

## Peer Group Program for Children and Adolescents with HIV in Nairobi: A Common Elements Therapeutic Approach

[Authors: Machuka J<sup>1</sup>, Wambua, N<sup>2</sup>, Musindo O<sup>2</sup>, Bukusi D<sup>1</sup>, Okech-Helu V<sup>1</sup> Muiruri P<sup>1</sup>, Opiyo N<sup>1</sup>, Maina R<sup>1</sup>, Kumar M<sup>2</sup>.  
[Kenyatta National Hospital<sup>1</sup>, Department of Psychiatry, University of Nairobi<sup>2</sup>,]

### BACKGROUND

The evidence for community or hospital based peer support programs for HIV positive children and adolescents in a LMIC setting is very limited.

Our work is guided by the need to improve the quality of mental health services, addressing psychological distress and building resilience.

We focus on addressing the need to retain these young people in the continuum of care by providing structured psychotherapy and psychosocial support.

### METHODOLOGY

The first steps in strengthening health system capacity gaps and building professional services in a consultative manner is where evidence based psychotherapeutic strategies are tied together in their common elements.

We have in principle also tried to incorporate what Chorpita et al (2008) call the move away from uptake of “evidence based strategies” towards generation of positive outcomes.

### CONCEPTUAL MODEL

We have conceptualized our common elements therapeutic approach (CETA) on four tiers as such:

**Socio-recreational tier:** provides positive social and recreational association with the group work, incorporating elements of lightening up, relaxing, mingling and having an enjoyable time.

**Peer modeling tier:** uses peer support from the therapist who moderates the session and the peer leader who lends support. There is also the element of fostering mentorship between participants and using their feedback in problem solving and sharing/learning from successful stories or failures made.

**Psycho-educational tier:** provides positive, relevant and motivational as well as HIV related information and support in measured doses so that participants are not overwhelmed by the information, but use it to enhance their psychosocial functioning.

**Psycho-therapeutics tier:** builds into the work, assessing and addressing specific needs such as motivational support, depression, anxiety and stigma. It puts greater emphasis on understanding and tapping into emotional and thought disturbances and finding strategies that can be adopted by participants themselves.

In this modular approach, we have tried to elicit competencies that the therapist and participants would develop in themselves, therefore making the task of “CETA adoption” in a LMIC setting more manageable.

This work is closely aligned by Borntrager et al (2009) and Kazdin’s (2008) suggestions of building evidence based practices in HIV care that incorporate a broader set of treatment approaches that incorporate research, clinical judgement and client specific needs

### CONCLUSION

CETA represents adaptable aspects of engagement and bolstering psychosocial services in the HIV cascade of care at the Comprehensive Care Centre of Kenyatta National Hospital.

### REFERENCES

Chorpita, BF, Bernstein, A, Daleiden, EL. The Research Network on Youth Mental Health. Driving with roadmaps and dashboards: Using information resources to structure the decision models in service organizations. *Administration and policy in Mental Health Services Research*. 2008, 35:114-123.

Borntrager, CF, Chorpita, BF, Higa-McMillan, C, Weisz, JR. Provider attitudes toward evidence-based practices: Are the concerns with the evidence or with the manuals? *Psychiatry Services*. 2009, May;60(5):677-81. doi:10.1176/appo.ps.60.5.677

Kazdin, AE. Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist*. 2008, 63:146-159.