



Position Statement

SUPPORTING STUDENTS WITH HIV/AIDS

NASP strongly believes that all school psychologists must be aware of how to meet the needs of students with human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and their families, as well as how to contribute to efforts to prevent viral transmission. In addition, NASP believes that services to prevent HIV in youth must be broadly designed to address all aspects of healthy adolescent development, and include efforts to keep children and teens in school (Pettifor et al., 2008). HIV/AIDS has become a serious global health and psychosocial crisis, with at least 40 million infected individuals worldwide. The CDC estimates that there are 9,448 cases of pediatric HIV/AIDS (i.e., patients < 13 years) in the United States (CDC, 2009), with children from African American and Latino communities disproportionately affected (CDC, 2007). The rate of pediatric AIDS has dropped dramatically, and most children living with HIV now survive through their school-age years and beyond. In contrast to pediatric cases, adolescent HIV infection most often results from risk-taking behaviors, such as unprotected sexual activity or needle sharing. The discrepancy in new diagnoses is large. In 2009, 166 children under age 13 were diagnosed with HIV, whereas there were 2,057 new diagnoses of HIV among children ages 13 to 19 (CDC, 2009).

PREVENTION

School-based prevention efforts should include the following.

Safety Precautions in the School

NASP recommends that all members of the school community receive training, beginning at the preservice level, in the CDC's universal precautions concerning exposure to blood and other bodily fluids. This training should occur regardless of the known presence of a student with HIV (see National Association of State Boards of Education, 2001), consistent with federal law (United States Department of Labor, Occupational Safety and Health Standards, 29 CFR 1910.1030).

HIV/AIDS Education for Students

NASP supports the CDC recommendation that age-appropriate HIV/AIDS education be provided at all grade levels to increase the likelihood that high-risk behaviors will be prevented. NASP believes an HIV/AIDS prevention curriculum should:

- be jointly approved by school psychologists, parents, teachers, school administrators, health educators, and appropriate community representatives;
- be designed to fit with the specific prevention needs and cultural norms of the group to which it is delivered;
- be infused into a more general health education program;

- provide scientifically accurate information about the various modes of HIV transmission and effective methods for reducing the risk of transmission;
- be taught by trained general education teachers in the elementary grades and qualified health educators in secondary grades;
- describe the benefits of sexual abstinence for young people and, for those approaching the potential age of likely sexual debut, address ways to reduce the risk of HIV infection and other sexually transmitted disease. This should include discussion of the correct and consistent use of condoms, regular testing for sexually transmitted diseases, and discussions with sexual partners about testing and HIV status;
- be guided by empirical demonstrations of program efficacy, monitored periodically to determine effectiveness, and modified as necessary;
- include guidelines to address stigma associated with HIV/AIDS.

For youth who are more likely to engage in high-risk behaviors, a secondary tier prevention effort is warranted. Prevention components at the second tier may include the following:

- information about HIV testing should be available, including types of tests available, testing locations and times, and costs of testing;
- gender specific curricula: (a) for females, focusing on intense and individualized training to negotiate condom use in male partners, and (b) for males, encouraging responsibility and need to protect their partners (Rotheram-Borus, O’Keefe, Kracker, & Foo, 2000);
- referral to school-linked or school-based health clinics.

HIV/AIDS Education for School Personnel and Parents

NASP believes all school personnel should be educated about physical, psychosocial, and developmental aspects of HIV/AIDS. School personnel and parents must recognize and address their own feelings and personal concerns regarding these conditions. HIV/AIDS education can alleviate fears, and thus promote acceptance of children with the virus. Furthermore, school personnel and parents who are knowledgeable about HIV/AIDS are better prepared to educate children and model appropriate behavior and attitudes. Given their training in psychological and educational principles, NASP believes school psychologists should advocate the use of empirically supportable HIV/AIDS training programs that promote prevention education and address psychosocial issues surrounding HIV/AIDS (see Walcott, Meyers, & Landau, 2008 for a review of key features of school-based empirically supportable prevention curricula).

