  - Education
  - Disclosure

# INTRODUCTION

# FULL DISCLOSURE Age 10-15 (ideally 10-12 if of normal maturity)

- Ensure you have consent from the parent/ caregiver to tell the child they have HIV and ideally to also disclose that the parent or caregiver has HIV.
- Prepare for this session by ensuring that you are familiar with the content, and following the sections on "Guidance for all sessions" and "Caregiver Preparation."
- Greet the young person warmly.
- Explore what has happened since the partial disclosure session and do a feelings check.
- Disclosure readiness should be assessed for the C/ALHIV and the caregiver. C/ALHIV should be assessed for sufficient maturity. If the readiness assessment outcome indicates that child is not ready; establish the reasons and challenges thereof; and work on them first.



1

Do you remember what we talked about last time?

2

Would you like to know the name of the germ which was killing your soldier cells?

Allow the young person to answer. If necessary, remind the young person by saying: **"When you first came to this clinic / hospital you had very few soldier cells in your body to fight infection. Your body is able to fight infection now because the medicine you take every day is keeping your soldier cells strong so they can fight germs and keep you strong."**

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# GAME



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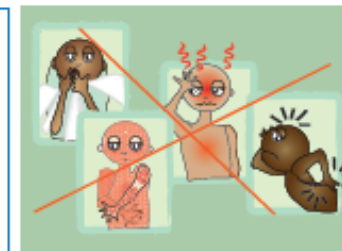


# FULL DISCLOSURE

3

**(Child's name)**, "I can see that you are very clever. You and I will work out together what the name of your sickness is. We are going to do that by playing a **game**. **This is how the game works**. We are going to discuss many sicknesses, one at a time. With each sickness, we will discuss that sickness and decide together if that is what you have. If not, we will throw that sickness away and discuss a new sickness. We will continue until we finally decide which one is your sickness. **Are you ready to start?**" (Once the child says yes, then say...) "Ok, what sicknesses do you know ..."

Let the child name any sickness. If child can't name a sickness, then you can name one of the sicknesses in column A and continue from there. **Note: If the**



**young person mentions HIV straight away say:** "That is a good answer but a little complicated, let's come back to that. Lets talk about some other sicknesses together."

4

What do you know about that germ/sickness? What kind of sickness does it cause? Is there treatment for this sickness? How long does the sickness last?

If they don't know, tell them using the Information in column C. Tell them the answers if they don't know

5

"Do you think you have that germ/illness? If not, why not?"

Refer to column B

Be prepared to respond appropriately if the illness named is not on the table or discuss one or two of the illnesses on the table if the young person can't think of any himself/herself.

A	B	C
<b>ILLNESS</b>	<b>RESPONSE - YOU DON'T HAVE THIS SICKNESS BECAUSE . . .</b>	<b>MOST COMMON SYMPTOMS</b>
Influenza - "Flu"	Flu only lasts about a week.	Temperature, runny nose, headache, body aches.
Chicken Pox	The rash of chicken pox only lasts about a week.	Itchy rash, temperature for about a week.
Measels	The rash of measels only lasts about a week.	Rash on the body, white spots in the mouth, temperature, runny nose, red eyes and a dry cough.
Ear Infection	Only lasts a couple of months at most and we don't treat for years.	Painful ear, discharge from the ear, headache, temperature.
Bronchitis	Children with bronchitis cough a lot and don't need treatment for years.	Wet, phlemy cough, painful chest when coughing.
Tonsillitis	You have a sore throat with tonsillitis and we don't treat it for years.	Sore throat, swollen glands, white spots on the tonsils, temperature.
Asthma	Asthma is common but it doesn't kill the soldier cells.	Cough, tight chest, wheeze and shortness of breath that comes and goes.
Cancer	Cancer and its treatment does kill the soldiers cells, but the treatment also lasts a year or two.	Many different symptoms depending on the type of cancer.
TB	TB can weaken your soldiers cells, and it could be that you have has TB, but you don't take medicine for TB for years and years.	Cough for a long time, night sweats and loss of weight.
COVID-19	You don't have any symptoms. Covid -19 only lasts about two weeks.	Fever, dry cough, tiredness.

