It's Good2talk

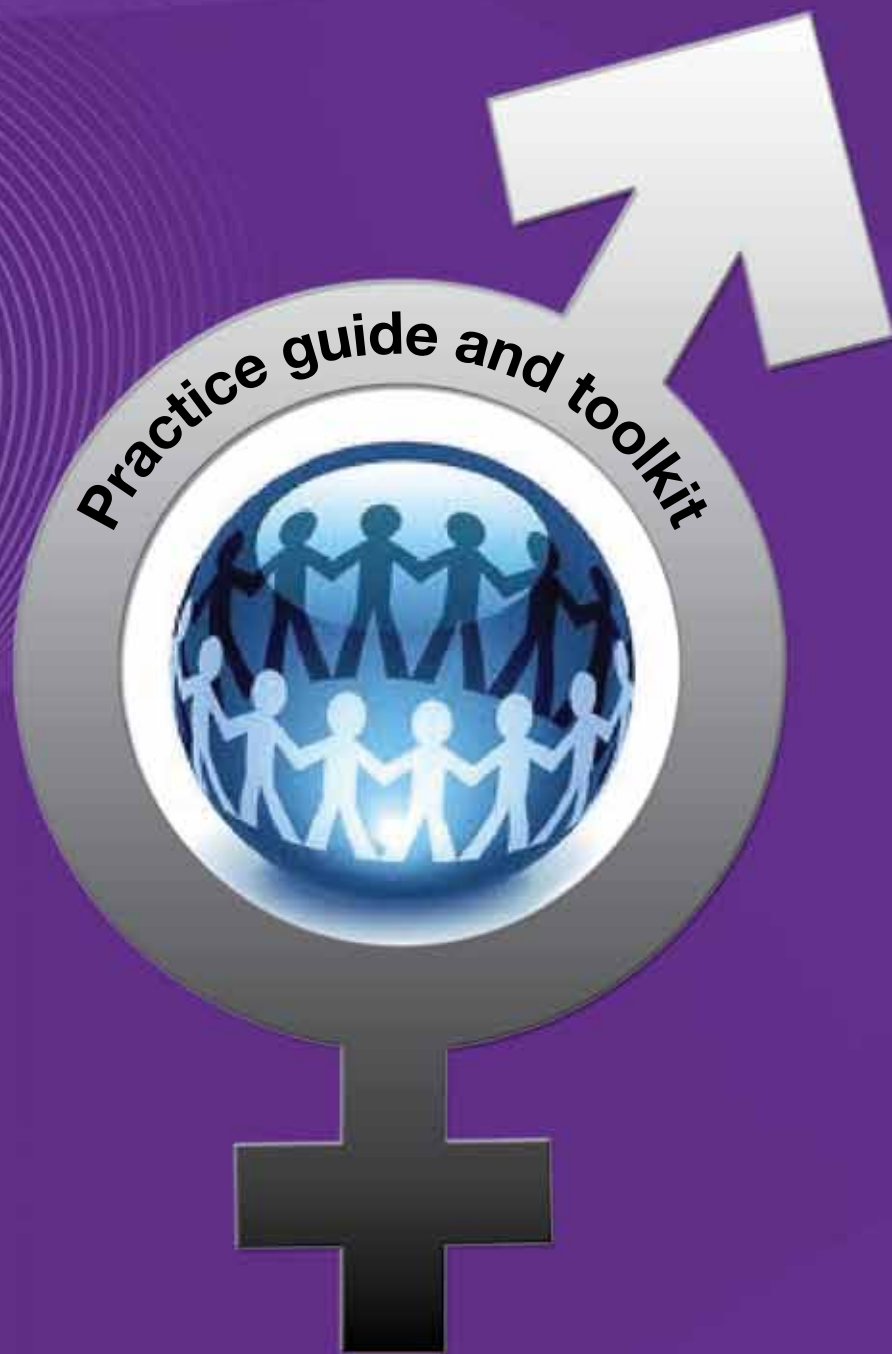Practice guide and toolkit

Supporting communication in families living with HIV

The UK Family Project

TIn 2008, Babs Evans, Grant Manger for the Elton John AIDS Foundation brought together UK based organisations to look at the needs of children and young people with HIV. We discussed how we could work collaboratively to support these needs. Two of the main challenges were, how stigma and discrimination ensures that HIV is treated as a secret in families, effecting communication on HIV, sex and relationships for children and young people, and how organisations, spread across the UK, could improve our work together, share good practice and feel part of something bigger.

The UK Family Project then formed; a partnership between Positive Parenting and Children (London), Waverley Care (Scotland) and the Regional HIV Social Work Team (Northern Ireland) of Belfast Health and Social Care Trust, funded by a generous grant from the Elton John AIDS Foundation.

The UK Family Project is a collaborative initiative that aims to reduce the impact of secrecy and stigma on families living with HIV, facilitate more comprehensive and earlier testing for undiagnosed children, improve family communication on HIV, sex and relationships and ensure that families receive support using the best possible practice models and methods.

