Counseling in the 21st Century
Rachel Schochet, PhD


The complexities of mental health work regarding HIV disease require clinicians to stay informed and sensitive to the changing topography of the epidemic. Two anthologies endeavor to document the full array of psychological issues and rise admirably to this task. While veteran clinicians might not find new information in these texts, they will find useful ideas and fresh outlooks from a host of experts.

A Primer and Reference Manual
HIV Mental Health for the 21st Century offers a balanced and comprehensive perspective on the topic. Mark WiniarSKI, PhD, the New York clinical psychologist who edited the book, invites mental health practitioners who are not very knowledgeable about HIV disease to learn about it and the people it affects. He strives to make the book useful not only as an introductory text but also as a reference guidebook.

WiniarSKI’s underlying approach, the biopsychosocial/spiritual model, is woven throughout the book. Although a compendium written by many different contributors, the 19 chapters flow together and expand upon the logically presented themes. Most of the clinical chapters identify further readings, practical tools for clinical practice, and potential barriers to incorporating these suggestions.

The book is particularly accessible because authors speak from clinical experiences in voices that embody professional, personal, and countertransferential concerns. As result, HIV Mental Health for the 21st Century offers something for both new and experienced clinicians.

Four Dimensions of Care
"Understanding HIV disease entails much more than assembling a headful of facts," asserts WiniarSKI at the beginning of the book’s first section on basic concepts. He proposes a conceptual framework to help readers implement a comprehensive assessment of HIV-affected clients. Four interlocking circles—biological, psychological, social, and spiritual—form this framework, and WiniarSKI contends that providers must be mindful of all of these dimensions and their interactions in order to provide appropriate care. He includes assessment guidelines for each of these aspects and discusses how to use this information not only to react to issues, but also to anticipate them. This model is woven artfully into the entire book.

In another chapter, Thomas Eversole presents a second fundamental premise of the book: in order to serve the needs and changing circumstances of people with HIV disease, clinicians must be able to move along a continuum of roles and therapeutic styles. In "Psychotherapy and Counseling: Bending the Frame," Eversole proposes that mental health practitioners develop a larger repertoire of skills than required by traditional face-to-face psychotherapy, for example, advocating for clients in the social services system, reevaluating notions about compliance in therapy, and talking openly about sex, drugs, death, and spirituality.

Eversole summarizes this approach: "Bending the frame is a paradigm shift from traditional service delivery (‘doing to’) toward facilitating empowerment of clients (‘doing with’) as successful consumers of mental health services. To make the shift, practitioners need a wide range of psy-
chotherapeutic, counseling, and case-management skills and the ability to move easily from one mode to another as the client's situation requires. The next chapter in the book appropriately examines potential positive and negative countertransference issues that may result from bending the frame of HIV-related psychotherapy.

Other chapters in this section examine grief and loss, cross-cultural issues, the role of psychiatry, and secondary prevention. A chapter on spirituality proposes three attributes needed to facilitate spiritual exploration: attentiveness, acceptance, and compassion. A particularly stirring chapter entitled "An Invitation to Caregivers" describes the significance of the spiritual journey and helps readers make the connection between work with clients and the therapist's own spiritual path.

The second section of the book identifies four specialized aspects of HIV-related care: group work with people affected by HIV-associated dementia; practice in rural areas; work with seronegative gay men; and issues raised by children with HIV disease. Each chapter discusses guidelines for practice as well as barriers faced by practitioners.

The third section of the book describes models of community care that Winiarski considers to be the standard for the future. These models apply the book's philosophy of care to specific situations, integrating mental health service delivery with medical and home services in a culturally relevant manner. The fourth section addresses the evaluation of HIV mental health services and interventions, presenting basic and practical information in understandable terms.

The last section examines the two major funding streams for HIV-related mental health care, the Ryan White CARE Act and Medicaid. Douglas A. Wirth urges practitioners to keep informed about HIV and mental health policy at a time of increasing competition for dollars and changes in these funding streams. Winiarski's final chapter touches upon psychosocial and spiritual implications of combination antiviral therapy and concerns for the next decade.