19



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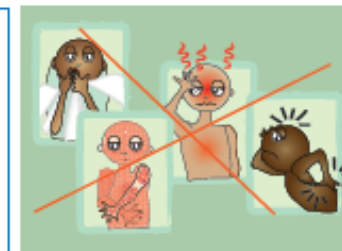


# FULL DISCLOSURE

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Let the child name any sickness. If child can't name a sickness, then you can name one of the sicknesses in column A and continue from there. **Note: If the**



**young person mentions HIV straight away say:** "That is a good answer but a little complicated, let's come back to that. Lets talk about some other sicknesses together."

4

What do you know about that germ/sickness? What kind of sickness does it cause? Is there treatment for this sickness? How long does the sickness last?

If they don't know, tell them using the Information in column C. Tell them the answers if they don't know

5

"Do you think you have that germ/illness? If not, why not?"

Refer to column B

Be prepared to respond appropriately if the illness named is not on the table or discuss one or two of the illnesses on the table if the young person can't think of any himself/herself.

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19



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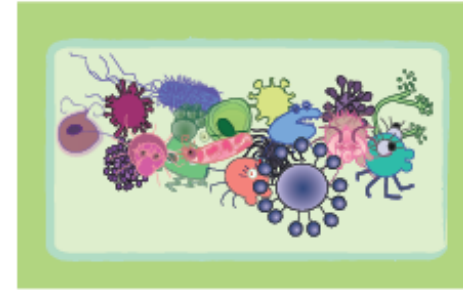
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## FULL DISCLOSURE

After going through 3 or 4 sicknesses...



6

So we have decided that it is not.....  
**So then what else could it be?**

*If the young person mentions another illness refer to 5 on the previous page.*

7

There is another illness we have not spoken about. **It is called HIV.**

**Note:** *If a young person has mentioned HIV earlier say "you mentioned HIV earlier, let's come back to that one now"*

8

Let's talk about HIV.  
**Maybe you know a lot about HIV from school?**

*Find out what the young person knows.*

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# EDUCATION



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**NOTE:** You are teaching the child about HIV, but you **HAVE NOT** told them they have HIV yet, so just talk about HIV in general, **do not refer to them having HIV!**



9

"How can people get HIV?"

"People can get HIV through unprotected sex or from blood or it can be passed from a mother to her baby during pregnancy or breastfeeding. You can see in the pictures the ways HIV can be spread and ways it cannot."

10

"Is there treatment for HIV?"

"Yes, there is a medicine that works well, it cannot yet cure HIV but it controls it. This means that people who take their medication every day are well and fit and live completely normal lives. You won't be able to tell if a person has HIV. They don't look sick and they don't feel sick because the medicine makes sure the army of soldier cells stays strong."

11

"How long can people with HIV live?"

"People living with HIV (PLHIV) can live just as long as people without HIV if they take their treatment everyday."

12

"Can people with HIV do any job?"

"Yes, people with HIV can do whatever job they want! Living with HIV does not prevent people from living a completely normal life."

13

"Can people with HIV get married and have children?"

"Yes! PLHIV can have relationships and have children, and if they are taking their treatment and have a suppressed viral load, their sexual partner and children will not get HIV."

14

"Are people with HIV bad or different?"

"No! definitely not! These days HIV is so common that anyone can have HIV, and it does not make them different or bad. Many people around you have HIV and you do not know because they are just as healthy as those without HIV."

# DISCLOSURE

**NOTE:** If it is the parent/caregiver leading the disclosure process they can speak in first person i.e.

“Could I have HIV?”

Could I have HIV and be healthy and strong ...



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“Could your mother have HIV?”

*The child generally says no, then you should say “Could she have HIV and be healthy and strong because she is taking medicine every day? Yes! If she had HIV would it mean she is a bad person? No, of course not, remember lots of people have HIV these days and it is not their fault, they did nothing wrong! Would it change who she is? No! Would you still love her? Yes definitely.”*

*If the child agrees with all the answers above then proceed to ask:*

If it is the parent/caregiver leading the disclosure process, say "Do you want to ask me if I have HIV?"