We achieved our aims through a number of UK wide activities and developments:

- organised two family residentials (October 2009 and October 2011)
- co-ordinated a practice sharing and networking event for practitioners who support families living with HIV, in partnership with CHIVA
- established a network of support and social care professionals / practitioners
- developed a guide to models and methods of support for families living with HIV
- agreed planning and development that supports the testing of children and young people at risk of HIV
- service development in Northern Ireland
- developed a series of resources for communication and talking about HIV within families called **'It's Good2talk'.** Underpinned by research and evidence based good practice, it has been shaped and informed by parents, young people and practitioners across the UK.

'It's Good2talk' will help

- practitioners in their support for children, young people and parents in the challenges HIV places on communication
- individuals and families to feel supported and better able to talk openly about HIV within the family, and
- parents, who have children of all ages, be able to have more open and age appropriate discussions on HIV, sex and relationships.

Acknowledgements

During my many years of working, as a social worker and family therapist, I have been struck by how the issue of communication is particularly challenging when living in a family with HIV. Secrets, stigma, and fear of discrimination contribute to the levels of difficulties families face. Disclosure and testing are two of the areas families have to manage, where communication is inevitable but complex.

These practice guidelines will help to fill the gap for those who support families living with HIV and are written with the whole family in mind. They provide a range of tools that can best help them in talking to their children and family members about HIV, sex and relationships, whilst recognising the additional barriers they face to open family communication.

Nina Bengtsson
Practice Manager
Positive Parenting and Children

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1. Introduction

These tools and resources are collected from a range of disciplines and have been brought together to provide a reference point for direct work with families living with HIV. The guidelines are aimed at practitioners who work in a setting where ongoing support for the service user is available and accessible, and there is a culture of reflective practice, supervision and support for staff and volunteers.

They can be used at different stages of engagement, and can be added to the approach of your normal working model. They provide an opportunity to talk things through, see things from a new perspective, facilitate better communication, and also promote self-esteem and resilience, creating opportunities for families to step back and develop an awareness of family interactions. A whole family approach is recommended with the needs of the child at the forefront of support interventions.

There is not a prescribed time to start supporting families with communication but some work is useful to strengthen a family before and after the children become aware of HIV. Where parents and children/young people have not had any further talk since being told families will benefit from some support to facilitate more open confident communication.

All the tools provided should be tried out by the practitioner on themselves or other colleagues in the first instance. To be effective in your relationship with the parent and child some of the qualities and skills of the 'helper' highlighted by the Family Partnership Model, devised by Professor Hilton Davis, are useful to consider. The 'Essential Qualities of the Helper - Respect, Genuineness, Empathy, Humility, Quiet enthusiasm, Personal strength and integrity, Intellectual and emotional attunement' and the 'Skills of the Helper - Concentration/active listening, Prompting, exploration and summarising, Empathic responding, Enthusing and encouraging, Enabling change in feelings, ideas and actions, Negotiating, Communicating and making' (Davis, H 2007)

Cultural diversity is the norm in the HIV sector. The significance of culture must be considered when understanding communication. It provides a complex backdrop to our actions and communication. By culture we mean 'a shared set of shared meanings, assumptions and understandings which have developed historically in a given community' (Thompson, N 2003 p109). Be cautious that stereotypes can distort communication. 'Effective intercultural communication is therefore premised on an awareness of the dangers of stereotyping and a commitment to do something about ensuring that these are not allowed to influence our actions' (Thompson, N 2003 p31)

Different communities are likely to need different methods to meet the same needs. Cultural competence and culturally sensitive ways are needed that enable people to access services. Most families living with HIV are African or African Caribbean origin and the taboo and stigma surrounding HIV is remains strong and can make talking about HIV difficult. These tools aim to support and enable people to talk and tell their stories within a safe environment.

In order to use these tools effectively you will need a sound knowledge of HIV, sexual health and relationships, and an understanding on how they impact on children, young people and families, and be equipped with a range of information booklets on the topics – see appendix on further resources and website.

Six tools are presented in this document. Some pages are designed to be photocopied as required. A separate document form '**It's Good2talk'** series called **Supporting children and families in talking about HIV**.

Conversation planning allows for a more direct straightforward approach, and can be considered the most practical tool in the 'kit'.

The **genogram** and **ecomap** are visual aids that give you and your client a way in to opening discussions on potential unexplored sensitive areas. **Circular questioning** takes more practice but essentially allows the person to understand things from another family member's perspective – awareness of the relationships, strengths and barrier form a basis for communication.

The **Tree of Life** may seem for the ambitious professional, but with some extra homework and planning, could become a central part of your service. It is a resource that grew out of the HIV/Aids sector; it fits so well and is beginning to see wider applications of its use. Its effect is wider than communication as it strengthens the individual and their peers, which is essential in building resilience against stigma, the main barrier to open communication in families living with HIV.

Breathing skills are generally useful to help people deal with stressful situations but we have allied the idea more specifically to communicating difficult issues.