One of the pitfalls of writing a book about HIV disease is that advances in treatment evolve and information can becomes outdated before it is published. For example, one chapter cites a median life expectancy of six months for people with AIDS dementia complex. The current outlook for this condition is far less bleak; HIV-associated dementia has widely variable outcomes with both slow and rapid progression. Readers should be aware that rapid change always can make such information obsolete, but it seems that while some issues may change, many counseling strategies remain appropriate.

**Breadth versus Depth**

Another anthology published in 1997, *Treating the Psychological Consequences of HIV*, is an excellent companion book to *HIV Mental Health for the 21st Century*. Michael O'Connor, PhD, begins the book with a summary regarding the management of transference and countertransference issues, and follows this with an excellent overview of psychiatric and psychosocial issues. Employing many case histories, each chapter offers practical guidelines for clinicians.

While both books are the same length, they differ in scope. *HIV Mental Health for the 21st Century* offers greater breadth, and consists of shorter chapters covering more areas. *Treating the Psychological Consequences of HIV* offers greater depth on fewer topics. As a result, although the content of the books overlap, each presents its subject differently. For example, a chapter in O'Connor's book is able to provide a comprehensive look at assessment, treatment, and prevention strategies for infants, children, and adolescents, the longer length allowing the authors to elaborate on developmental issues at each age. O'Connor also includes thoughtful chapters on women and gay men, which are beneficial to both experienced and novice clinicians, and a chapter on families and couples that includes text on HIV-affected families, heterosexual and gay couples, and serodiscordant couples.

Finally, *Treating the Psychological Consequences of HIV* includes a valuable chapter on legal and ethical issues, which in my experience training practitioners, usually raise uncertainty. Author Jeff Stryker sets out general perspectives on the topic and, for more clear-cut issues, provides more specific information. In many cases the solutions are not crystal-clear, and he advocates consultation to help find ethical and defensible solutions. Clinicians may be frustrated that this chapter does not provide all the answers, but this is the nature of many of the ethical dilemmas encountered in mental health practice.

**Conclusion**

Taken together, these two books present the essentials of mental health treatment for people with HIV disease, and complement each other. However, differences in scope and emphasis should make choosing one or the other relatively easy based on a reader's preference for depth or breadth.
Mental Illness and HIV Disease

Francisco J. Gonzalez, MD


Francine Cournos, well-known for work with people with severe mental illness and HIV disease, is a fitting editor for this intelligent collection. Cournos coordinates a multidisciplinary group of medical and mental health professionals, researchers, and attorneys, whose explicit goal is “to provide, in one volume, all the information needed to help contain the epidemic among people with severe mental illness and serve those who are HIV-infected. That the group comes pretty close to succeeding is a testament to their commitment and compassion.

The book is composed of three parts: a five-chapter overview, a nine-chapter section outlining interventions, and two final chapters on AIDS and mental health policy. Nine appendixes provide information ranging from the 1993 revision of the Centers for Disease Control and Prevention AIDS case definition to tuberculosis prevention strategies and HIV antibody test result interpretation. The appendixes also include relevant resources and a 13-page glossary including terms such as “alveolitis,” “countertransference,” “envelope precursor protein,” and “SCID,” as well as the alphabet soup of HIV antiretroviral drugs.

A Solidly Researched Primer

The introductory section details epidemiology, risk behavior, and neuropsychiatric and medical manifestations of HIV disease. While some of this may be familiar, even these portions serve the greater goal of the book: to be a how-to guide grounded in real-world work with the mentally ill. The epidemiology and risk behavior chapters are smart and solidly researched. They provide a comprehensive review of the literature, including practical applications, and identify the need for future research focused on HIV-related risk factors and the relationship between drug use and sexual behavior. Throughout, the authors reiterate the conviction that interventions must be based on scientific evidence not anecdote, and stress the belief that mentally ill people should receive the same considerations and resources extended to others at risk.

