A New Counseling Model
Edward M. Schultz, MSW

An ambitious and meticulously researched volume, Mary Ann Hoffman’s *Counseling Clients with HIV Disease: Assessment, Intervention, and Prevention* is more than a survey of the psychosocial aspects of HIV. It is a synthesis of the voluminous literature on this topic—a comprehensive model for mental health practice.

Hoffman, a psychologist at the University of Maryland, has been counseling clients with HIV disease since the early days of the epidemic. Concluding that traditional approaches do not address the unique challenges of HIV disease, Hoffman has developed her own approach—the Psychosocial Model of HIV Disease—which focuses on the need to redefine traditional therapeutic goals. She states: “The ways in which the counselor and [the client] redefine what it means to care, to heal, and to make whole is perhaps at the heart of the psychotherapeutic journey.”

The book begins with a discussion of HIV progression and treatment, and then divides into four sections. The first section describes the model itself. The second focuses on interventions, each chapter reviewing the literature on adaptations to illness and describing corresponding counseling interventions. The third section addresses the psychotherapeutic context in which the counselor applies the model, including the nature and boundaries of the counseling relationship, multicultural considerations, ethical issues, and the training needs of clinicians. The final section examines the HIV prevention literature.

Hoffman’s work is well-organized, effectively integrating theory and practice. Although some of the writing is a bit dense, Hoffman captures the subjective experience of the client; here the writing is more compelling, even passionate. Furthermore, Hoffman supports her statements with case examples throughout the text.

**The Model**

The Psychosocial Model of HIV Disease consists of four axes:

- Defining characteristics of HIV disease, including stigma, progressive illness, debilitation, and death and dying during what would normally be the “prime of life”;
- Social support, both interpersonal and institutional;
- The unique life situation of the client, including the source and timing of infection, role changes, disease stage, and emotional stage;
- Personality—including psychosocial competence, appraisal and coping styles, and psychological functioning—disease cofactors, and demographic characteristics of the client.

Hoffman sees these four axes as combining to determine the client’s unique adaptation. The therapeutic goal is to improve adaptation, alleviate distress, and help the client find meaning. This is achieved through ongoing assessment of all of these areas, leading to more specific goals and targeted interventions, which may shift as both illness and therapy progress.

**A Holistic Approach**

As a social worker, I found Hoffman’s holistic approach to be both familiar and enlightening. The model emphasizes a biopsychosocial view, the hallmark of social work theory and practice. But, the author
takes this basic framework a step further: she offers specific recommendations for assessment and intervention, and grounds this in a comprehensive literature review.

Hoffman’s model is practical, incorporating a good measure of stress and coping theory and research into the model. It also emphasizes the value of examining issues that are difficult to capture empirically, such as stigma, loss, death, and dying. It is especially refreshing to see a treatment of religious and spiritual issues along with more “scientific” information. Such themes, often vital to the client, are frequently overlooked in the literature.

The model is particularly strong in illustrating the pervasive impact of HIV disease. Likewise, it assists the clinician in organizing an approach to the massive problems clients often face. In this way, the model helps counselors not only to focus on salient areas, but also to avoid the same sense of chaos often experienced by clients.

For example, Hoffman cites the case of a 28-year-old Latina injection drug user who has an HIV-infected partner and a three-year-old HIV-negative son. She seeks counseling because she is worried about her illness and her ability to take care of her son. She has told almost no one about her HIV infection status, is financially dependent on her boyfriend—who dies during the course of therapy—and has almost no social support. Hoffman shows how the model informs the identification of therapeutic goals, in this case entering recovery, managing anxiety and grief, bolstering self-esteem, and developing concrete skills in child care and employment. Interventions include forming a strong alliance, eventually making counseling contingent on substance abuse treatment, and coordinating community resources such as parenting and job training. While the goals and intervention are not radically novel, the model provides a strong sense of direction for the clinician.