Within the document there are resources designed to be photocopied or printed for use

2. Communication Planning

What is it?
Conversation planning is a series of questions that break down all aspects of planning a complex, difficult or sensitive conversation between a parent and a child. Planning conversation can help feel more confident when subject of HIV, sex and relationships needs to be initiated with your child but also when it is raised by your child when you least expect it, enabling you to use the moment provided.

Good advice about talking to your children about these matters comes from TVO.com, a Canadian community resource for parents, and the Family Planning association 'Speakeasy' resource.

'Keep in mind that several "little talks" will be more effective than just one "big talk." It's also important to remember that kids of all ages can benefit from conversations about healthy relationships and the importance of self-respect.' Talking to Kids about HIV/AIDS

When is it used?
Within a communication workshop or one to one support work with parents where planning might be useful, and there is a risk of unplanned conversation being ineffective or damaging.

What is needed?
A copy of this tool and a pen.

How is it used?
Use the six steps to guide the discussion, have to have information resources that might be useful to the parent in terms of giving their child factual and age appropriate information.

It's Good2Talk - 6 simple steps

Step 1

Identify what you want to talk about.

What is really bothering you?

How do you feel about it?

How would you like it to be resolved?

What do I want to talk about with child

Step 2

What information do I need to feel confident when raising this subject with my child?

How to move forward

Step 3

Where can I get this information and support with this?

Getting the right information and support

Step 4

When I have the information and support I need when and how will I raise this subject with my child – what will I say?

Setting a goal to discuss the subject

Step 5

I am not sure how my child will react when I start talking about this subject, what can I do?

Being prepared/ having a plan

Step 5

What steps can I take to make sure we keep talking?

Keep talking

3. Genogram and ecomap

What is it?
The **genogram** and **ecomap** are visual tools that allow the client to look at their family style and patterns of relationship from the "outside". It is more comfortable than face to face questions as a way of talking because there are more options that allow the client to dilute the focus on them as an individual.

A **genogram** allows you and the parent or young person to quickly identify and understand various patterns in the family's history which may have had an influence on their current thinking or doing. **Genograms** have the advantage of containing a wealth of information whilst the client can feel reassured not too much personal information is revealed at once.

An **ecomap** show how the parent or young person are connected to the people that they know - their social networks

When is it used?
The **genogram** can be used right from the start with a parent or young person you are supporting. Symbols are used to create a family tree for three or more generations. It allows broader ideas of 'family' and who is part of it, to be shown.

It can be used as part of the information gathering and assessment initially, then revisited in more depth to examine the relationships and family dynamics – how open family members are with each other and how well they respond to each other's needs and how much they know about each other.

Family communication not only shapes but is also shaped by family relationships. For instance, you as a professional can assist prompting families to identify who talks to whom, but also help them to identify how they talk and what these interactions look like. The **genogram** is an interactive tool and hence a good frame for talking.

Initially developed by Monica McGoldrick and used in clinical settings, a **genogram** is a pictorial display of a person's family relationships and history. It goes beyond a family tree by allowing the user to visualize hereditary patterns and psychological factors that punctuate relationships (McGoldrick, 1985 – 3rd edition in 2008).

The **ecomap** is useful for mapping the strong and weak relationship around you when planning conversations such as a parent sharing their HIV diagnosis. Particularly useful for children, you will learn who they are likely to turn to for support, for example an 'auntie' or 'uncle' who can be drawn into the process. It is also useful to identify areas of conflict for the child that will need to be a focus of support for communication to be effective.

What is needed?
You will need a piece of paper or use the template included, coloured pens or pencils and a table. Potentially one or more family members can be involved in building up the **genogram.**

How are they used?

The genogram is a bit like a family tree but without as much detail. It can be useful to add names.
Here's an example –

Friend
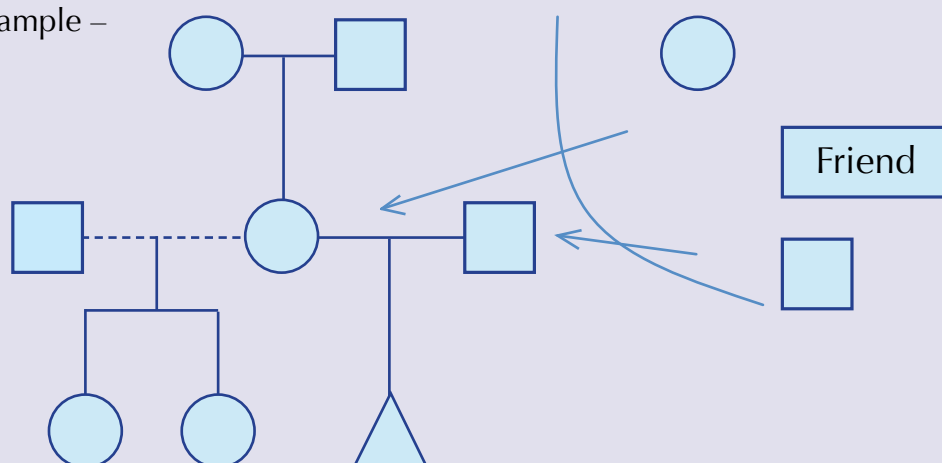
Each family member has a symbol, circles for females and squares for males. Each is linked to their parent or sibling by lines.