The second section—entitled simply “interventions”—is the book’s most compelling. It includes a wide range of approaches geared specifically to the mentally ill: HIV test counseling, prevention strategies in various settings, suggestions for working with dually-diagnosed and homeless people, medical management of HIV disease, and staff training. In addition to the different models detailed in these chapters, the authors suggest ways of handling common obstacles, and present scripted role plays and clinical vignettes—all of this focused on the practical. For instance, the chapter on homeless mentally ill men outlines the structure and content of a 15-session intervention, including a plan for implementation, notes on group facilitation, and ideas for materials and innovative incentives. Similarly, the chapter on working with dually diagnosed clients does not hold treatment hostage to definitive diagnosis: instead, the authors opt for stabilization via psychotropic management and substance abuse counseling, followed later by more definitive diagnosis and HIV counseling.

The chapter on staff training comprises six sections written by representatives of regional and national programs. Again, the authors offer resources and contacts for further exploration. This section may be most valuable to organizations that have only considered HIV-related interventions, but it also offers savvy groups a view of other approaches.

The final section focuses on mental health policy. One chapter reviews legal issues such as consent for HIV testing, confidentiality, sex among inpatients, and discrimination. A second addresses occupational exposure to HIV and HIV antibody testing, and includes a section on seropositive workers. The focus here is not clinical, but ethical, seeking a balance between the rights of HIV-infected providers and the risk of HIV transmission in health care settings.

Specific to Time and Place

I have two reservations about this excellent volume. First, it is largely about the New York experience. Readers in the western United States may be especially aware of this bias, since amphetamine use in western gay communities has confounded assumptions about risk behaviors and “risk groups.” Second, the book was written before widespread use of protease inhibitors. As a result, it overlooks some thorny issues—for example, how to provide these drugs to disenfranchised, multiply-diagnosed people.

All in all, however, these are small matters. Any program working with severely mentally ill individuals would richly benefit from the small investment represented by the purchase of this book.
Making Sense of AIDS
Tom Moon, MFCC


Tragic life events turn our worlds upside down, disrupt our faith in core beliefs, and precipitate crises of meaning. As Viktor Frankl discovered in the Nazi death camps, these crises are significant. Frankl observed that frail prisoners who nonetheless maintained hope and "a life of inner riches and spiritual freedom" were better able to survive camp life than more robust prisoners who lacked a sense of meaning. Frankl came to see that the need to believe that life, including suffering, has meaning can be as crucial to survival as food and water.

What happens to the sense of meaning for people whose lives are disrupted by the knowledge that they are seropositive? Steven Schwartzberg explores this question in interviews with 19 seropositive gay men. Through his interviews, Schwartzberg identifies four coping styles:

1. Transformation, a person successfully converts the challenges of HIV disease into a fuller appreciation of life. Confronting the reality of mortality leads a person to a deeper appreciation of art, spirituality, community, and love.
2. Rupture, on the other hand, involves the shattering of a sense of meaning, accompanied by depression, anxiety, bitterness, fear, and feelings of powerlessness. Many who experience rupture are able to function surprisingly well despite sadness or bewilderment. Some do this by preserving a part of their self-identity as inviolable—a kind of "AIDS-Free Zone," protected with defiance and bravado. One man took solace in his belief that his professional stature remained intact.
3. In Camouflage, a facade of meaning and positive thinking wards off feelings of dread, fear, and helplessness. This style superficially resembles transformation, but camouflaged individuals deny rather than confront painful truths. As a result, one avoids the devastation of rupture, but lacks the flexibility, openness, and potential for growth of transformation. Schwartzberg likens camouflage to a beautiful tree that, lacking an adequate root system, is vulnerable to even slight changes in the weather.
4. Impassivity is maintained by a smorgasbord of defenses—minimization, denial, compartmentalization, displacement, projection, and repression—that ensure that being seropositive has little impact on life routines, identity, and sense of meaning. Impassivity may be a more common adaptation than most of us realize. People who are able to sigh, shrug, and move on, do not tend to show up at AIDS agencies or therapists' offices. This style, when it does not interfere with realistic self-care, is a viable and workable strategy for some of Schwartzberg's subjects.