**Notable Omissions**

The subject matter of the book is so broad that each area can be treated only briefly, sometimes at the expense of important information. For example, although Hoffman discusses HIV infection of the brain, she makes no mention of other HIV-related sources of cognitive impairment. This is a significant omission, particularly since the origin of cognitive impairment is crucial to its treatment. In addition, while Hoffman stresses the prevalence of substance abuse among those with HIV disease, she offers few specific strategies for working with clients who are actively using. In fact, she de-emphasizes substance abuse in the formulation of the model itself.

Finally, Hoffman explains how HIV is transmitted, but cites outdated risk reduction guidelines. That the text is intended for those who may know almost nothing about HIV disease makes the error all the more concerning. Notably, the book only briefly alludes to needle exchange and other harm reduction strategies.

**Conclusion**

Hoffman gears her material toward mental health providers who are doing long-term work with clients. The book assumes no prior knowledge of HIV disease and would be quite useful to those seeking an introduction to HIV-related counseling. Because Hoffman’s model itself is innovative, the book would also be of interest to more experienced practitioners. Despite its weaknesses, Hoffman’s work is impressive—a significant contribution to both the theory and the practice of counseling clients with HIV disease. Hoffman’s vast clinical experience and command of the literature result in a volume that rings with authenticity.

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**Authors**

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**Clearinghouse: HIV-Related Books**

We cannot review every HIV-related book published recently. We include this listing as a survey of additional titles of interest.


Diversity and AIDS Education
José Ramón Fernández-Peña, MD


I finished reading this book on my way back from Washington, DC where the AIDS Quilt was displayed in its entirety: more than 38,000 panels made in memory of over 50,000 people. Like the Quilt, this book is a work of love, made up of different panels, displaying different skills and approaches to a common goal.

From its title, I expected this book to be a manual on how to develop HIV prevention interventions for diverse populations. It’s not. Instead, it is an anthology on the experience of having developed such interventions. Several authors, from all corners of the epidemic, share their experiences in developing, implementing, and evaluating HIV prevention programs.

Comprehensive Treatment
The book includes articles that speak about the challenges, barriers, and opportunities for developing interventions for gay men, lesbians, women, youth, Asian/Pacific Islanders, Latinos, African Americans, rural populations, the incarcerated, the homeless, and the victims of sexual assault. It also includes a particularly well-written chapter on effective program evaluation and a chapter describing a cross-cultural training model for AIDS service providers. (In such a comprehensive treatment, there are two notable omissions: Native Americans and immigrant populations.)

Three of the 14 chapters focus on youth, gay and straight, reflecting the concerns we all have in attempting to serve this population. In particular, the chapter by Brian Byrnes addresses the role that the gay community can play in responding to issues of low self-esteem and a lack of a “sense of belonging” among many gay youth.

The common thread across all chapters is the realization that it is not effective to take an intervention designed for a given population and try to adapt it to another population. Many of us working in the field of HIV prevention have found this out the hard way: by trial and error. At a time when we can’t afford to waste much time, this book is helpful in understanding early on the considerations that demand attention when designing an intervention for a given population.

The collective experience of the authors suggests that the success of the interventions is contingent upon at least three factors: an understanding of the target population, the inclusion of members of the target population in both the development and the implementation of the program, and an understanding of the environment in which the intervention will occur. The last of these is most apparent in the chapter by Robert Barret and Adam Robinson, who write about their experiences in North Carolina. Another chapter, by James Holmes and Steven Humes, points out the fact that the effectiveness of interventions may be time-limited, as the needs of target populations continue to evolve with the epidemic.

Creativity in Fighting the “Isms”
The two “how to” chapters of the book deal with critical elements of any successful intervention: program evaluation and cross-cultural training for providers. In particular, the chapter on program evaluation carefully guides the reader through the process of developing an effective and meaningful evaluation component for the intervention. Clear and simple language along with the author’s ability to explain the process are not only refreshing but also should make inexperienced readers feel less intimidated by the prospect of having to develop an evaluation component the next time they write a grant.