Work together to building the picture and show family relationships and dynamics.
It can be used creatively to included friends or professionals who are considered close, though **ecomaps** are better in this respect.

Generalised discussions and topics open a forum for talking and sharing; these conversations can then be taken and expanded to areas that are more specific to HIV and living with HIV in their families.

When helping the individual or family to look at other family members on the **genogram**, they may be able to see how others are sharing and communicating and reflect upon their own way of showing emotions.

Examples of questions –
"Who do you remember used to do most of the caring aspects when you were a child?"

"Who provides specific support such as attending hospital appointments, supporting medication and adherence etc.?"

"What has been your experience of caring for a member that has been sick?"

"What is your greatest challenge to this relationship?"

"What message has a family member brought from their own family around sex before marriage and how has this has influenced their current relationship with their current partner?"

"Who do you expect would take a step towards you or away from you if you told them about your HIV status?"

When using an **ecomap** the child or person is placed in the centre and circles are drawn around them with the names of people and organisations that form their network. Lines are then drawn between the child and the circles to represent their relationship. This example is adapted from a piece of case work with a 7 year old boy by his family support worker

Dad

Mum

Head Teacher

Teacher

Sister

Friends

Family Support Worker

Nurse
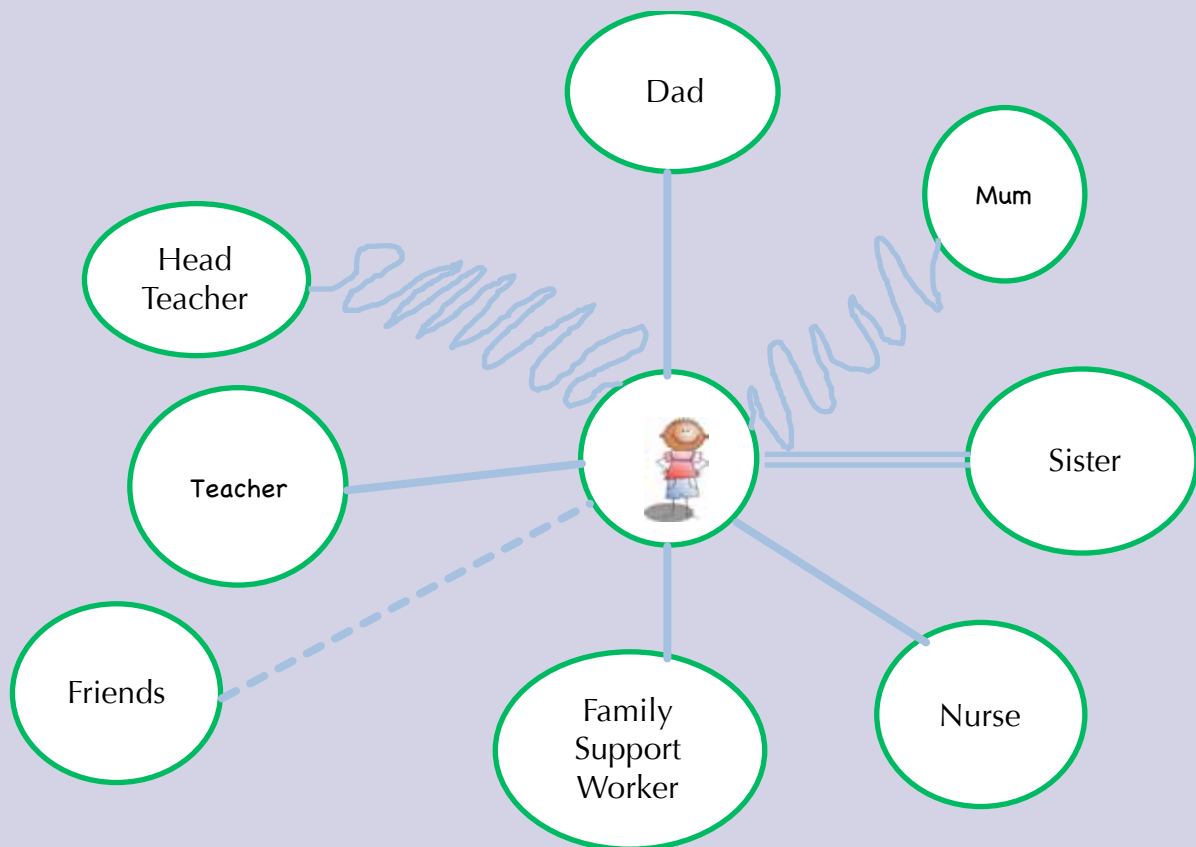
Solid lines indicate a solid or strong relationship with a person. A dotted line indicates that there is only occasional contact or that it is not a strong relationship. A zigzag line indicates that the relationship is a difficult one.