Small Is Beautiful

While Schwartzberg's sample is far too small to derive generalizable conclusions, its size is actually one of the book's strengths. Creating meaning is an intensely personal act, and the 19 subject's emerge as genuine personalities struggling in distinct ways to make sense of HIV disease.

Schwartzberg's biases emerge, but do not intrude. He never passes judgment on his subjects or the coping styles he describes; in fact, one of the fascinations of the book is its description of the life-supporting uses of illusion and denial. In the lives of Schwartzberg's subjects, "facing reality" and "finding meaning" emerge as a balancing act. We all walk a thin line as we attempt to balance an acceptance of the impermanence of our lives with a longing to sustain hope, purpose, and meaning in the living of them.

Clearinghouse: HIV-Related Books

AIDS Project Los Angeles, Clum N. Take Control: Living with HIV and AIDS. Los Angeles: AIDS Project Los Angeles, 1996.


As every AIDS caregiver knows, providing physical or psychological support to people with HIV disease can be a huge burden, even as it offers great rewards. *Caring for the HIV/AIDS Caregiver* attempts to define the challenges of HIV work, emphasizing the commonalities of experience between professional and lay caregivers.

Written from a social work perspective, this anthology examines the psychosocial aspects of HIV caregiving, discusses specific care provider groups, and comments on topics such as spiritual issues, grief, and disclosure of serostatus. While the book lacks an overarching theoretical stance, it asserts that social and cultural factors play central roles in health care delivery.

**Social and Psychological Contexts**

The first chapter, by Helen Land, looks at the social and psychological contexts of caregiving. It is particularly useful not only because it distinguishes between general and HIV-specific health care organizations, but also because it offers clear analysis of the stressors and benefits of various work settings. Land discusses the burdens of working in environments that stigmatize and blame victims. She also describes more subtle intrapsychic responses, for instance, projective identification—by which providers disavow negative emotions by projecting them onto clients.

In another chapter, Harvey Gochros outlines common stressors for caregivers, for example, observing mental and physical deterioration and dealing with taboo topics such as sex and death. He briefly distinguishes professional from volunteer caregivers, emphasizing the fact that volunteers may be emotionally ill-prepared for the work, and that professionals are underpaid, underappreciated, and overworked. To prevent or relieve stress, Gochros considers approaches to screening volunteer, anticipating stress, maintaining boundaries, dealing with charged situations, and finding lives beyond caregiving.

**Communities**

The book is at its most poignant when describing community perspectives and the burdens of racist, classist, sexist, and homophobic environments. In the only research-oriented chapter, Ruth Rachel Gillman describes a study of 11 female HIV service providers who have maintained enthusiasm for their work. Gordon identifies the ways AIDS work has contributed to the lives of these women, including enriching their relationships, enhancing their social work skills, helping them overcome fears about death, and generating a greater appreciation of life. She concludes that feminist practice allows these women to frame their experiences in positive terms, as opportunities to express and value feminine attributes of nurturance and caring.

In a chapter on African-American communities, Larry Grant describes the reluctance of African-American leaders to publicly address HIV disease, a reluctance stemming in part from the fear that AIDS will further stigmatize African-Americans. In order to address HIV disease, the response has been to integrate it into pre-existing organizations; the result is that AIDS is seen as one among many community concerns. Grant is especially enlightening in detailing the role of African-American churches in AIDS work and in discussing coping strategies, particularly the use of prayer to attempt to influence solutions, to reframe one's perception of a situation, or to deal with stress.