INTERVENTION

School-based intervention efforts should consider the following.

Confidentiality/Legal Issues

Federal civil rights law protects HIV-infected students and school staff from discrimination. Often, state law determines whether professionals at school should/must be informed of a student’s HIV status. NASP strongly recommends that school psychologists and administrators become familiar with relevant laws in their state. As a general rule, only those who have a legitimate need to know should be informed of a child’s HIV status.

Psychoeducational Interventions

The HIV virus enters the central nervous system shortly after infection (for a review see Boissé, Gill, & Power, 2008) and may result in impaired brain growth, motor dysfunction, and developmental delays. In the case of adolescent infection (versus perinatal infection), HIV affects a more developed nervous system. Thus, the neurological deficits associated with pediatric HIV are not as apparent in adolescents and the illness progresses less rapidly. Indicators of neurological involvement in adolescents include general mental slowness, impaired concentration, mild memory loss, and motor skills impairment. Due to the multiple skill and functioning domains that may be affected, the student with HIV will benefit from interdisciplinary assessment and intervention services, which might include school psychology, special education, nursing, and related services.

NASP advocates repeated, comprehensive, developmental assessments to monitor the child's changes over time. As deemed appropriate, these assessments should focus on current cognitive functioning, psychosocial status, the nature of physical impairments, receptive and expressive language, attention and concentration, working memory, processing speed, perceptual-motor skills, academic skills, social-emotional functioning, and adaptive behavior. For children ages 2-8 years, progress monitoring should occur annually, and for those greater than age 8, monitoring should occur every 2 years (Smith, Martin, & Wolters, 2004). To the extent possible, testing results should be communicated to the treating physician, as progressive decline may indicate a need for the physician to make modifications to the treatment regimen.

NASP affirms the rights of children with HIV to a free and appropriate public education in the least restrictive environment. If special education services are needed, preschool children with HIV likely will qualify under IDEA because of the likelihood of developmental delay. School-age children may also qualify under IDEA if the disease adversely affects educational performance to a substantial degree. Students with HIV may also be considered eligible for supports under Section 504 of the Americans with Disabilities Act if they experience HIV-related cognitive and physical impairments that substantially limit major life activities, as well as discrimination and ostracism related to perceived contagiousness.

Psychosocial Interventions

The stigma associated with AIDS presents a major problem for families of children with HIV. Fear of social ostracism can delay detection and efforts to access needed services. In addition, extended family members may fear catching the virus and remain distant, leading to social isolation (see Battles & Weiner, 2002, for a discussion of "safe people" who can provide social support). The resulting loss of a family support network exacerbates the vulnerability of the child. In addition, some parents are reluctant to have their children in the same classroom with a student with HIV, leading to intense emotional reactions in some communities. In response, AIDS-related stigma and contamination concerns from school staff and members of the community must be confronted and resolved.

NASP recommends that issues of social isolation and stigma be considered in all decisions regarding children with HIV and their families. Furthermore, schools must work to protect children with HIV from the ostracism that frequently accompanies HIV/AIDS. School psychologists can reduce negative reactions from classmates and a student's social isolation by gaining greater knowledge of HIV/AIDS and by training others through in-service presentations to address the issues surrounding contagion in an effort to reduce the fear of associating with those persons with HIV. Additionally, pediatric HIV may indicate the presence of AIDS in other family members, and these individuals may also experience intense emotional strain, social

stigma, and bereavement. NASP strongly believes schools must address family issues from a culturally relevant perspective, and should lead the community in a reasoned response to HIV/AIDS.