Given the diversity of the authors and their backgrounds, the style, depth of analysis, and overall flow varies greatly from chapter to chapter. From the older and more sophisticated urban agencies such as GMHC to the much smaller rural organizations in North Carolina, what they all have in common is the honesty with which they bear witness to grassroots efforts in fighting homophobia, racism, classism, sexism and all the other “isms” we face in this field. It is also a testimony to the creativity of all the agencies and individuals that have been willing to take on the challenge of working in HIV prevention.

At this time of political uncertainty and dwindling financial resources, I can only hope that reading this book will give readers a jolt similar to what I felt as I witnessed the unfolding of the Quilt: an increased sense of urgency and a commitment to the formidable task of preventing the spread of HIV.
Speed, Youth, and HIV Disease
Patrick Barresi, MPH


This book is a timely and thoughtful examination of a phenomenon that is increasingly defining the landscape of HIV prevention in the United States and throughout the world: the connection between drugs such as ecstasy and speed and unsafe sex. The authors focus on a very specific task here, and they do it well.

A Pinpoint View of a Specific Population

The book is the culmination of three years of collecting and analyzing information from gay men who participate in the gay dance subculture in Sydney, Australia. It is compelling because it provides a window into the lives of such a specific sample of gay men, a population that is not often studied, and because it offers qualitative data in the form of first-hand accounts of these men. The most powerful sequences portray the subjects’ experiences on “ice,” a methamphetamine derivative popular at the time. For example, the authors quote a respondent who suggests that the dance party reinforces behavior among patrons:

“It’s the ethos...[a] real meat market, that is ‘I like you—let’s fuck.’...We blasted [inhaled] the stuff and we were practically fucking each other before you even think about it...You’re pushing risks aside and you’re saying I’ll worry about that later...You’re really living for the moment.”

The book is equally compelling because Lewis and Ross present their findings in the context of an extraordinarily expansive body of literature, including contemporary and classical texts and theory ranging from sociologist Erving Goffman to psychologist Abraham Maslow. Lewis and Ross also employ the Grounded Theory Approach, a methodology championed by Anselm Strauss, to develop their own theory. Strauss’s inductive process involves collecting data through lengthy qualitative interviews and analyzing this data with an eye towards thematic ties and categories. (Reviewing first Lewis and Ross’s appendix on this methodology will help readers understand the authors’ approach.)

The Meaning of the Dance Party Culture

The book begins with an overview of the dance party culture followed by an in-depth review of the literature on the connection between sex and drugs. Lewis and Ross then turn their attention to the six categories of their study derived using Strauss’s method: the evolution of the gay dance party culture, the AIDS epidemic and the political legitimization of homosexuality, drug use and sex at dance parties, ritualized behaviors and belief systems of men in the party scene, and dance party argot and symbols.

The authors offer a theoretically rich yet challenging discourse on the symbols and meanings underlying the parties. These chapters comprise the beginnings of complex answers to very complex questions. Lewis and Ross reach far beyond a simple equation such as, “Speed users have unsafe sex because they’re high.” They couch their examination of risk-taking in the highly subjective realm of what the parties mean to individuals and how these people structure their lives in increasingly difficult times. They also examine how the use of drugs offers solidarity and sanctuary at a group as well as an individual level. Finally, in their conclusion, Lewis and Ross note that “an intoxicated person may have difficulty recalling the significance of information previously encoded when sober,” and suggest that such “state-dependent learning” may have implications for HIV prevention.

Tough Reading but Worth the Effort

Readers should be forewarned that, despite its stimulating ideas, the book borders on tedium because of its relentless—almost compulsive—reference to existing literature. Unfortunately, Lewis and Ross present their own ideas only tentatively and always with the qualiﬁcation of supporting literature.