Gay male caregivers tend to resemble their clients in terms of age and risk of infection, according to David Levin, Stephan Buckingham, and Christian Hart. Many gay men put their lives on hold to provide care to other gay men, and this commitment competes with normal developmental tasks such as career advancement and interpersonal relationships. Combined with obstacles to gay relationships, these interruptions may exacerbate internalized homophobia; this may be expressed as rage or overcompensation as “super caregivers.” Several approaches—including maintaining boundaries and a sense of humor—may prevent overidentification and burnout.

**Dealing with Burnout**

The book's final chapters provide suggestions for preventing burnout, as well as thoughts on serostatus disclosure, grief, and spiritual issues. Caryn Berman and Carol Reese describe how spirituality has not only helped them handle work demands, but also enabled them to help clients deal with mortality. Unfortunately, these last chapters are cursory. *Caring for the HIV/AIDS Caregiver* provides an excellent overview. But, as an academic work, it may be best suited for a more limited audience: social welfare students and caregiver program supervisors.
Gay Men and Sex
Michael Shernoff, MSW


With the publication of his book Sexual Ecology, Gabriel Rotello, a gay activist with impeccably progressive roots, has been vilified by some queer theorists as a "neo-conservative," "anti-sexual," and even "homophobic." Along with Michelangelo Signorile (the author of another controversial book on the gay male community, Life Outside: The Signorile Report on Gay Men), Rotello has been accused of attempting to impose mainstream morality on queer culture and turn back the sexual revolution.

The basis for these accusations are Rotello’s compelling arguments that one of the best ways to curtail new HIV infections is for gay men to become monogamous. Rotello’s reason for suggesting that gay men stop relying solely on condoms and other safer sex techniques is clearly not rooted in any objection to non-monogamy; it is related only to his desire to ensure that the contemporary gay community survives.

Rotello defines the term “sexual ecology” in terms of a whole spectrum of factors—biological, behavioral, sexual, social, cultural, psychological, technological, medical, historical, political, and ideological—which combine to influence HIV transmission. The result is a book that is eminently readable and effective in articulating an ecological approach to the emergence of AIDS, a definition of gay sexual ecology, and an analysis of HIV transmission and prevention efforts.

Rotello’s most vociferous critics—many of whom admit they have not read his book, yet claim they can judge it based on prior knowledge of Rotello’s writings—often attack the quality of the science he cites. But through a careful review of the epidemiological evidence, Rotello argues convincingly that the rate of new infections has fallen because members of the group of people most at risk have shared the same “sexual ecology”—interacting mostly among themselves. He suggests that these individuals, who fall into what he calls “core groups,” had in fact become infected early in the epidemic and that the epidemic has slowed because those most likely to come into contact with HIV have already done so.

Politics versus Public Health?

In this context, Rotello analyzes the first wave of HIV prevention interventions, concluding that it was not as successful as has been reported. This judgment has also proved to be unpopular. Rotello’s criticism of these early prevention efforts focuses on the fact that they failed to suggest that gay men reduce the number of sexual contacts within core groups. As the person who largely designed the campaign “Hot, Horny, and Healthy: Eroticizing Safer Sex,” I must agree. Our goal then was simply to help gay men combat the erotophobia rampant at the time and learn how to adjust to protecting themselves and their partners. In hindsight, as important as the campaign was, I now believe it was short-sighted in failing to explore options beyond multiple partnering.

Rotello is also critical of the gay political agendas that took priority over basic public health realities. He believes that fears of governmental intrusion into public sex spaces and eventually into private sex lives should have been put aside, and he quotes physicians and public health experts who admit to being bullied by gay activists into retreating from actions that they felt would stem the rising tide of new infections.

True Revolution

It is precisely because Rotello discusses these sensitive areas that he has been branded a traitor. Ironically, Rotello’s goal is to lay a foundation by which gay men can increase their options for remaining sexually active and sexually responsible in the midst of a sexually transmitted plague. In thinking of Rotello’s courage in taking the positions he does, I am reminded of a comment by Eldridge Cleaver: “Let me say, at the risk of seeming ridiculous, that the true revolutionary is inspired by great feelings of love.” What has been lacking on the part of Rotello’s critics is any acknowledgment that Rotello loves gay men enough to posit some very unpopular views.

