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ABSTRACT

This booklet describes a multi-disciplinary approach to student support services related to the Human Immunodeficiency Virus (HIV) epidemic. The guidelines can be used by student support services personnel to evaluate the quality of services they are providing, by school administrators to design a comprehensive student support services delivery program, and by parents and child advocates to hold schools accountable for providing high quality support services. A section on HIV and youth looks at the incidence of the problem in America. This is followed by two sections that describe the need for HIV related student support services, and define barriers to effective support service delivery. The next two sections outline the essential components of an HIV student support services program. These components include prevention education, health-related services, referral and coordination of support services, policymaking and staff training. Also included are recommended resources and a checklist for evaluating HIV student support services. (LLL)

GUIDELINES FOR HIV AND AIDS STUDENT SUPPORT SERVICES

Developed by:

American Association for Counseling and Development
American School Health Association
National Association of School Nurses
National Association of School Psychologists
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National Coalition of Advocates for Students

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Contents

Checklist for Evaluating HIV Student Support Services

The following checklist can be used to evaluate the quality of school-based support services in relation to the HIV epidemic. An effective service program should elicit a "YES" answer to each question.

____ Is there an officially adopted policy that guarantees the right of HIV-infected students to attend school?

____ Does the policy guarantee that the identity of the infected student will be kept confidential from all but the persons who have a professional need to know?

____ Is each symptomatic HIV-infected student assigned to an appropriate student support services staff member who secures needed services and coordinates school-based services with services in the community? (Note: **If the designated coordinator is not someone who, under the school district's policy, would ordinarily have a need to know the identity of the infected student, permission from the student and his or her family must be obtained.**)

____ Are health care plans developed for students who need direct provision of health services in school?

____ Is there a team approach to support service delivery among school staff?

____ Are student support services personnel given sufficient resources to meet high standards of effective service provision?

____ Are there enough staff to permit manageable caseloads for student support services personnel?

5

- ____ Are student support services personnel given sufficient authority to monitor the provision of support services to HIV-infected students and to implement HIV-related policies?
- ____ Are gay and lesbian students offered counseling and prevention education that acknowledges their sexual orientation and that discusses same-gender sexual behavior and HIV risk reduction in straightforward, non-judgmental ways?
- ____ Are student support services personnel involved in all levels of planning, developing, implementing, and evaluating HIV prevention education programs?
- ____ Are students with limited English proficiency provided quality HIV support services appropriate to their needs?
- ____ Are differently-abled students provided quality HIV support services appropriate to their needs?
- ____ Are school staff aware of the range of health care, counseling, and other resources available in the community to HIV-infected children and teenagers and to their families?
- ____ Is there administrative support for building strong linkages between school and community service providers?
- ____ Is every student who considers HIV testing provided intensive counseling and follow-up support by a school- or community-based counselor trained to work with adolescents on HIV testing issues?
- ____ Are school staff helped to examine their own attitudes about sexuality, HIV infection, and death and dying?
- ____ Are school staff given accurate and detailed information about HIV infection and AIDS?
- ____ Are designated staff trained to provide adequate health care services for HIV-infected students?
- ____ Are designated staff trained to provide appropriate counseling for HIV-infected students and other students concerned about HIV issues?

6

1

Introduction

The last decade has seen a convergence of factors that have changed public schools in profound ways. The rise of single parent families, the increasingly diverse school population with growing numbers of immigrant and limited English proficient students, the drug epidemic, and the high school drop-out rate have now combined with the devastating impact of AIDS. Schools are challenged, as never before, to provide new and more comprehensive services to their students.

Intent

The purpose of these guidelines is to encourage schools to enhance the academic and social growth of all students through the effective delivery of HIV-related student support services. Although these services are not necessarily new, they do require additional efforts to assess student needs and to marshal resources. HIV-related services will be most effective when they are incorporated into the framework of a comprehensive support services program which serves all students.

These guidelines set standards for the effective delivery of these services. Student support services personnel—such as school counselors, school nurses, school psychologists, school social workers—can work with health educators, teachers, administrators, aides, and other school staff to help students understand the impact of the HIV epidemic on their lives, guide them to adopt and/or maintain healthy behaviors, and provide support to those dealing personally with HIV infection.

Many schools will not have a full complement of student support services personnel. Budgetary constraints in many districts have meant heavy caseloads and assignment of individual support service personnel to multiple school sites.