Nonetheless, anyone currently working on prevention for drug users, particularly gay speed users, should read this book. It may not answer specific questions about what is happening in a given subculture, but it does present a disciplined and rigorous approach, asking thoughtful questions about the social and cultural realities of drug users. In addition, it provides insights into de- coding a given subculture through the interpretations offered by its members. Thus grounded, Lewis and Ross point to how these clues can inform prevention program design and evaluation: not just the text of a brochure or the strategy for condom distribution in a specific scene, but the culture whose identiﬁcation must be the beginning of every prevention intervention.
Gay Men and the Epidemic
Michael Discepola, MFT


Misrepresented in popular culture and literature, gay men have become accustomed to inauthentic and infrequent acknowledgment of their lives. This omission has created a void in our understanding of gay men’s lives, especially in the context of AIDS. Sublimating the pain of so many losses has left many gay men immobilized and confused, without a sense of hope and with diminished self-esteem. But the survival of gay male communities requires acknowledging both the life-affirming aspects of being gay and the devastating aspects of the AIDS epidemic. Trauma theory suggests that recovery begins with the acknowledgment of truth.

Two unique books—A Crisis of Meaning: How Gay Men Are Making Sense of AIDS, by Steven Schwartzberg and Reviving The Tribe: Regenerating Gay Men’s Culture in The Ongoing Epidemic, by Eric Rofes—deliver just such a truth. Both volumes forge new territory toward understanding the trauma of the epidemic, embodying the role of witness necessary to validate human experience, and addressing the complex psychosocial struggles gay men face in the age of AIDS.

The Literature of Trauma

Other books have focused on the psychological impact of AIDS on gay men with varying levels of success. Few have created such an effective container of self-understanding for the clinician and non-clinician or engaged the reader with such a compelling recipe of clinical experience, human understanding, research data, and trauma theory. This framework may be particularly effective for helping people outside the epidemic grasp the struggles that gay men face. It may also suggest strategies that gay communities and individuals can use to cope with multiple loss, vigilant safety with sex, homophobia, and cultural stigma.

Despite the lack of research specific to the multiple bereavement and the stressors of AIDS, these books link research on genocide, war, and natural disaster to the gay experience of the epidemic. For example, the psychological responses studied by psychiatrists Robert Lifton and Victor Frankl support the thrust of both books: meaning in life is a primary motivational force in human functioning. Furthermore, each book applies a cognitive perspective of trauma—most notably R. Janoff-Bullman’s Assumptive World Theory—which asserts that people rely on several core assumptions (usually unconscious) about themselves and the world. The greatest threat trauma poses is in the shattering of these basic assumptions, and the challenge of recovery is re-establishing a set of beliefs that can once again lead to meaning, self-esteem, and coherence. Schwartzberg and Rofes assert that the impact of the epidemic is no less profound than that arising from other events of mass trauma.

The reader is left pondering, as does Schwartzberg, “The challenge: how to establish, or recreate a life of meaning in the face of such potentially overwhelming trauma.” Clinical and personal experience tell us that chronic trauma takes a heavy toll on an individual’s ability to cope. Rofes, echoing Elie Wiesel’s Night, writes, “Many of us have entered a stage of the epidemic where we have reached the limitation of our ability to mourn.”

A Crisis of Meaning

A Crisis of Meaning focuses specifically on HIV-positive gay men and how they integrate the epidemic into a more encompassing, coherent framework to reascribe meaning to life after an HIV diagnosis. Schwartzberg writes as a clinical psychologist, researcher, and gay man. The result of research for his doctorate, the book presents an insightful study of 19 seropositive gay men. To legitimize the seropositive gay male experience, Schwartzberg applies the theories of J. E. Dimsdale, Frankl, Lifton and others, developing 10 representations of the ways seropositive gay men see AIDS. Among these representations are HIV as catalyst, HIV as belonging, HIV as irreparable loss, HIV as punishment, HIV as contamination of self, HIV as isolation, HIV as confirmation of powerlessness, and HIV as relief.

