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Countertransference reactions to psychotherapy group work with HIV positive children

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APPENDIX 1

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

DEPARTMENT OF PSYCHOLOGY

INFORMATION SHEET

Hello, my name is Julia Kuhn. I am doing research for a Masters degree in Clinical Psychology at the University of the Witwatersrand, entitled, "Countertransference reactions in psychotherapy group work with HIV-positive children". I would like to invite you to participate in this research project as I understand that you have experience in doing psychotherapy group work with HIV-positive children. The aim of the research is to explore the emotional responses of therapists doing group work with HIV-positive children in order to better understand the challenges posed by this work. An assumption of this research is that by bringing awareness to the therapist's emotional reactions to working with groups of HIV-positive children, insights may be generated that may support therapists in responding effectively to the developmental and existential issues that arise in group work with these vulnerable children. This research is being supervised by Prof. Gavin Ivey at the University of the Witwatersrand.

The study will involve interviewing you around your emotional responses to your work with HIV-positive children, and asking you to talk about how you understand these responses and the ways in which these responses have been present in the therapy room. If you agree to participate, this will entail taking part in one or two interviews of approximately one hour, at a time and place convenient to you. With your permission, the interviews will be tape-recorded and transcribed. You will be asked to give your consent to participate in the interviews and also to consent to have the interviews recorded.

Confidentiality will be maintained by: i) not disclosing any details that may identify you in the research report, ii) not disclosing identifying details of your clients and iii) not including any identifying details in quoted material in the research report.

You will not have to answer any question you do not wish to and you may withdraw from the research at any point, without detriment to yourself. If you were to experience the interview as emotionally stressful in any way and were to feel that you would benefit from receiving psychological support, I will discuss possible options with you, including providing you with the telephone numbers of psychologists who will be willing to make themselves available for consultation.

The results of the study will be written up in a research report that will be kept in the university library. The study may be written up as a journal article and presented at public fora. Access to the research report will be made available to you, on request.

If you have any questions about this research you can contact Julia on 011-487-0862 or 082-357-7210 or my supervisor, Gavin Ivey on 717-4529.

Julia Kuhn (Ms)

APPENDIX 2

UNIVERSITY OF THE WITWATERSRAND

JOHANNESBURG

DEPARTMENT OF PSYCHOLOGY

INFORMED CONSENT FORM

This document serves to confirm my voluntary participation in the research of Julia Kuhn, entitled "The countertransference of individuals doing psychotherapy group work with HIV-positive children". The nature and objectives of the research have been explained to me.

I understand that my participation will consist of talking about my experiences in one or two interviews to be held at a place and time convenient to me. I know that after the interviews have been written up and the study has been completed, the tapes will be erased by February 2007. I am aware that the researcher will keep copies of the transcripts in a filing cabinet in her home but that any details that may identify me will be omitted from these transcripts. I am aware that my participation will also be known to Julia Kuhn's supervisor, Prof. Gavin Ivey of the Department of Psychology at Wits University.

I understand that I do not have to answer any questions I do not wish to and that I can withdraw from the research at any point without detriment to myself.

I understand that my participation is entirely voluntary and that my confidentiality and the confidentiality of my patients will be protected by omitting any details that may identify me or my patients in the final report. I also give my consent for the results of the research to be published and to be presented at conferences and other professional public fora.

I understand what is being asked of me and am willing to participate in this project.

If I have any more questions about this research I can contact Julia Kuhn at 082-357-7210 or 011-487-0862 or Gavin Ivey at 717-4529.

Participant's name _____

Participant's signature _____

Researcher's signature _____

Date _____

APPENDIX 3

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

DEPARTMENT OF PSYCHOLOGY

TAPE RECORDING CONSENT FORM

I grant permission for my interviews with Julia Kuhn, on "The countertransference of individuals doing psychotherapy group work with HIV-positive children", to be recorded.

I understand that portions of my interviews may be quoted in the research report but any identifying details pertaining to myself or my clients will be omitted. The transcripts will be kept in a safe place in the home of the researcher and the tapes will be erased upon completion of the project.