When this is the case, teachers, administrators, and paraprofessional staff can, with sufficient training and administrative support, provide many of the support services outlined in this document.

These guidelines describe a desirable multi-disciplinary mix of student support services related to the HIV epidemic. They can be used by student support services personnel to evaluate the quality of service they are providing, by school administrators to design a comprehensive student support service delivery program, and by parents and child advocates to hold schools accountable for providing high quality support services.

Confidentiality

These support services involve the participation of many school staff. The identity of HIV-infected students and of those with HIV-infected family members must, however, be kept strictly confidential.

These guidelines do not broaden in any way the definition of who within a school has a need to know. In many instances, no student support services staff member has a need to know the identity of an HIV-infected student. A decision to increase the number of school staff who know the HIV status of a student or of a member of a student's family in order to receive support services must rest entirely with the infected student and his or her family. If a family decides to share this information with a school staff member, it is the duty of the staff person to keep the student's identity strictly confidential. Any written information about a student's HIV status should be kept in a secure location separate from the student's academic and other school records.

There may be occasions when a student will reveal his or her HIV status or that of a family member to a staff person. It should be emphasized that, in such a situation, the school staff member has a responsibility to explain to the student the possible risks and benefits of further disclosure. All school districts should immediately adopt and put into place a clear policy on the school attendance of HIV-infected students that includes strict limitations on who within the school system has a need to know the identity of such a student.

2

HIV and Youth

By 1993, an estimated 390,000 to 480,000 Americans will have been diagnosed with AIDS.[1] A million Americans are estimated to be infected with the human immunodeficiency virus (HIV) that causes AIDS.[2] Most of these persons have not yet developed symptoms and do not know they are infected.

Adolescents are a primary risk group for HIV infection:

- Between January 31, 1989 and February 1, 1990, the number of cases among 13–19 year olds increased by 40%.[3]
- Twenty percent of people reported with AIDS have been between the ages of 20 and 29.[4] With an incubation period of up to 10 years or more, many were infected in their teenage years.
- An even ratio of males to females diagnosed with AIDS is generally considered an indication of heterosexual transmission.[5] The overall ratio among U.S. adults is ten males to one female. Among teenaged military recruits, this ratio is reduced to 1.09 males to 1 female.[6]
- Fifty-three percent of all teenagers reported with AIDS have been African-American or Latino,[7] although African-American and Latino teenagers make up only about 21% of the U.S. adolescent population.[8]

Teenagers exhibit behaviors that result in a high incidence of sexually transmitted diseases (STDs). These same behaviors place a person at risk for HIV infection.

9

- By age 19, 63% of females and 78% of males have had sexual intercourse.[9]
- Of sexually active U.S. females, those aged 10–19 years have the highest rate of gonorrhea.[10]
- At least one in every five American males has had sex with another male in which he or his partner came to orgasm. Of these men, 93.3% had these experiences when they were aged 19 or younger.[11]

The use of illegal drugs increases the risk of HIV infection among some teenagers. In four urban sites, 3.7%–6.7% of students aged 13–18 years reported having injected cocaine, heroin, or other illegal drugs at some time in their lives.[12] All drug use—alcohol, crack, and intravenous—impairs judgement and may contribute heavily to high risk sexual behavior. Additionally, some teenagers engage in prostitution to support their drug addictions.

3

The Need for HIV-Related Student Support Services

Student support services include social, psychological, health, and other services delivered to students by school nurses, school psychologists, school counselors, and social workers. There will be times, however, when school administrators, teachers, aides, and other school personnel will also deliver support services to students.

Recognizing that classroom learning and academic achievement are strongly influenced by a student's physical and emotional health, economic status, and home and community environments, these services typically include health screening, short-term psychological and vocational counseling, referral to community agencies for social services needed by students and their families, and psychological assessment.

Although the work is often educational in nature, support services are usually delivered outside the formal classroom. Maximum service delivery requires close collaboration among student support services personnel, health educators, other classroom teachers, administrators, and parents. School personnel have a responsibility to serve all students, regardless of race, sex, religion, sexual orientation, language, behavior, or learning style.

The AIDS epidemic underscores the importance of some ongoing student support services and creates a need for additional ones. Many of these services are educational and can be partially met by instructional programs. Student support services personnel can reinforce and supplement classroom teaching.