Once you have the map, questions can then be asked that explore the relationships in more depth.

The ecomap will be a snapshot in time. Repeat the exercise after a time and compare the two, and reflect on the differences.

Using **circular questioning** can be a useful complement to the **genogram**.

[1]Sources include: The Relationships Centre 'Talk…Don't Walk' and

http://www.cgtell.info/bsn/bsnts.htm

How the genogram and ecomap can help

- Allows you as a professional to better understand your client's medical and psychosocial history. The genogram can identify illnesses and health related topics. HIV can therefore be brought into the picture and discussion.
- A tool to map family relationships that families may struggle to talk about openly. The **genogram** gives the client a subtle prompt to think about the specifics of each relationship and the meaning of it. Family relationships can be mapped over at least three generations, and report information on family structures and dynamics that families may have been unaware of. Similarities and differences are highlighted and can be an opening of a discussion.
- The **genogram** is a useful tool for the client to reflect and think about particular ways their family relate or do things. Understanding each other and understanding the family, is done in part by understanding family communication. For example, genograms may help a mother to understand why her husband is reluctant to be part of the conversations around their child's HIV status.
- The topics raised also help the professional to get to know the family and help deal with what comes up as identified issues.
- The **genogram** and **ecomap** operate as a creative tools because of the openings of a variety of topic areas to either talk about or talk around until the client is ready to tap into it more deeply. For example, a client may well not be ready to talk about their HIV diagnosis, but could talk about their close relationship with their sister and define what they mean by "being close".
- Gender differences in communicating, supporting and coping can be explored. For example, families can be encouraged to think about the men in relation to work and earning an income. These openings can bring along further discussions of men's preferred ways of how they show care and love to their children, and instead of it being invisible.
- As a network map of support when the family is facing challenging times, such as The family can be assisted to talk abouttheir options of support outside of their immediate family, and also be helped to think about how other people may react towards knowing. Families can also be helped with thinking about their possible worries of fear and isolation when visualising family changes and interactions following such as sharing their HIV diagnosis or getting a child tested for HIV.
- **Genograms** can identify strong belief systems in family members, and expectations of one another can be discussed. Specific cultural belief systems can be explored, such as sex before marriage or a mother's belief in being strong at all times for her children that result in her not showing or sharing emotions with her children.

Genogram

Symbols

☐ Male

○ Female

△ Pregnancy
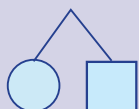
○☐ Twins

⊗ Death

- - - - - Separated

═══ Adopted

Notes

Ecomap

─────── Strong or close relationship

∿∿∿ Stressful relationship

– – – – – – – Weak relationship

──────▶ Direction of influence or energy flow

Who is most likely to:	
Read a book	
Eat hamburgers	
Be laughing	
Enjoy gardening	
Cry	
Give good advice	
Have their feelings hurt	
Talk loudly	
Listen when I have a problem	
Cheer me up	
Play cards or games with me	
Visit places with me	
Be trustworthy and not gossip	
Pull me up when I am doing wrong	

4. Circular questioning

What is it?
Using questions that enable someone take another person's perspective on the feelings, behaviour, beliefs and relationships within the family 'system' and help identify and explore connections.

Circular questioning has been developed for family therapy settings from the Milan systemic approach. It can be studied in great depth (please see the Jac Brown article http://www.anzjft.com/pages/articles/940.pdf 17/8/11), but in this resource we will reduce it to its basic principles.

The assumption of the model is that behaviour of one is connected to the behaviour of the other in a circular manner. Rather than looking at 'why' the problems exists, the focus is on the effects (p204-5 Garven (2009)

When is it used?
This method can be used alongside the visual aid of the **genogram** and it demonstration of relationships.
You will find that this type of questioning process as a way of exploring the openings of many areas of family topics. As families present with emotionally laden areas, you as a professional are able to facilitate the increased intensity and emotional openness.
The questioning is used to together with the family explore the things that constrain family members relationships and their ability to manage painful issues such as HIV diagnosis and illness. A space is created for communication.

What is needed?
A genogram would be useful.

How do you do circular questioning?
When you are talking through an issue that relates to someone else, ask this person what they think the other person feels about this particular issue. It's particularly useful with the person you are talking about is present listening to what others think about their thoughts, feelings, beliefs etc.
Instead of asking why someone is depressed, a circular form of questioning would inquire about when someone shows depression and what other people do when this is happening.

This is a fictional case of John and his mother who is living with HIV.
For example, ask Mum what John does or feels when mum is depressed. A difference in happiness and depression is implied, which can help to frame the problem in a different way. Next, you may ask Mum what she feels when John feels sad. Circular questions also have the advantage of asking a third person for his or her perception on that other relationship.

You, as a professional, emphasise the "showing of" something, for example depression. This way helps the client to separate his or herself from the presenting problem of depression and instead have a liberating effect on family members when being encouraged to talk.