Participant's name _____

Participant's signature _____

Researcher's signature _____

Date _____

APPENDIX 4

INTERVIEW PROTOCOL

1. Please tell me a little about the work you are doing with children with HIV/AIDS, including your theoretical orientation.
2. How long have you been doing therapeutic work with HIV-positive children?
3. What attracted you to do this work?
4. What aspects of this work are the most challenging, and why?
5. What emotional responses of your's would you regard as central to your work with these groups of children?
6. With reference to particular incidents and examples, how have your emotional responses impacted on the work of therapy?
7. What sense do you make of your emotional responses to this work and how these responses may have influenced the therapy?

APPENDIX SIX

BACKGROUND INFORMATION ABOUT THE GROUPS

About the groups

Five therapists doing work at three different locations were interviewed. In each of these locations, the group work done with HIV-positive children feature important similarities and differences. This appendix provides background information about the groups, their purposes and functioning.

Setting 1: Hospital A

C and J are clinical psychologists employed at a small local hospital in an impoverished area of Johannesburg. They have recently started co-facilitating non-directive psychotherapy groups for HIV-positive children attending the hospital. C works psychodynamically and J works predominantly from a systems perspective. C and J have both worked for a number of years individually with HIV-positive children and adults at the hospital. J is the hospital's dedicated HIV psychologist.

Hospital A specialises in children's illnesses, but when the children turn fourteen they are referred to the district hospital nearby. At this hospital the children attend the adult HIV/AIDS clinic, in contrast to the situation at Hospital A where the children receive treatment from a general practitioner or a paediatrician, and are often unaware of their status. Most of the

children attending the groups were infected with HIV via maternal transmission. Some were infected as a result of being raped.

Prior to the commencement of groups for children at Hospital A, C and J initiated groups for the children's caregivers with the purpose of encouraging them to sensitively disclose their children's status to them before they turn fourteen and are transferred to the HIV/AIDS clinic at the district hospital. In these groups the caregivers are helped by each other and the therapists to work through their own feelings about the children's status and their desire to protect the children from this information, as a precursor to coaching them to sensitively disclose the children's status to them. Many of these care-givers are themselves HIV-positive, some reporting that they were infected by unfaithful partners.

Run in tandem with these groups are psychotherapy groups for those children who know their status. Some of these children have been told by their care-givers, whereas others have found out inadvertently, for example after hearing the doctor thoughtlessly announce their status to other staff. The children's groups function to contain the children and help them work through their feelings about being HIV-positive. They also play a psycho-educational role, particularly with respect to issues around medication compliance. In addition, the group is intended to provide an opportunity for older children to mentor younger ones in taking full responsibility for medication compliance and for keeping their appointments at the hospital. Therefore a creative tension exists in the groups between acknowledging the children's courage in knowing their status and encouraging personal responsibility on the one hand, and on the other, nurturing a safe space in which the children's expressions of their vulnerabilities are facilitated, particularly feelings of loss related to bereavement.

The groups are run non-directively with an emphasis on facilitating the children's autonomy. Children are told that the space is theirs and given the choice as to how to use it, within the frame and boundaries of the session. J thinks about the groups as offering "relationships of difference" for the children – a space where needs can be met that are not being met elsewhere. In particular, the importance of "speaking HIV" is emphasised. It is spoken about from the first session so that the children understand that the group is the place where they can talk about their status without fear of stigmatisation and isolation.

At present there are three children's groups running simultaneously. Each group is comprised of six children between the ages of eight and fifteen and meets once a month. The groups are comprised of children of all races from families in the lower socio-economic income groups living in the neighbourhoods surrounding the hospital.

Practical difficulties get in the way of the children attending therapy regularly. When the caregiver is faced with poverty and poor health it becomes difficult for her to get the child to the hospital. As a result, many of the children do not come back to therapy, or may attend sporadically. However, J noted that many of the children, some as young as ten, get themselves to the hospital by taxi, so as to keep their appointments with doctors and therapists, and take the responsibility for complying with their medication regime. The approach of the doctors at hospital A is that this is the ideal - when caretakers are unreliable and inconsistent, it is preferable to teach the child to take on the responsibility for his or her health. However, J noted that often children just do not have the resources (emotionally and practically) to manage this.

Setting 2: Hospital B

K and S conducted psychodynamic group psychotherapy for HIV-positive children at the hospital in the period 2003 - 2005. Unlike the therapists working at Hospital A, K and S are not employed by the state but are the founders of an NGO that provides therapy in a creative arts model in various communities. Their work is therefore dependent on securing funding.