In addition, he presents four styles of adaptation to HIV disease: transformation, a journey of growth; rupture, the shattering of meaning; camouflage, the fine line of self-deception; and impassivity, minimizing the trauma. Finally, he applies Lifton’s survivor themes—death imprint, survival guilt, psychic numbing, and struggle for meaning—to his analysis of the psychic
processes gay men undergo as they integrate HIV into their lives. In this way, Schwartzberg succeeds in chronicling the various ways gay men reascribe meaning and acknowledge the true experience of living with HIV disease. As does Reviving The Tribe, this book offers a framework for clinicians to further understand gay men's psychological response to the epidemic. Furthermore, it provides an analysis of specific survivor themes and other stage development theories useful in the development of individual treatment plans and community level intervention programs.

**Reviving the Tribe**

The stronger of the two books, Reviving The Tribe, adds a historical, personal, and social perspective to the mix of theory and clinical practice that makes up the bulk of the Schwartzberg book. Rofes focuses directly on gay men and their hopes, needs, fears, and sexual practices during the ongoing trauma of the epidemic. He provides the direction for individual and community action, action aimed at recovering from the trauma of the epidemic and rebuilding individual and community identities. He speaks for the need to develop places to support uncompromising truth-telling, for example, individual counseling and support groups, and he models the power of truth in his searing self-examination.

Rofes, a doctoral student at UC Berkeley and a long-time community leader and activist, brilliantly integrates all of this material into a readable book. By outlining the gay experience from the 1970s and 1980s and linking it to the present experience of sexuality and denial in the face of AIDS, Rofes develops a more comprehensive understanding for the clinician and lay reader alike. Rofes's passion, insight, and candor serve both to witness the epidemic and to define a path along which gay men can struggle, endure, and survive.

Although written with a specific focus on HIV-negative gay men, 35-years-old or older, Reviving The Tribe is a powerful manuscript, recommended reading to everyone living in the era of AIDS. In particular, the book raises questions for clinicians, social scientists, and community advocates about ethics, care, prevention, community response, and denial. Reading may be difficult for those of us who may be confronted by the shortcomings of our prevention programs, but the insights are worth the discomfort. For example, Rofes suggests “realistic shifts” in prevention from purely behavioral approaches to strategies that respond to human needs such as addiction recovery, rape and anti-gay violence, and adolescent and adult mental health. While psychological state is a determinant of receptivity to HIV prevention, mental health is de-emphasized in campaigns for gay men. Basing his suggestions on Judith Herman’s trauma and recovery theory, Rofes also calls for the establishment of a safe place to begin the recovery process. Outside of the ongoing trauma of the epidemic, this place supports individual and community efforts to remember, mourn, and reconnect to ordinary life.

**Conclusion**

Both books contain some flaws worth mentioning. Neither speaks much to the experience of people of color and other cultures. In fact, each assumes unconscious beliefs held in Western culture, as exemplified by the following quotations: “People can (and should) control the outcome of what happens to them,” “Life events are not distributed randomly, but follow the rules of cause and effect,” and “We also grant the same prominence to a belief in personal control.” The need for meaning is universal, but the content of how that need is met is shaped by culture. This may be equally the case for the impoverished and marginalized members of society who do not and cannot live under these assumptions of justice and control.

In Crisis of Meaning, Schwartzberger presents a small cross-sectional study. The lack of longitudinal research, randomization, comparison of subjects, and few controls limit the applicability of his findings to other populations. Finally, Rofes’s personal connection to the content results in an overemphasis of some points, for example, prevention, and his tone is preachy at some moments and repetitive at others.

Despite these flaws, the strength of these texts is rooted in the void they fill by bearing personal witness to the complex experiences and psychological responses that men and women endure in facing the trauma of the AIDS epidemic. These are dense and thoughtful books that are gripping, sincere, and at times emotionally challenging. Those affected by the epidemic may experience catharsis within their pages and may need to read them slowly.

As Schwartzberg writes, “Some things we can learn from other tragedies. Others we must forge anew.” These books explore the collective human experience of trauma and link it to HIV disease. Thus new ground is forged, evoking insight, personal meaning, and hope for the survivors of this present day tragedy.