John's mother is depressed because of her diagnosis

When John feels sad about your HIV, what feelings do you have?

Effect on John of his mother's depression

When Mum feels sad about her HIV, what feelings do you have?
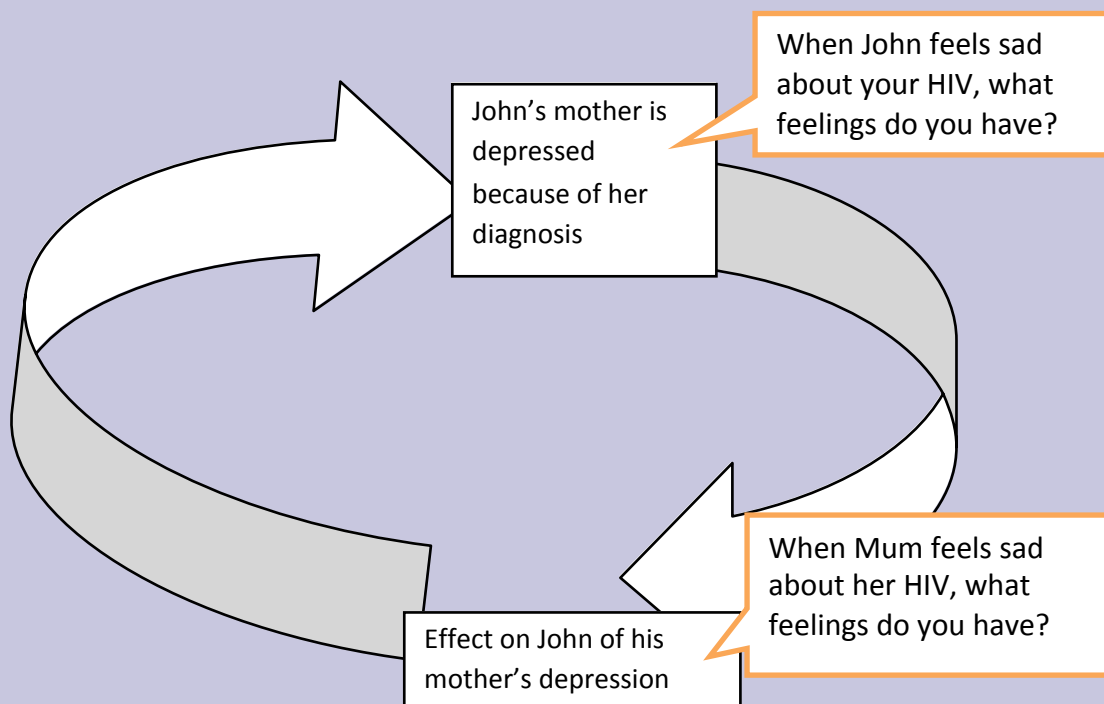
The model begins with the premise that clients often describe a problem in terms that are either too broad or too narrow. The model has two categories of questions; those that draw connections and thus broaden a client's understanding of their context and those that draw distinctions and thus narrow a client's focus where they might be generalising. As **circular questioning** draws connections and distinctions between family members or people within the larger system the client is part of (health clinics, schools etc), the client is prompted to include a wider perspective. (Brown 1997 p109)(Boscolo, Cecchin, Hoffman and Penn, 1987).

Examples

- 'When she feels sad about your HIV, what feelings do you have?'
- 'How do you show your feelings of fear about the future? What do you do? What effect does this have on your husband? Is that the effect you would like it to have?'
- Asking a mother what she thinks her husband may think of her and their relationship, should she ask him to have a HIV test
- 'You said you have noticed Stephen to be very quiet since you told him about your HIV status. What have you noticed about his play with his younger brother?'
- Feeling questions can be asked in a way that could increase empathy and understanding by other family members.
- Behaviour questions focusing on behaviour are useful in understanding what is happening for our clients.
- Relationships questions are helpful in allowing family members to talk about their relationship without having to focus on themselves as individuals solely.

5. <u>Tree of life</u>

What is it?

The **Tree of Life** is a psychosocial support tool (Ncube, 2006) based on Narrative Therapy ideas (Morgan, 2000) . It was initially developed, by Ncazelo Ncube-Mlilo and David Denborough, to use with children affected by HIV in Southern Africa, to allow them to speak about their lives in ways that make them stronger. The **Tree of Life** uses the different parts of a tree as metaphors to represent the different aspects of our life. Participants are invited to think of a tree, its roots, trunk, branches, leaves, etc, and imagine that each part of the Tree tells a story about their life (Ncube 2006 and Denborough 2010). This method has been used with adults living with HIV in London, by Georgia Iliopoulou (Iliopoulou, 2009), and also with teenagers living with HIV in the Looking Forward Project (Campbell et 2010) in North East London.