Hospital B is a big district hospital in Gauteng that services a large, diverse area. The establishment of the groups arose out of the need to provide psycho-social support for HIV-positive children undergoing clinical ARV trials at the paediatric AIDS unit of the hospital.

In the initial phase of the project (in 2003), groups comprising six children between the ages of six and eight were run on a weekly basis by the therapists. The groups were not co-facilitated, but a translator was employed in every group, and she or he also received hands-on training in co-facilitating the groups. The groups were run non-directively as art or drama therapy groups over a period of six months. The very first children's group was however run over a year.

Most of the children in these groups did not know their HIV status and it was never openly acknowledged or addressed in the groups, on the request of the children's care-givers. The children were generally told by their care-givers that they were attending the hospital because they had high blood pressure or diabetes. Children were referred to the groups by the doctor who was treating them at the paediatric AIDS unit. All of these children had been infected with HIV at birth.

Presently the project has evolved into more structured, directive groups run over twenty sessions. Children and adolescent groups are run separately. Children who know their status participate in groups with children who have not had their status disclosed to them and the group does not engage with the subject of HIV unless it is raised by the children themselves. To date, talking openly about HIV in the groups has not occurred, but there has been a move to encourage the caregivers to disclose by providing caregiver groups in which their fears and concerns are explored.

At present groups engage with a theme each week via a creative process such as drama or art. The purpose of the group is to develop the child's self-esteem, help him make contact with his internal resources and to express difficult feelings associated with his treatment, promote acceptance by his peers, manage anger and sibling rivalry and to encourage medication compliance.

In the initial phase of the project, the therapists were feeding the children prior to the session. As most of the children come from poverty-stricken communities and many would have travelled some distance on foot or taxi to the hospital, it was felt that the group would not be able to work productively without providing the children with food and refreshment. However, feeding the children caused practical difficulties and raised questions about technical issues and therefore K and S decided that the children would be fed at the hospital by an NGO working in the field of HIV support and education.

An important part of the work currently being done by these therapists is the training of community counsellors and care-givers in running structured, directive groups with the

children. The therapists are now playing more of an observing-training-supervising role in the project. The project has also expanded to include regular meetings with the hospital psychologist and has developed as a systemic intervention through the establishment of caregiver groups. This evolution of the project contrasts with the early days of the work in which the therapists report the project's isolation and the lack of support from the hospital, and that it was only external supervision that provided some sort of forum in which to share and think about the work.

Setting 3: A Christian care centre

L works for an NGO active in the field of HIV-support and has been running groups since 2002 with HIV-positive children. L trained as a drama and play therapist and works psychodynamically within a creative arts therapy model.

L's groups are run with orphaned and abandoned children who have been placed at a children's home located in an informal settlement. In 2003 L developed a programme to assist the children to adjust to the world beyond the home and prepare them for school. The primary concern the programme intended to address was how to disclose the child's status to her before the school attending age of seven, so that she could be helped to manage potential bullying and stigmatisation. At the heart of the programme is the psychodynamic drama therapy group which serves to contain the child through the process of disclosure. L's vision was that the child's status would be disclosed in therapy, but that the children's condition would be talked about openly by the whole organisation, in particular by the children's caregivers. To this end she embarked on a process of helping the staff to talk to

the children about HIV and to engage with the children about stigma and the implications of disclosing their status to others outside the home.

Initially groups were set up comprising 5 children between the ages of five and eight. Children of the same gender and of similar age and circumstance were placed together in groups. Groups met once a week for eight weeks and new groups were started every nine weeks, with some of the same children continuing their therapy into the next block. Some children were therefore involved in group work for six months or more. As the children live with each other there is an already existing group dynamic and the comings and goings of group members does not have the same sort of impact as in the usual psychodynamic group, comprised as it is of people who are strangers to each other and have no contact outside the sessions. However, the fact that the children live together also creates its own dynamic as the children use the space to act out the conflicts and dynamics occurring in their cottages and the organisation as a whole.

The groups are solely facilitated by L. She works without a translator as the children speak English, and she has a rudimentary command of Xhosa. After the initial groups had run, L reduced the group number to three in order to manage the process more effectively. Children self-refer themselves to the groups and L places a strong emphasis on facilitating the child's autonomy in the group.