All students now need:

- Factual information on the prevention of HIV infection.
- Access to school and community-based physical and mental health services.
- Counseling concerning adolescent development, sexuality, identity formation, peer pressure, and death and dying.
- Skills in communication, assertiveness, decision making, and problem solving.
- Peer acceptance of a range of healthy sexual attitudes and behaviors; this can be fostered and encouraged by school staff.
- Help in recognizing personal vulnerability to HIV infection.
- A supportive environment in which to express fears and anxiety about HIV infection.

4

Barriers to Effective Support Service Delivery

A number of obstacles may impede optimal delivery of HIV-related student support services. These can include:

- Lack of agreement among school staff, local Boards of Education and others that it is the school's role to provide a wide range of support services to students.
- Insufficient funding of student support services programs, resulting in heavy caseloads and assignment of individual service personnel to multiple school sites.
- Lack of implementation of support service delivery standards, inconsistent educational requirements for support service personnel, and ineffective monitoring of service quality.
- Inadequate pre-service and in-service training in the development of skills supporting effective collaboration with other school personnel.
- Inadequate collaboration and coordination with community-based organizations.
- Inadequate administrative and institutional support.
- Inadequate implementation and evaluation of innovative student support service delivery models.
- Lack of coordination between various federal, state, and local programs, resulting in, for example, complex reporting requirements.
- Inadequate in-service training on new approaches to support service delivery and comprehensive school health education.
- Inadequate pre-service and in-service training which helps increase staff comfort discussing issues about sexuality and HIV infection.

5

Essential Components of an HIV Student Support Services Program

PREVENTION EDUCATION

HIV prevention education must take place both in and out of the classroom. Student support services personnel should be involved at all levels: planning, development, implementation, and evaluation.

Prevention curricula must be skill-based and focused on experiential learning and on establishing positive health behaviors. Rather than emphasizing the medical aspects of HIV, curricula should teach skills in decision-making, assertiveness, and communication. A curriculum that affirms sexuality as a positive, healthy aspect of human development is more likely to encourage young people to adopt positive health behaviors than a curriculum that uses language that judges and only induces fear. As recommended by the Centers for Disease Control and the Presidential Commission on the HIV Epidemic, HIV education should be carried out within a comprehensive health education program.

Education about preventing HIV infection should be infused into all HIV student support services programs. Student support services personnel are in a unique position to work with students individually and in small groups to translate classroom learning about HIV prevention into personal behavior change. By encouraging the development of decision making and communication skills and by risk reduction counseling, student support services personnel can help empower students to lead healthy lives.

Student support services personnel can also play key roles in interpreting an HIV education program to parents and other members of the community. They can advocate strongly with

administrators and other school staff for comprehensive health education programs that include strong drug prevention and sexuality education components.

It is crucial that student support services personnel work closely with classroom teachers so that:

- HIV prevention messages that are taught in the classroom can be reinforced in counseling and other settings;
- classroom teachers know where to turn to help students who express fears of HIV infection or who disclose sexual abuse; and
- student support services personnel are aware when classroom instruction concerning HIV, human sexuality and other sensitive health issues is occurring. These topics may lead some students to seek counseling and other support services.

HEALTH-RELATED SERVICES

The school nurse should play a major role in assessing the health needs of an HIV-infected student and providing a safe and least restrictive environment within school. Confidentiality laws and guidelines should be observed in determining which school staff have a need to know of the student's HIV status.

Every HIV-infected student who has a special health care need requiring nursing care, intervention, monitoring or supervision during school hours should have a care plan written by a nurse. Such a nursing care plan is developed by the school nurse in collaboration with the student's primary health care provider with permission from the parent or guardian. The plan should clearly identify the specific health services needed, the school staff who will be responsible for providing the service, and the individual(s) who will train or supervise such staff. The plan should be evaluated and revised, as appropriate.

The health needs of an HIV-infected student differ from the needs of an HIV-infected adult. Pediatric HIV disease often manifests itself as the development of severe bacterial infections. A large proportion of these children have mental or motor retardation. Comprehensive health care, however, has improved the quality of life and has resulted in fewer hospitalizations of infected youth. The need for health services during the school day will be increased, for instance, by the promising early results

that indicate that drug treatment with AZT slows the replication of the virus. The development of other drugs that reduce bacterial infection will also increase the need for in-school health services. Health services, such as those listed below, should be provided either by a school nurse or the school physician or by professional staff in a school-based clinic and may include:

- administration of medication, including AZT, aerosolized pentamidine and TB chemoprophylaxis;
- nutritional assessment and special feeding programs, including nutritional supplements and/or tube feedings;
- neurological assessment and monitoring of developmental milestones including fine and gross motor coordination and maintenance of bowel and bladder control; and
- health counseling related to academic, peer, and family concerns.