**Authors**

Michael Discepola, MFT is the Coordinator of the HIV-Negative Services Program at the UCSF AIDS Health Project.
HIV Prevention Counseling
Dan Wohlfeiler


Changing HIV Risk Behavior: Practical Strategies provides a solid introductory overview of how to help individuals reduce their risk for HIV transmission. Drawing on examples from his own work and the work of his colleagues at the Center for AIDS Intervention Research, Kelly provides an accessible manual for practitioners working with gay and bisexual men (both self-identified and not) and women of color.

The book will be most useful to readers who are just beginning to design HIV prevention programs. Readers who have more experience will also benefit from the different perspectives and detailed, hands-on approaches that Kelly offers.

A Good Introduction

Changing HIV Risk Behavior concentrates on identifying, assessing, and reducing behavioral risk factors associated with HIV transmission. It contains a brief overview of HIV epidemiology, from which Kelly skillfully gleans the take-home messages about the risks that are most prevalent in different populations and communities. Kelly then reviews the basic principles and co-factors of behavior change as they relate to HIV infection. He describes the characteristics of an effective behavior change counselor, emphasizing assessment tools and easily replicable individual and group strategies. Finally, he cautions counselors about potential pitfalls when working with the unfamiliar. Throughout, hands-on tips, including practical exercises, make the book practical and accessible.

Kelly’s strength is in his breadth of experience working at individual, group, and community levels. This book will have much to offer those who specialize in one of these areas but are working in another. For example, community organizers less familiar with professional counseling techniques will benefit from Kelly’s suggestions of probing questions to ask clients or participants. In addition, many readers will find the chapter on sexual assertiveness training particularly useful.

Kelly, Director of the Center for AIDS Intervention Research (CAIR) and Professor of Psychiatry and Behavioral Medicine at the Medical College of Wisconsin in Milwaukee, has always championed the integration of risk reduction interventions into community-based settings. In this vein, the book briefly describes his research in gay bars and in an inner-city health clinic serving women. These examples are useful illustrations, particularly for counselors with little experience working at the community level. Kelly also cautions that there are “no quick fixes,” a useful note for many prevention workers and critics alike.

Kelly is best known for his broad-based community-level interventions, but emphasizes individual and group-level counseling in this book. While those who are seeking to learn how to conduct a community-based program will glean valuable tips from this book, they would be better served by the manuals CAIR has published on this topic.

AIDS and the Informed Navigator
Sari Kasper

Current, private, and immediately accessible, World Wide Web sites provide a convenient and seemingly endless source of information for people interested in HIV disease and mental health issues. However, sorting through the dozens of AIDS sites can be a daunting task. Perhaps the best way to approach “surfing” for HIV-related information is to find a few sites that provide consistently high quality, well-organized, and frequently updated material. Usually these sites contain “links” to other sites with complementary information that surfers may access at the click of a mouse. This article identifies a few of the most complete and easy-to-use sites.

The Body is an excellent resource that houses information on HIV prevention, treatment, legal issues, financial planning, and mental health. There are several guest experts—from a minister to a marathon runner—who write columns on topics ranging from spirituality to physical fitness. An interactive question-and-answer feature enables visitors to direct queries to medical experts who then post responses.

The Body also collects hundreds of articles and fact sheets from a variety of reputable sources including the Gay Men’s Health Crisis (GMHC), AIDS Treatment News, The Body Positive, the American Psychiatric Association, and AmFAR. A recent sampling of topics included:
“Nutrition and Immune Function,” “Choosing a Therapist When You’re HIV Positive,” “Depression and HIV,” and “Dealing Practically with Assisted Suicide.” The Body also pays attention to artistic expression, including photography, poetry, and an electronic AIDS memorial. (The Body site address is www.thebody.com.)

