CHILD PSYCHOLOGICAL RESPONSES to HIV/AIDS

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Introduction

Whether infected or affected, children have major psychological needs of their own.

These needs are often neglected because adults fail to understand how children are emotionally affected and how they can be helped.

Children have different needs, perceptions, responses and reactions than adults, according to their age and development level.
Emotional Development at Each Stages of Development

It is useful for counselors to be aware when working with children infected or affected by HIV / AIDS.
Different stages of development:

- **Infancy:** 0 – 1 year old
- **Toddler:** 1 – 3 years old
- **Early Childhood:** 3 – 6 years old
- **Middle Childhood:** 6 – 12 years old
- **Adolescence:** 12 – 18 years old

Even though the age division are overlapped by some authors.
Emotional Development in infancy (0-1 year old)

- Crying
  - = pain, hunger
  - = fear, seek attention
  - = discharge tension, ...

- Strong fear of being separated from attachment figures (parents or caregivers)
Emotional Development in toddler (1-3 years old)

Separation anxiety from attached figures (parents, caregivers, loved objects...)

- Fear of being isolated or neglect
- Fear of body integrity
Emotional Development in early childhood (3-6 years old)

- Regression to previous stage ⇔ fail to master separation-individuation *(bed wetting, thumb sucking, crying, clinging, refuse to eat, sleep disturbance, etc.)*

- Fear of darkness or being alone ➔ sleep problems

- Being shy, angry, withdrawn to discrimination

- Fear of body integrity (sexual organ)
Emotional Development in middle childhood (6-12 years old)

- Able to distinguish right from wrong
- Be honest and truthful
- Sex interest
- Fear of body integrity
- Irrational explanation of illness
- Understand feeling of others
Emotional Development in adolescence (12-18 years old)

- Successful separation?
- Well formed identity?
- Sexuality
  - (masturbation ↔ tension and anxiety)
- Fear of losing autonomy / privacy
- Peer become important to adolescence
Defined Emotional and Psychological Responses to HIV / AIDS

Those who care for HIV/AIDS children may use this knowledge to better facilitate their potential growth and the same time to reduce their own emotional reaction while doing their job.
Once children *know* they are HIV+, or a member of their family is HIV+, they are *emotionally affected*.

The strong emotional *reactions* range from grief to anger, from denial to despair.
Denial

Denial occurs when someone chooses to *ignore or disbelieve* the facts.

A *temporarily* defense mechanism in reaction to the HIV + test result.

**What to do?**

- Accept the denial + allow time to accept HIV+
- Explore the fears that may be the cause of denial
- Giving information in a simple manner about HIV transmission
- Motivate to live positively
- Refer to peer support when ready
Blame

Who is responsible…? Whose fault is it…?

What to do?

- Explore the reasons (why blaming others?)
- Give accurate and age-appropriate information about HIV transmission
- Encourage the child focus on the future
- Help the child and the family communicate openly with each other
- Explore other sources of support (school, peer, …)
Guilt

- It is due to negative belief (wrong doing, sexual activity, …)
- It can lead to resist disclosure and fail to begin living positively

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**What to do?**

- Allow the child to express feeling and explore the behind reasons
- Give accurate and age-appropriate information about HIV transmission
- Help the child to share problems with their family to depersonalize the guilt
- Allow the child to work through the guilt at their own pace
Anger

A natural reaction when we are unhappy with a situation and want it to change.

It can be expressed outwardly (shouting or showing aggression, crying, scolding, self-harm.....etc) or inwardly (anger on themselves)

What to do?

- Recognize the anger is a normal reaction
- Allow the child to express feeling and explore the behind thoughts and feelings
- Suggest practical ways to express anger safely (Crying, hitting a pillow, doing a role-play, painting a picture, etc…)
Fear and Shock

- Fear is a survivor instinct to cope with threatening situation (scared by sickness, death of parents, uncertain of the future,…)
- Shock is a coping mechanism to protect ourselves (feeling of numbness, confusion and weakness)

What to do?
- Encourage the child to talk about their fear + reassure it is normal
- Give accurate and age-appropriate information about HIV transmission
- Help the child come out of shock by discussing the fact about the situation and possible living positively
- Explore a peer support group that provide more help
- Encourage family therapy
Depression

Symptoms in children:
- Chronic sadness
- Withdrawn from people or from enjoyed activities
- Difficulty sleeping
- Changes in eating
- Irritability
- Feelings of hopelessness / worthlessness
- Suicide.

Remind family to keep open dialogue. If they notice these concerns, talk to child to figure out what is bothering them.

Depressive symptoms that aren’t addressed can interfere with self-care

What to do?
- Refer to specialist
Social effect

- Increased responsibilities
- Drop in school performance
- Act out rebellious behavior (alcohol, truancy, …)
- Rejected by friends
- Stigma (being teased with AIDS jokes, labeled as an AIDS orphan, isolated, …)

What to do?

- Explore the social effects that the child is experiencing (why?)
- Give accurate and age-appropriate information about HIV transmission
- Provide safe environment to express emotion (school, groups, Gov’s bodies, NGOs, etc.
- Encourage the child and family to be positive role model – by showing their community that it is possible to live positively with HIV and AIDS.
Helping children cope with psychological responses
Providers should recognize that families often find it difficult to address emotional / psychological issues until immediate needs are met (food, etc.)

Emphasize that these feelings are normal, but problematic if they interfere with functioning.

Understanding difficult behaviors.
Behaviors management

**Communicate appropriately:**
- Talking with the child,
- Use his/her name,
- Make eye contact,
- Use appropriate tone of voice and simple language.

**Let the child play and observe his/her behaviors.**
- Telling stories that make s/he feel happy.
Help the child reflect on how s/he has coped with past stress.

- Identify strategies helpful and specific to the child
- Remind the child that s/he is strong and can cope

Encourage personal worth, why they are special
Identify social support (family, friends, …)

Deep breathing/ relaxation/ meditation
(in general did not help in children)

Encourage drawing or writing to express concerns

If problem is severe, refer to Mental Health Specialist
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Life Should be happy

Thank You !