Rotello is somewhat naive, or less persuasive, in his arguments regarding prevention when he overlooks the psychological and sociological bases of human behavior. Risk reduction is not just a political issue, and psychosocial factors contribute to risk-taking and must be considered in the context of prevention.

However, Rotello has done a commendable job in fashioning a new lens through which to examine the evolution of the epidemic. His leadership in beginning a crucial conversation—whatever its outcome or your perspective—is relevant to every gay man, to providers working with gay men, and ultimately to other communities which, in battling HIV disease, must balance real political concerns with essential public health strategies.
The Condom Makes the Man

David A. Donovan, PhD


Why Some Men Don’t Wear Condoms: Male Attitudes about Condoms and Other Contraceptives is the eighth in a series of seminar proceedings on “Sexuality and American Social Policy” published by the Henry J. Kaiser Foundation. The title is somewhat misleading, because although men’s attitudes towards condoms as contraceptive device plays a prominent role in the first half of the book, the dominant theme throughout is HIV prevention and the essential role of the condom as a prophylactic device.

The booklet is the result of a seminar on barriers to condom use among young men and men who have sex with men. It contains the full text of two invited presentations and a well-organized summary of the seminar, including the reactions of a distinguished panel of experts who commented during post-presentation discussions. In this context, the booklet reviews research and interventions in this area. It will be particularly helpful to a wide variety of people working in prevention, including researchers, health care providers, policy makers, and community activists.

When Is It Okay Not to Use Condoms?

The authors are to be congratulated for the breadth of their analysis and the integrity they demonstrate by asking difficult questions such as “When is it okay not to use a condom?” and “What is the role of condom manufacturers in promoting condoms to men who have sex with men?”

In essence, the booklet argues that the male condom has not been used consistently or effectively in the past for reasons ranging from psychological issues to problems in manufacturing and marketing. The end result has been increased HIV infection, and efforts to improve condom use must take these obstacles into account. The booklet goes on to make suggestions for change.

The booklet cites the many social factors that may play a role in condom use, including embarrassment during the purchase of condoms, awkwardness when putting condoms on, and a couple’s power dynamics. It also addresses attitudes towards pregnancy, disease, and life, including the effect of fatalism on condom use.

The authors go on to discuss the primary complaint of male condom users: to many men, condoms smell bad, taste bad, look funny, and interrupt the rhythm of sex. The truth is that for most men, condoms decrease pleasure. These facts have not always been acknowledged, and the authors deserve credit for beginning to take men’s “perceived” or “reported” loss of pleasure seriously. When prevention providers recognize this reality and state it explicitly, it improves their credibility in their clients’ eyes. It also makes it easier to ask clients to make the reasonable sacrifice of using condoms and honors them for doing so.

The booklet also raises the issue of differences in condom use for anal sex versus for vaginal sex, prevention of HIV transmission versus prevention of pregnancy, and oral sex. Unfortunately, the authors note, there have been few studies examining these issues.

Research and Development

At the time of this seminar, only a few advances in condom technology had been introduced: the polyurethane condom (Avanti), which allows the use of oil-based lubricants, and the female condom (Reality), which is also made of polyurethane and can be placed internally hours before intercourse.

Since the seminar, two additional products have been announced. The first, already approved by the U.S. Food and Drug Administration (FDA), is described as a baggy tip, latex condom, which the manufacturer states is less restrictive than traditional condoms and thus, enhances stimulation. The second, still in development, is an “invisible” condom, described as a non-toxic, polymer-based liquid that becomes a solid gel at room temperature. The receptive partner can apply the gel to the anal or vaginal area, and the liquid creates a waterproof film.