DISCLOSURE ISSUES

Due to concerns about coping with an HIV diagnosis, disclosure of HIV status to children who are perinatally infected presents a number of challenges to families. Caregivers may be hesitant to disclose an HIV diagnosis to their child, believing the child too young to adequately comprehend the implications or that the information will distress the child. In spite of the concerns of many parents, there is no evidence that disclosure negatively impacts children (Butler et al., 2009). Disclosure is recommended by the American Academy of Pediatrics (Committee on Pediatric AIDS, 1999) and NASP supports this recommendation. Disclosure should be viewed as an ongoing, process-oriented approach that takes the child's cognitive development into account, and assists in developing an understanding of HIV (Lesch et al., 2007). Mental and medical health professionals involved in the child's care may support families to gradually disclose HIV status to children via an extended, multistep process in which the child is able to make sense of his or her illness and experiences (Salter-Goldie et al., 2007).

Bereavement Issues

The health of school-age children with HIV tends to decline over time and can lead to departure from school and hospital-based care. School psychologists must assist children with bereavement issues at school. These issues may include students' bereavement due to the death of a classmate, AIDS-related deaths of teachers and other school staff, as well as deaths of family members of the infected child. School psychologists should be knowledgeable about children's developmental differences in understanding death and specific helping behaviors to use in school. In addition, school psychologists must recognize the child with HIV may experience family disintegration. The condition may not only lead to the loss of a caregiver or other central family member, but potentially other stressors, such as witnessing the medical deterioration of a loved one, moving to live with an extended family member or foster parent, and/or legal battles regarding custody.

Research and Training

School psychology should contribute to the limited research base regarding psychoeducational and psychosocial consequences of HIV/AIDS among children and adolescents. Research is needed to develop models to link systems of care for children affected by HIV/AIDS. This research is essential to serve children with HIV, and to meet the needs of others indirectly affected by the illness and its stigma. School psychologists should also accept this mission by sensitizing colleagues and training graduate students (for those involved in graduate training) about the complex issues surrounding HIV disease. School psychologists must become actively involved in systematic program evaluation of school-based HIV/AIDS curricula to refine the knowledge base of empirically supportable interventions.

SUMMARY

NASP supports a comprehensive approach to supporting students with HIV/AIDS and their families. NASP supports the implementation of prevention efforts. NASP believes school psychologists must be at the forefront of prevention efforts to reduce the risk of HIV transmission, as well as intervention efforts to address psychosocial needs of children with HIV, and to foster their full inclusion in the community. Finally, NASP believes school psychologists should recognize the strengths and limitations of their

knowledge and training. They should become aware of community-based resources and agencies and avail themselves of more knowledgeable and practiced individuals for support, information, and presentations regarding meeting the needs of youth with HIV and supporting the prevention of its transmission.

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RESOURCES

American Psychological Association's Office on AIDS: <http://www.apa.org/pi/aids/index.aspx>

Provides information, training and technical assistance on a wide range of HIV/AIDS-related topics.

CDC National Prevention Information Network: <http://www.cdcnpin.org/scripts/hiv/index.asp>

Provides recent news and publications about HIV/AIDS prevention, as well as current CDC guidelines and recommendations for the detection, treatment, and care of HIV/AIDS.

HIV: Issues for Youth and Young Adults: http://www.aidslegal.com/Publications/Young_Adults_English.pdf.

This PDF, prepared by the AIDS Legal Council of Chicago, is an excellent resource for young adults and adolescents.

Megalaw.com: <http://megalaw.com/top/aids.php>

For those interested in legal issues, Megalaw.com provides this comprehensive directory of HIV and AIDS case law, as well an exhaustive list of web-based sites about HIV/AIDS law.

NASP crisis resources: http://www.nasponline.org/resources/crisis_safety/index.aspx

Assistance in responding to these and related crises, and information about dealing with loss, can be found on the NASP crisis resources website at.

National Association of State Boards of Education. (2001). *Someone at school has AIDS: A complete guide to education policies concerning HIV infection*. Available at http://nasbe.org/nasbe_marketplace/index.php?dispatch=products.view&product_id=29927

Offers recommendations to school districts regarding HIV-related education policies.

Sexuality Information and Education Council of the United States (SIECUS): <http://www.siecus.org>

Professionals interested in school-based health education are encouraged to consult this website.

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