The UCSF Center for AIDS Prevention Studies (CAPS) web site describes the organization’s ongoing prevention research and contains an array of fact sheets on HIV-related prevention topics in both English and Spanish. These contain general information about condom use and HIV prevention intervention efficacy and specific fact sheets that address the prevention needs of a range of populations including women, gay men, African Americans, Latinos, homeless people, sex workers, and substance users. The site also provides a comprehensive list of links to other prevention-related sites. (The CAPS site address is www.caps.ucsf.edu/capsweb/index/html.)

Medical and Epidemiological Information

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse contains a storehouse of information, ranging from HIV-related epidemiological data (including the HIV/AIDS Surveillance Report) to a glossary of HIV-related terms and fact sheets that can be downloaded from the site. Also posted at this site is the CDC’s AIDS Daily Summary, which includes abstracts of HIV-related articles from major U.S. publications. (The CDC site address is www.cdcnac.org/.)

In addition, the CDC sponsors the HIV/AIDS Treatment Information Service (ATIS) which provides material on federally approved treatments for HIV disease and includes links to other treatment and public health sites. Another Public Health Service-sponsored site is the AIDS Clinical Trials Information Service which catalogs HIV-related clinical trials including new trials open to enrollment and trial results. (The ATIS site address is www.hivatis.org; the Trials site address is www.actis.org.)

The Journal of the American Medical Association (JAMA) web site—the JAMA HIV/AIDS Information Center—is an excellent resource for scientific information. The “Journal Scan” section reviews HIV-related articles published in a range of international journals related to virology, epidemiology, patient care, and psychosocial issues. The site also archives HIV-related articles from JAMA, contains a link to the National Library of Medicine AIDS Database, and houses an advice column. The “Globalink” section provides excellent connections to international AIDS sites, and the site also contains an annotated and eclectic list of other links. (The JAMA site address is www.ama-assn.org/special/hiv/hivhome.)

ARIC: AIDS Research Information Center housed at the web site of the Critical Path AIDS Project is geared toward empowering people with HIV disease and making medical information accessible to laypeople. The ARIC site enables users to access information specialists who will assist in HIV-related research for free. The site also includes an index of on-line AIDS resources from a variety of categories: academic, government, publications, newsgroups, and alternative therapies. (The ARIC site address is www.critpath.org/arc; the Critical Path site address is www.critpath.org/.)

Treatment Publications

Many print information providers post their publications on the World Wide Web. Among these are: GMHC Treatment Issues (www.gmhc.org/), the Bulletin of Experimental Treatment for AIDS (BETA) (www.sfaf.org/beta.html), Project Inform Perspectives (www.projinf.org/pub/pip_index.html), and AIDS Treatment News (www.immunet.org/atn). AIDS Treatment News runs another web site (www.aidsnews.org/index.html#Home) that serves as an Internet Directory, a no-nonsense and massive assortment of links to other web sites. Although this listing is not annotated, it provides an excellent starting place for the ambitious browser.

Next Month

Seroprevalence rates in U.S. prisons are many times higher than the rates in the general population and prison conditions promise a trend toward increasing rates. In the January 1997 issue of FOCUS, John Rubel, PsyD, who coordinates the behavioral medicine program at the Federal Correctional Institution in Bastrop, Texas, and C. Kenneth Bowles, PhD, who coordinates the behavioral medicine program at the U.S. Medical Center for Federal Prisoners in Springfield, Missouri, describe the challenges in providing psychosocial care to people with HIV disease in prisons.

In a second article, Bowles focuses on the psychosocial issues of people in prisons at the later stages of HIV disease when facing debilitation and dying.
ABOUT UCSF AIDS HEALTH PROJECT PUBLICATIONS

The AIDS Health Project produces periodicals and books that blend research and practice to help front-line mental health and health care providers deliver the highest quality HIV-related counseling and mental health care. For more information about this program, visit [http://ucsf-ahp.org/HTML2/services_providers_publications.htm](http://ucsf-ahp.org/HTML2/services_providers_publications.htm).

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