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“Do you want to ask your mother if she has HIV?”

*Let the child ask their parent and let the parent answer. Then encourage the child to tell the parent they still love them and give them a hug.*

*If the child coped with finding out that their parent has HIV, proceed to the next questions.*

As the discussion becomes personal monitor and manage emotions

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“Do you think you could also have HIV?”

“Could you be healthy and strong because you are taking your medicine everyday? Yes. Would it mean you are a bad person? No, of course not!  
Could you still get married and have children? Yes! Could you do any job you want? Yes!  
Would it change who you are? No! Can you still have the same friends? Yes.”



If it is the parent/caregiver leading the disclosure process, say "Do you want to ask me if you have HIV?"

*If the child agrees with all the answers above then proceed to ask:*

21

“Do you want to ask your mother/ father if you have HIV?”

*Let the child ask their parent and let the parent answer. Then encourage the parent to tell the child they still love them and give them a hug.*

***NOW the child knows that they have HIV***

Ask the child how they are feeling and normalise and contain their emotions. Remember that according to the South African Guidelines, the final disclosure should be done by the caregiver/parent. If the caregiver/parent is comfortable, support him or her to tell the young person that he or she has the HIV virus and is taking medication to keep him or her strong and healthy.

The healthcare provider can undertake the disclosure if the caregiver or parents requests it. If no caregiver or parent is present and consent to disclose was obtained, the healthcare provider can confirm that the young person has the HIV virus. In this case disclosure to a trusted adult should be discussed. Whatever the case, it is always important to contain and reassure the young person and give them time to take the information in and respond with empathy.



## FULL DISCLOSURE

25

"Do you know how HIV makes people sick?"

"HIV kills off the soldier cells, the white blood cells we spoke about that protect us from germs (**such as flu germ or TB germ etc.**). When the soldier cells in the body become too few they can't protect us from germs then we might get sick."



**NOTE:** If it is the parent/caregiver leading the disclosure process, say "It is important to remember that it isn't my fault that you got HIV."

**NOTE:** If it is the parent/caregiver leading the disclosure process, say "We didn't have such good medicine in those days when I was pregnant with you".

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"It is important to remember that it wasn't your mother's fault you got HIV."

"We didn't have such a good medicine in those days when she was pregnant with you."

27

"It wasn't your mother's fault you got HIV. It also isn't your mothers fault that she got HIV"

"HIV is so common, anyone can get it."

28

"It is important to decide who you should tell that you have HIV or not. Do you think you should tell everyone at school?"

"It might not be a not a good idea. HIV is a sickness like any other sickness, but some people might treat us differently if they think we have HIV. We call this "stigma". For this reason it might not be a good idea to tell everyone that you have HIV. It is a decision you can make with your parents to decide who you should tell or not. We will discuss this more next session. We can also discuss how and when to tell your boyfriend or girlfriend."

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# POST DISCLOSURE

# POST DISCLOSURE

## Session One

Healthcare provider / Social Service Practitioner

**POST DISCLOSURE SESSION 1 and 2 should preferably be done by the health care provider or social service practitioner, unless the parent/caregiver requests to do it.**

- Prepare for this session by ensuring that you are familiar with the content and follow "Guidance for all sessions".
- Greet the young person warmly.
- Explore what has happened since the full disclosure session and do a feelings check.
- Review the previous session.
- Ask the parent/caregiver how the child is adjusting after the disclosure, and whether there is anything that concerns them (such as withdrawal issues/isolation, anxieties, stress, eating disorders etc.) If so, refer as appropriate.



1

"Do you remember some of the things we spoke about when we met last time?"

Allow the young person to respond.

2

"We said you had a germ in your blood that was killing the soldier cells or white blood cells that keep you well and healthy.

We said the proper name for the germ is the HIV virus.

Remember we talked about medicine and how this fights the virus so that your army of soldier cells can grow bigger and stronger, so you won't get sick.