Conclusion

Some men enjoy using condoms, and this is an appropriate note upon which to end this review. Some men find condoms erotic, and further study of this response might yield clues to their attraction. Other men find that wearing condoms allows them to extend intercourse for long periods before ejaculation; this is the flip side of the “reduced pleasure” coin. This booklet provides an excellent opportunity to begin to explore both positive and negative responses to condom use and to begin to help clients begin to answer the question: should I or should I not wear condoms?
The wealth of information related to HIV disease and mental health available on the World Wide Web can be both invaluable and overwhelming. Fortunately, there are web sites that attempt to organize and make accessible links to useful internet resources.

The Centers for Disease Control and Prevention (CDC) operates the National AIDS Clearinghouse Net Links and Services web site (http://www.cdc.gov/aidslink.html), which provides links to more than 100 HIV-related organizations and publications. The links on the web site are organized under 20 categories, including advocacy, clinical trials, comprehensive resources, legal resources, prevention, substance abuse, treatment and support, women, and youth. The following is a selection of well-organized and informative web sites accessible through the CDC National AIDS Clearinghouse Net Links and Services web site.

- **HIVInSite:** Gateway to AIDS Knowledge (http://HIVInSite.ucsf.edu/): a comprehensive site maintained by the University of California San Francisco AIDS Program, AIDS Research Institute, and Center for AIDS Prevention Studies covering medical, prevention and education, and social aspects of the epidemic, as well as community and research resources, and other topical information and statistics.
- **Immunet:** Easy Access to Quality Information about HIV/AIDS (http://www.immunet.org/immunet/home.nsf): a well-organized, site including conference abstracts, community forums, an AIDS bookstore, treatment conference listings and abstracts, and a link to AIDS Treatment News.
- **International Association of Physicians in AIDS Care** (http://www.iapac.org/): the site of an international organization seeking to develop and implement global strategies for prevention and management of HIV disease, to educate both physicians and consumers, and to raise ethical concerns. The site features information on antiviral therapies, nutrition, HIV-related issues for people of color, opportunistic diseases, and women’s health issues.
- **AIDSLINE** (http://www.healthgate.com/choice/AMA/search.html): a database web site containing references to journal articles, theses, technical reports, meetings, books, and audiovisual materials.
- **The National Center on Addiction and Substance Abuse** (http://www.casocolumbia.org/): a site that addresses the costs, prevention, and treatment of substance abuse.

For those interested in consulting professional journals directly, the National Library of Medicine and other sources have developed online catalogs. MEDLINE, a database catalog of more than 8.8 million articles published in 3,800 biomedical journals, is now available free of charge through the National Library of Medicine web site (http://www.nlm.nih.gov/). From this site, PubMed and Internet Grateful Med, two web-based systems, provide MEDLINE access. Internet Grateful Med deserves special attention because it offers, in addition to MEDLINE, access to AIDSLINE, AIDSDRUGS, AIDSTRIALS and other databases.

Other web sites of note, mentioned in last December’s book review issue, include The Body (www.thebody.com), the Critical Path AIDS Project web site (http://www.critpath.org/), the UCSF Center for AIDS Prevention Studies (CAPS) web site (http://www.epibiostat.ucsf.edu/capsweb/) and the Journal of the American Medical Association (JAMA) web site (http://www.ama-assn.org/special/hiv/hivhome.).

**Next Month**

The AIDS epidemic has consistently forced people to examine their biases and to look beyond black-and-white received truths. Most people in the United States and other industrialized nations understand a great deal more about gay men and injection drug users than they had thought possible.

Most of us are far less aware of the lives of transgendered people, yet seroprevalence rates and opportunities for HIV transmission are high. And as becomes clear from the January 1998 issue of FOCUS, even the most well-intentioned AIDS worker may find him or herself surprisingly discomforted when face with at transgendered client.

Next month’s articles—by **James Grimaldi, CSW**, a Cornell Medical Center social worker, and **Nora Molina**, a New York transgender activist—discuss HIV-related issues for transgendered people and transgender challenges, including countertransference, for their providers.
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