The school psychologist should closely monitor the cognitive functioning of an HIV-infected student. Cognitive symptoms such as impaired memory, difficulty in visual-motor integration, poor concentration and problem solving, slowing of motor activity, emotional ability, and impaired intellectual functioning are associated with HIV disease progression. These symptoms could be noted through behavioral observation and standardized assessment procedures. Change in cognitive and emotional status may require referral for full evaluation to the primary care provider. It may also necessitate the provision of new school-based services as well as revisions of the student's individualized educational plan.

With the permission of the HIV-infected student and his or her family, a specific student support services staff person should be assigned responsibility for coordination of support services. Whenever a student's physical or mental health status changes, this staff person should notify the student's parent or guardian and primary care provider. Parents and primary care providers must be informed of changes in cognitive functioning and of health risks that may arise at school. The designated coordinator of support services for an individual student may be asked to monitor attendance to ensure that the educational needs of the student are met during periods of absenteeism.

COUNSELING AND SUPPORT

Student support services personnel must provide students with counseling and support (individually or in groups) concerning HIV-related issues. A counselor may address issues ranging from immediate health concerns to grief to undue anxiety over HIV infection. All counseling should reinforce prevention messages and help students adopt risk reduction behaviors.

The difficult issues facing adolescents, especially those related to sexual development, have been complicated by the existence of a usually fatal sexually transmitted disease. Counseling should be geared to an adolescent's cognitive abilities and be respectful of his or her cultural and religious background.

Counseling should be available for each of the following groups of students:

1. **AIDS symptomatic and HIV-positive students who were**
   - infected in utero or at birth, of whom an increasing number are remaining asymptomatic up to 8 or 9 years of age;
   - infected by blood transfusions or blood products;
   - infected by unprotected sexual activity, both homosexual and heterosexual;
   - infected by sexual abuse;
   - infected by sharing contaminated needles and syringes during intravenous drug use.

   These students need an effective advocate to prevent inappropriate placement in special education classes and to ensure adequate support services. Counseling is needed to address fears of stigmatization, decisions about revealing HIV-positive status, relationships to peers in social situations—especially dating—and issues of death and dying. Students who are symptomatic need assistance in managing medical treatment and coping with their changing health status.

2. **Students with family members or friends with AIDS** need help coping with loss, guilt, denial, anger, and confusion. A student who may not know a family member has AIDS might pick up on the secrecy surrounding that person at home. School social workers and other student support services personnel can help parents assess student and family needs and identify community resources.

3. **Students who are gay or lesbian** need a safe and confidential environment in which to discuss their fears and learn explicit risk-reduction behaviors. The HIV epidemic has intensified homophobia and has further isolated this group of already vulnerable youth.

4. **Students who are substance abusers** need help in adopting drug and sexual behaviors that eliminate or reduce the risk of infection, as well as help in securing treatment for addiction.

5. **Students with limited English proficiency** will need help from trained bilingual and bicultural staff to ensure that they receive the quality support services to which they are entitled. School staff should confirm that limited English proficient students understand the complexities and implications of the decisions they make about HIV issues.

6. **Students who are differently-abled** may have difficulty comprehending and attending to the message of HIV educational programs. Special efforts must be taken to ensure that appropriate support services are provided.

7. **Students with a history of sexually transmitted disease** are at high risk for HIV infection. Not only can infection with an STD indicate unprotected sexual activity, some STDs may function as cofactors for HIV infection by facilitating transmission of the human immunodeficiency virus. School staff who treat students for STDs should provide counseling to such students on how to reduce the risk of contracting HIV and other STDs. Evidence of an STD should also trigger a referral to a counselor who is qualified to provide comprehensive HIV pre and posttest counseling to adolescents.

HIV test counseling and support

Students who consider HIV antibody testing face complex psychological and legal issues. Few test sites have counselors with experience in the special issues of adolescents at risk for HIV infection. PRETEST AND POSTTEST COUNSELING AVAILABLE TO ADULTS MAY NOT BE ADEQUATE FOR ADOLESCENTS.