**Do you know the name of that medicine?"**

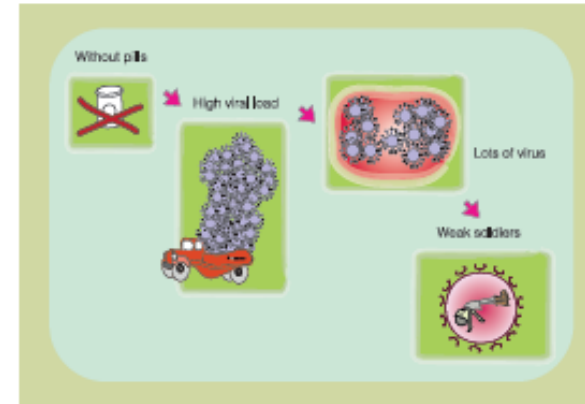
Allow the young person to respond, provide answer if necessary.

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3

**Your medicine is called anti-retroviral medication or ARVs for short.** It stops the HIV virus from multiplying and attacking the soldier cells in your blood. Thousands of young people in South Africa take this medicine every day so they can stay healthy. You are proof that this medicine works well. You are healthy.

**What do you think would happen if you didn't take your medicine very day?**



Allow the young person to respond:  
**he/she might become sick**

4

**The soldiers can only do their work as long as you take the medication. When you don't take your medicine HIV can easily win against the soldiers.** When there is lots of HIV virus in a person's blood we say that a person has a high viral load. A high viral load means that the HIV virus is making more and more viruses, it is multiplying.

**All of us, doctors, nurses and others at this clinic don't want you to have a high viral load because that means the HIV is killing your soldier cells and you are in danger of becoming sick.**

## POST DISCLOSURE

### Session One

8

Have you thought about whether you want to tell anyone else about your HIV status?

9

It is up to you and your parents/caregivers to decide together who you should tell that you have HIV. Many people do not understand HIV and might not know that there is very good treatment these days, so they might think that you are going to be very sick if you have HIV. Some people also treat people with HIV badly, this is called stigma. So it is important that you think very carefully and discuss with your parents/caregivers before you tell people that you are living with HIV.



#### **Note:**

*If the young person says there is nobody else he or she would like to share this information with, **affirm that he or she has the right to decide who should know his/her status** and nobody can make a person tell their status if they do not want to.*

*If the young person indicates that **there is someone** they would like to tell explore the reasons and decide together if **this is a person they can trust** - a person who will understand and help.*

**See page 57 for tips on partner disclosure.**

#### **Bring the session to a close:**

Ask if the child has any questions.

Make an appointment for a second post disclosure session.

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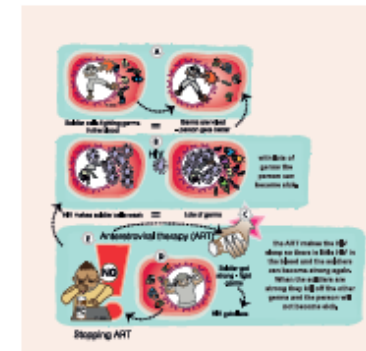


# POST DISCLOSURE

## Session Two

Healthcare provider / Social Service Practitioner

- Healthcare worker or social service provider should prepare himself / herself for the session by ensuring that he/she is familiar with the content and follow "Guidance for all sessions".
- As per Session One, greet young person warmly. Explore what has transpired since the last session and do a feelings check. Refer back to the previous session.
- Ask young person what she or he remembers from the last session.
- Praise young person whenever the opportunity arises.



1

(Recap, depending on how much the young person remembers).

- In the last session we talked about the HIV virus that is in your blood. We spoke about how HIV wants to kill the body's soldier cells which are also known as CD4 cells.
- When this happens you get sick.
- We said there is medicine that works very well.
- It is called **antiretroviral medicine (ARVs)** and if you take it every day the body's army of CD4 cells or soldier cells will become very strong and the HIV virus will get very weak.

**With a strong army of CD4 or soldier cells you will not get sick.**

2

Did you know that the doctor or nurse can tell how much HIV virus there is in your blood?  
Do you know how they do this?

*Allow the young person to respond.*

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# SUMMARY

- In the training we teach the participants to use the Flipchart
- Not just to read the whole thing to the client
- Rather to use the flipchart as a memory aid
- When you chat with the client