<u>Dulwich Centre - The Tree of Life</u>

The Tree of Life connects a person's past, present and future, their strengths and hopes, into a visual illustration. By drawing out all various parts of a tree, a person is better able to acknowledge that they are more than the HIV identity that can often feel overpowering. By speaking about aspects of their lives in an engaging way, people are encouraged to remember things about themselves that they might have forgotten or put aside due to, for example, their recent diagnosis of HIV taking precedence in their current life. Working with people's stories is an empowering way of engaging our clients in conversations and also serves a fruitful purpose of healing and moving forward.

As communication is a recognised area of huge challenge and difficulty when living in a family with HIV, this tool serves a particular purpose to encourage families to find their suppressed, forgotten and hidden stories of strength and resilience. It helps to talk and subsequently manage the effects of HIV in their lives, hence contributing in the healing process of being traumatised by such a diagnosis

[2]Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives and change their relationship with problems in their lives. Narrative therapy has a remarkable curious way of seeing possibilities of conversations. Narrative therapy is sometimes known as involving "re authoring" or "re-storying" conversations. We understand our experiences through our lived stories (Morgan, 2000).

When is it used?

The **Tree of Life** can be used with people who have experienced trauma and loss in their lives and who often have a single negative story about their life and their identity.

The **Tree of Life** can be used with a wide range of people across cultures and beliefs, as it is versatile. It has been effectively used with children over 5 years, with young people and adults. It can also be used with people who don't have English as their first language, as the visual aspect of the Tree of Life can be liberating and the restriction of language diminished.

The **Tree of Life** can be used with groups of people that face similar difficulties and with families. It can be run as a one-day workshop or take place over a number of meetings/ sessions. When run as a workshop, people can feel more connected between them and the impact of loneliness can be reduced. The **Tree of Life** can also be used with individuals.

What is needed?

It is recommended that the person who runs the **Tree of Life** has an understanding of the main principles of narrative therapy – see Morgan (2000).

When run as a workshop, you will need a comfortable space with refreshments available; it can run very well with one facilitator, two or more.

Materials required: flip chart sheets, pieces of paper for writing letters to significant others, colourful crayons, flipchart pens or paints, pencils and pens, certificates, sticky tape or pins.

How do you do the Tree of Life?

Use the manual for reference childfund.org.au - Tree Of Life (REPSII) PDF

The **Tree of Life** can be done with individuals, family groups, workshops, peer groups. It is easier to do it with two facilitators in a group setting, and is it important to have done this exercise yourself beforehand. Experiencing the **Tree of Life** will enable its facilitation and understanding some of the powerful issues that are likely to arise.

The **Tree of Life** has four main parts:

a.　　The drawing of the tree and telling of its story
b.　　The Forest of Life
c.　　The Storms of Life
d.　　Certificates and celebration

When run as a workshop, you can warm participants to conversations about trees by asking them to think of qualities and characteristics of trees.

a. The participants are then invited to draw their trees with the following parts. The facilitator's **Tree of Life** can be used as an example. Then each person shares the story of their tree with the whole group or in pairs.

Roots- The roots of the tree represent family, culture, family history (origins, family name, ancestry, and extended family), names of people who have taught us the most in life, our favourite place at home, a treasured song or dance.

Ground- The place where we are now in our lives, what we do in regular daily life.

Trunk- Skills, abilities and what we are good at.

Branches- Hopes, dreams and wishes for our directions in life.

Leaves- Represents significant people in our lives.

Fruits- Gifts we have been given (not necessarily material gifts).

b. If done within a workshop, or a family group, the second part of the exercise is 'The Forest of Life'. Place all the individual "trees" together and each individual is asked to write encouraging words to each other after reading.

c. Having created a place where hopes, wishes and abilities have been expressed, spoken and shared, the next step is for the client to be invited to the thought of how life has hazards and areas of struggles - "storms of life". For example, challenges and difficulties such as coming to terms with a diagnosis or managing the loss of a relationship after sharing their HIV status. The idea is to focus on the client's ability to manage this particular situation. By emphasising the client's expressed gifts and abilities, the client is expected to feel empowered and the aim is to bring more hope.

d. The last piece of the exercise is the 'certificate of celebration'. The certificate includes people's abilities and gifts, their hopes and dreams for the future, as well as expressions of gratitude to specific people for walking their journey with them. If this exercise and tool is carried out in a group context, it is suggested that a person is writing out a certificate for another person after having read and contributed to their sharing of their **tree of life**.

Case example

This exercise proved very useful when working with one of my families, where the mother struggled to come to terms with her diagnosis of HIV. Within the context there were various dilemma's such religious beliefs playing a dominant role in her decision of not taking her medication, her partner's reluctance to be tested, and not being able to recognise that his partner has HIV and was in need of medication at the time. The mother's struggle with accepting her HIV status was also compromised as she lived in two "worlds" of influence, one with the health professionals where HIV was spoken, emphasised and medication and health stressed and talked about, the other world being her family and home life where HIV

was never discussed. This stark contrast made it difficult for the mother to make sense of who she was; depression and low self-esteem was creeping upon her. By using the tree of life, she was able to talk, identify and share aspects of her abilities, gifts, dreams and hopes for herself and her family. The mother is now running her own business, is healthy and well and taking her medication. She was also able to voice what her ideal way of support looks like, for example having company attending the HIV clinic. Conversations with her partner were also made possible. As the "storms of life", the fear of stigma and discrimination were talked about, she was able to take control over her life and her fears and worries and instead she found ways to manage those situations in an empowering and realistic way, building esteem and power to move on.