Counseling and support services must be available to any student who considers testing. This counseling must be comprehensive, culturally specific in the student's own language and geared to the student's cognitive abilities. Students must understand the difference between HIV infection and having AIDS, between anonymous and confidential test sites, and between false-negative and false-positive test results, as well as the importance of adopting risk reduction behaviors regardless of the test results. It is recommended that adolescents be tested in a site where ongoing follow-up medical and mental health care is available, such as an adolescent clinic, community health center, or a family planning clinic. The confidentiality of an adolescent considering or moving ahead with testing should be strictly guaranteed. Although not always statutorily explicit, legal authority exists in almost all states for physicians to test mature and competent adolescents without parental consent.[13]

STUDENTS SHOULD BE REFERRED TO A SOURCE OF SKILLED COUNSELING ON ADOLESCENT TESTING ISSUES RATHER THAN DIRECTLY FOR TESTING. COMPREHENSIVE POSTTEST COUNSELING AND MEDICAL FOLLOW-UP MUST ALSO BE PROVIDED, INCLUDING THE IDENTIFICATION OF RESPONSIBLE ADULT SUPPORT.

Where no sources exist for pretest and posttest counseling for adolescents, school personnel should work with community agencies to help develop such a capacity.

Some students who are especially worried about HIV infection may not have engaged in high risk behavior. Counseling may reveal other personal issues that are being manifested as undue anxiety over HIV infection.

REFERRAL AND COORDINATION OF SUPPORT SERVICES

The provision of high quality student support services entails close cooperation between school staff and community youth-serving agencies. Student support services personnel are in a unique position to forge such a linkage since many share a common professional training and perspective with their counterparts in the community. Through referral networks and professional meetings, they should maintain ongoing contact with health providers, counselors, social workers and psychologists in community agencies.

Student support services personnel must, however, be given the authority, time, resources, and administrative support to properly coordinate HIV-related student support services.

Student support services personnel should:

- **Identify resources**—Each school or district should designate a specific person to gather and update information on HIV services that are available to children, teenagers, and families in the community.

  School staff should identify organizations that provide home nursing, "buddies" for persons with AIDS, psychotherapy, emergency day care, HIV test counseling, support groups, drug treatment, and other assistance that might be needed by students and families dealing with HIV infection. When appropriate, referrals should be made to these services.

- **Create additional support service capacity**—When community resources are inadequate, the school, as the primary youth-serving institution, should assume a leadership role in generating new support services at either the school or community level.

- **Coordinate support services to known HIV-infected and HIV-affected students**—Coordination of support services should begin with in-school resources, but should involve ongoing collaboration with a student's physician, with the health department, and with other social agencies that provide services to an HIV-infected student. A designated student support services staff member should act as the primary coordinator of support services for an HIV-infected student who is symptomatic.

If a student has difficulty coping with the HIV infection of a family member or friend, a designated school-based student support services staff member can be assigned to work with the student and/or the family to see that the family is referred to appropriate medical and social services in the community, that the student receives in-school counseling, and that understanding and support are available on a confidential basis.

- **Collaborate with community service agencies**—School and community agency staff must work together to establish effective linkages between school and community services. Moreover, the school must share joint responsibility with community agencies to ensure that the needs of students and families are met. To minimize community and school competition for scarce resources, school staff must place a high priority on building trust with community-based organizations. When both community agency and school staff stay focused on serving youth, competition and mistrust can be minimized.

6

Additional Components of an HIV Student Support Services Program

POLICYMAKING

Student support services personnel should be involved at all levels in the formulation, implementation, and review of all policies concerning school attendance and the physical and mental health care of HIV-positive students during the school day. Many states have mandated HIV education or sex education either as part of a comprehensive health education program or as independent units. Many local school districts have already adopted specific school attendance policies. Development of these programs and policies, however, has not always included active participation by a full range of student support services personnel.

Student support services personnel can:

- **Educate policymakers and the community** about medically and psychosocially sound approaches to school attendance, HIV testing, confidentiality, and in-school support services. Student support services personnel can inform others about the effectiveness of universal infection control precautions. They can often contribute critical information about neighborhood and community conditions.
- **Review existing policies** to ensure that they reflect accurate information and research, that they designate individuals responsible for carrying out policies, and that they hold those individuals accountable for implementation.
- **Advocate at both state and local levels for strict guarantees of confidentiality and the formulation of policies** based on accurate scientific information.

- **Advocate for a team approach to all support service delivery.** Team work entails an understanding of the services provided by various school-based personnel and a commitment on the part of all school staff to work closely with each other to address student needs.

STAFF TRAINING

Effective delivery of HIV-related student support services requires skilled, knowledgeable, and caring personnel. Student support services personnel must receive the proper training and administrative support to be able to:

- **Demonstrate expertise in dealing with the issues posed by the HIV epidemic,** including a thorough knowledge of how HIV is and is not transmitted, an understanding of adolescent growth and development, familiarity with the special issues HIV testing poses for teenagers, experience with successful strategies to help students make responsible decisions, and knowledge of relevant community services that may be needed by HIV-positive students and their families.
- **Commit to a team model.** Student support services personnel must develop a clear understanding of the services provided by their colleagues and work together to fully meet students' needs.
- **Be comfortable when discussing sensitive issues raised by the epidemic** such as teenage sexual behavior (including homosexual and bisexual behavior), drug use, and death and dying.
- **Help schools adopt and enforce strict confidentiality guarantees.** Children and adolescents are entitled to the same protection and standards as adults.

Two types of in-service training are essential:

1. **Information**—All school staff should understand how HIV is transmitted and how infection can be prevented. They should know where to get more information and help. They should understand universal infection control procedures.
2. **Training for Teaching and Providing Counseling and Other Services to Students**—Training staff for teaching or counseling is more rigorous than an informational in-service. In addition to learning accurate and detailed knowledge about HIV, participants need the chance to process the information in a way that alleviates their own fears of exposure to the virus. Staff should be helped to examine their own attitudes about AIDS, sexuality, homosexuality, death, and other sensitive issues. Classroom and counseling strategies should be presented, including models for integrating HIV prevention into comprehensive health education programs. Training should enable staff to identify specific student behaviors they want to influence and to teach skills that students need to establish behaviors that reduce risk. The training itself should be skill-based—i.e. staff should be taught the skills they will then teach their students.

   The school nurse and other medical staff should be trained to recognize the manifestations of HIV disease. They should also be trained to administer the medications or treatments HIV-infected students may need during the school day.

   After comprehensive training, shorter in-service sessions should be held annually to update staff on new information about HIV infection and AIDS. All school districts should designate an individual to be responsible for monitoring new information about HIV infection. State-level student support services organizations may be able to serve as a resource.

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Recommended Resources

Adolescents, AIDS and HIV: Resources for Educators. Center for Population Options, 1025 Vermont Avenue, NW, Suite 210, Washington, DC 20005. 1990, $3.50.

An annotated bibliography of print, video, and audio materials for AIDS education and HIV prevention.

"AIDS Testing and Epidemiology for Youth: Recommendations of the Work Group," **Journal of Adolescent Health Care.** 1989; 10:525–575.

A set of guidelines on HIV testing of adolescents that recommends a cautious approach. It stresses strict confidentiality and intensive counseling and follow-up.

Bridges of Respect: Creating Support for Lesbian and Gay Youth. American Friends Services Committee, Community Relations Division, 1501 Cherry Street, Philadelphia, PA 19102. Revised 1989, 107 pp., $7.50.

Designed especially for educators and health and human service providers. It identifies the needs of lesbian and gay students and includes an annotated directory of useful organizations, educational resources and program models.

Comprehensive Guidelines for Adolescent HIV Antibody Counseling and Testing. Massachusetts Department of Public Health, AIDS Office, 150 Tremont Street, Boston, MA 02111. 1990, 22 pp.

This multisession pretest and posttest counseling protocol for adolescents includes guidelines for both psychosocial and HIV risk assessments. It discusses consent, confidentiality, adolescent development, and the benefits and risks of testing adolescents.

Criteria for Evaluating an AIDS Curriculum. National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116. 1988, 24 pp, $4.

Establishes criteria for administrators, teachers, and others in selecting effective HIV curricula. It outlines essential curriculum content and matches approaches to HIV education with stages of childhood development.

Does AIDS Hurt? Educating Young Children About AIDS. Quackenbush. Marcia and Villarreal, Sylvia: Network Publications, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061. 1989, 149 pp., $14.95.

Provides sensitive, sound guidelines for giving age-appropriate, non-judgmental information about AIDS to children, 10 years and younger. Includes suggestions for working with children who are directly affected by HIV and for identifying signs of sexual abuse.