"I am strong, ambitions, compassionate, optimistic, practical, and solution orientated. I am a happy, content and confident mother and wife. I like to make money and need to feel i am achieving and moving forward - I can see myself running my own business, studying and fitting together my childcare arrangements"

6. Breathing skills

What is it?
The ability to control our breathing by using techniques, three of which are outlined below.

Breathing is a normal part of our life, we can survive without food for weeks and without water for days, but we can only manage without oxygen for a few minutes. Due to daily stresses and pressures, we tend to ignore our breathing, causing undue stress to our bodies. Breathing therefore tends to be fast and shallow. This can lead to feeling restless and troubled and in turn we have less energy. By practicing deep and systematic breathing techniques, we re-energize our body and enable it to relax more easily. If we relax more, we are in a better position to deal with potentially stressful situations.

When is it used?
In this context it would be used when dealing with potential difficult conversation or communications that we are in or anticipate. Share the techniques with your client when you are planning conversation.

What is needed?
A quiet comfortable space.

How is it used?
Before beginning the breathing techniques:

- Find a comfortable position (sitting or lying down) in a quiet space
- Be sure to relax your shoulders
- Close your eyes for a really relaxing experience

Exercise 1 – Relaxing/Calming Breathing (stress can be breathed out)

Step 1 – Breathe into your stomach for 1 count

Step 2 – Hold for 4 counts

Step 3 – Breathe out for 2 counts

Repeat 5 to 10 times until you feel yourself completely relaxing

Exercise 2 – Cleansing Breathing Technique

Step 1 – With a pumping action, exhale allowing the pumping action to pull in your abdomen. Repeat twenty times, keeping a steady rhythm and exhalation each time.

Step 2 – Then inhale, exhale completely, inhale fully and hold your breath for as long as you comfortably can. Slowly exhale.

Repeat 3 times.

Exercise 3 – Centring Breath Technique

Step 1 – Inhale through the left nostril, closing the right nostril with the left thumb, to the count of four.

Step 2 – Hold the breath, closing both nostrils, to the count of sixteen

Step 3 – Exhale through the right nostril, closing the left nostril the ring and little fingers, to the count of eight.

Step 4 – Inhale through the right nostril, keeping the left nostril closed with the ring and little fingers, to the count of four.

Step 5 – Hold the breath, closing both nostrils to the count of sixteen.

Step 6 – Exhale through the left nostril, keeping the right closed with the thumb, to the count of eight.

Repeat 5 times.

7. Further resources and websites

In addition to the **'It's Good2talk'** series, produced by The UK Family Project
The following are very useful website that will support and update your knowledge. They also have information resources that can be ordered, and can be used to help us combat some of the myths and misconceptions about HIV, sex and relationships as we encounter them in our work.

NAM and **aidsmap** work to change lives by sharing information about HIV and AIDS. www.aidsmap.com

AVERT provides AIDS & HIV information, including information about HIV/AIDS infection, HIV testing, prevention, global and African information, AIDS treatment and more www.avert.org

NAT - the **National AIDS Trust** - is the UK's leading charity dedicated to transforming society's response to HIV. www.nat.org.uk

The Family Planning Association Sexual health advice and information on contraception, sexually transmitted infections, pregnancy choices, etc www.fpa.org.uk

Bluesky Trust – an HIV support and training organisation who have written 'Do you know it all?' - An information booklet about HIV for young people.
http://blueskytrust.org/doyouknow.htm

Brook Advisory - another great sexual health charity that works with young people. I would recommend this organisation to parents not so much for themselves but as a great place for them to direct their children. They have very good age appropriate materials for young people to read and understand. http://www.brook.org.uk/index.php

Parent Channel - generic website with loads of videos that parents can watch to get ideas about how to communication. There is one about body image, peer pressure, bullying and etc. http://www.parentchannel.tv/

NCB - in general good resource; the link is to a list of books that parents/carers can buy http://www.ncb.org.uk/PDF/Resource_List_Parents_carers.pdf

BBC Health – similarly BBC health has a breakdown of topics at different ages and a list of books that are age-appropriate http://www.bbc.co.uk/health/physical_health/family/family_relationships/you_talksextokids.shtml

ACT - resource and support for parents/carers with children who has a physical disability or life-limiting condition
http://www.act.org.uk/page.asp?section=120&sectionTitle=Let's+talk+about+sex

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UK Family Project / Parenting & Children (PPC),49 EffraRoad, Brixton, London,SW2 1BZ
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