"Guidelines for Effective School Health Education to Prevent the Spread of AIDS," **Morbidity and Mortality Weekly Report.** 1988; 37 (supplement no. s-2):1–14.

Developed by the Centers for Disease Control, this document provides guidelines for developing, implementing, and evaluating an HIV education program. Topics covered include teacher training, program content based on grade level, and program assessment.

HIV Infection and the School Setting: A Guide for School Nursing Practice. Bradley, Beverly J. RN, PhD, CHES: American School Health Association, P.O. Box 708, Kent, OH 44240. Contact Sara Kline at (216) 678-1601.

This manual applies the standards of school nursing practice to HIV infection in the school setting. Included are samples of nursing diagnoses, as well as goals and objectives for individualized health plans for students infected with HIV.

No Longer Immune: A Counselor's Guide to AIDS. Kain, Craig (Ed): American Association for Counseling and Development, 5999 Stevenson Ave., Alexandria VA, 22304. 1989, 295 pp., $24.95.

This book contains advice, intervention models, and information about how counselors can help persons with AIDS and their close friends and family. Special

consideration is given to culturally sensitive counseling, substance abuse intervention, and how to reach out to adolescents and their families.

Responding to AIDS: Psychosocial Initiatives. Leukefeld, Carl and Fimbres, Manuel (Eds): National Association of Social Workers, 7981 Eastern Avenue, Silver Spring, MD 20910. 1987, 96 pp, $12.95.

A series of papers on the role of the social worker in meeting the psychosocial needs of persons with AIDS, including working with families and children.

Responding to HIV and AIDS. Burger, John E. (Ed): National Education Association Health Information Network, 1590 Adamson Parkway, Suite 260, Morrow, GA 30260. 1989, 28 pp.

This booklet provides a good overview of many of the pertinent issues associated with HIV and AIDS. Particularly useful are sections on handling blood and other body fluids in the school, how to be supportive of people with AIDS, and a section on grieving.

Safe Choices Guide: AIDS and HIV Policies and Prevention Programs for High-Risk Youth. National Network of Runaway and Youth Services. Available from National Resource Center for Youth Services, 202 W. 8th Street, Tulsa, OK 74119-1419. 1990, $30.

A training manual for staff of agencies working with high-risk youth. Includes a module for training counseling staff to help youth and families address HIV-related issues. Appendices contain other information helpful to counselors. Additional sections discuss street youth, foster care, organizational policies, and strategies for educating high risk youth about HIV.

School Nurse Program, National Pediatric HIV Resource Center, Children's Hospital AIDS Program (CHAP), Children's Hospital of New Jersey, Newark, NJ. Contact Elaine Gross or Carolyn Burr (201) 268-8273.

CHAP has developed an HIV training program for school nurses in New Jersey. Their materials and staff can be valuable resources for school nurses in other states.

Someone at School Has AIDS: A Guide to Developing Policies for Students and School Staff Members Who are Infected with HIV. Fraser, Katherine: National Association of State Boards of Education, 1012 Cameron Street, Alexandria, VA 22314. 1989, 35 pp, $5.

Offers suggested policies for evaluating students and staff who are HIV-infected. Discusses confidentiality and infection control.

Training Educators in HIV Prevention: An In-service Manual. Collins, Janet L. and Britton, Patti O.: ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061. 1990, 150 pp, $39.95.

A resource manual for the development of comprehensive HIV prevention teacher trainings. Outlines a variety of instructional methods for presenting HIV education. It also includes approaches for gaining and maintaining community support, techniques for overcoming barriers to effective HIV education, and background information about the factors that contribute to adolescent sexual and drug abuse behavior.

For more information contact:

AIDS School Health Education Subfile on the Combined Health Information Database (CHID) and National AIDS Information Clearinghouse (NAIC).

These two information sources, managed by the Centers for Disease Control, contain descriptions of programs, curricula, guidelines, policies and resources. For CHID information, contact Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Division of Health Education, Attn: AIDS School Health Education Subfile, Atlanta, GA 30333, or call (404) 639-3492. To access NAIC, write P.O. Box 6003, Department CONF, Rockville, MD 20850, or (800) 458-5231 to order publications.

National AIDS Hotline

(800) 342-AIDS (English) (800) 344-SIDA (Spanish)
(800) AIDS-TTY (Hearing impaired)

STD National Hotline

(800) 227-8922

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