Power and Control

It is important to assess with the individual the power or control he or she possesses in the relationship. If the client perceives him or herself as having power and as being capable of initiating change, the counselor might work with the client to realize such change. When discussing changes in the couple’s behavior, a good question to ask is, “How do you expect your partner will respond to this?” The timing of this question is significant: ask it only after the client has revealed some motivation or willingness to initiate change. The counselor can then follow through by discussing specific ways the client might handle his or her partner’s response.

For the client who sees the control either as belonging to the partner or as completely emanating from outside the couple (as in “the hands of God”), the counselor must take a step back to see whether it is reasonable within the context of counseling and testing to help the client claim at least some of the control. With great deliberation, the counselor might aid the client who feels powerless to recognize those areas in which he or she does have power. This step may require further exploration into the client’s daily life, perhaps in relation to work or family. The counselor should seek to affirm the client’s assertion of personal power wherever it exists. For example, if the client has initiated the visit, the counselor might acknowledge that act of self-care and support the client for having taken control of this situation in this way. The best time to offer this kind of support is when the counselor is alone with the client, rather than in a session when both partners are present.

Once the client has been able to identify some sense of personal power, no matter how small, the counselor can work with the person on future steps. For the client who feels he or she is powerless, an indi-
individual referral—rather than a referral for the couple—geared toward strengthening a sense of self-determination may be the appropriate next step. The counselor can also arm the client with risk reduction information that the individual may be able to use to take action in the future, after having looked more closely at issues of self-esteem, self-discovery, and control.

Serodiscordant Couples

The terms “serodiscordant couples” and “magnetic couples” refer to couples in which one partner is seropositive, or could be seropositive but does not know his or her status, and the other is seronegative. Counselors need to be aware of the attitudinal and psychological issues that arise for such couples. These include guilt, peer pressure, and the desire to be more like one’s partner.

In any couple, the desire for closeness and intimacy can overshadow other concerns, including emotional and physical safety. It is important for HIV counselors to recognize this dynamic as a possibility in any couple. A situation may arise in which one or both members of a serodiscordant couple view protected sex as a barrier to intimacy. An HIV uninfected partner in a mixed relationship may even desire to become infected, abandoning safety in order to become like the infected partner. He or she may feel that safer practices interfere with getting as close as humanly possible—including, in this case, sharing the disease.

Counselors must be able to step back from what may seem a clear issue of safe behavior and HIV risk to recognize that relationships can create a state of affairs in which passion and intimacy appear to override all other concerns. Incrédulous counselors have made the mistake of dismissing these forces with their practical prevention approaches.

Counseling Partners Together

While HIV counseling and testing focuses on the individual, interventions often must consider interactions that occur between the client and his or her partner. Although most of these situations clearly require one-on-one counseling, some clients may feel strongly that their partners join them in the session, and it may be necessary for counselors to honor this request.

In programs funded by the California Department of Health Services, Office of AIDS, counselors may disclose test results only to the individual tested. In general and particularly in anonymous testing venues, the Office of AIDS recommends that even after disclosure counselors work with only the person tested. This approach is preferable for various reasons. Negotiating safety with sex partners or drug-using partners, for example, is a skill clients may need to develop without the inhibiting pressure of a partner being present. This policy also protects the client from being coerced into disclosing a result to others. Assess for possible coercion when a client insists that a partner join the session: a client may feel unable to say “no” to an overbearing partner’s wish to join a session.

When a client inquires about bringing a partner into the session after receiving a result, the counselor should guide this client to explore both the purpose of such a move and the benefits and drawbacks of it. In addition, counselors should take the time to explore whether the client’s objectives are realistic. It might be, after the individual has had time to discuss this issue more fully with the counselor, that linking the individual to an outside resource for couples, even to another counselor in the same setting, would be more beneficial than bringing the client’s partner into the session.

If the client sees himself or herself as having some control in the relationship and conceives of being able to undertake change, the counselor may need to work with this person one-on-one to firm up that sense of control and develop realistic strategies. The counselor can then ask the client how meeting with the partner at this time would be helpful in achieving his or her objectives.
The counselor who chooses to proceed with a session that includes both partners must be cautious and clarify two items before the partner comes in: the limited objectives of such a session and the specific goals for the part of the session that includes the partner.

In a confidential counseling setting, counselors can obtain signed permission from the client to release results to another specifically named person. This signed disclosure statement precludes two possible problems for the counselor: inadvertent and illegal disclosure and inadvertent collusion through enforced silence if a client conveys a false result to a partner in the counselor’s presence. For example, a client who has tested positive might say to the counselor, once a partner has entered the session, “Tell him I’m negative.” When a client’s partner enters the session, the counselor should restate the objectives related to including this person and ensure that everyone has the same expectations. The counselor should then focus on the objectives, move toward linking the individual, and as appropriate, the couple, to other resources, and bring the session to a close once the objectives have been achieved. The counselor should be careful not to discuss topics not previously addressed with the client during the individual session.

Appropriate topics to address when a partner is brought in may include the mechanics of safer sex, facts about transmission, how alcohol suppresses the immune system, how alcohol and other drug use can affect decision-making and behavior, and how HIV impacts the immune system. This may also be a time for the counselor to act as a “witness” for a client making a statement to his or her partner regarding the need to practice safer sex or to see a therapist for couples counseling.

**Conclusion**

In working with clients who are in couple relationships, the HIV test counselor must address certain issues. What is the specific nature of the relationship? What is the amount and kind of sexual contact each partner has both within and outside the relationship? Does the client experience a sense of control in the relationship? Is the client in a serodiscordant relationship? If so, the counselor must be especially sensitive to this person’s possible wish to abandon caution in order to be closer to his or her partner. Does the client raise the subject of bringing the partner into the session, and express a strong desire for this? If so, the counselor must determine whether such an intervention is useful and focus on predetermined and limited objectives once the partner is present.

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**Case Examples:**
**Dealing with Uncertainty and Serodiscordance**

**Carla: Relationship Uncertainties**

Carla is a 46-year-old woman who had been married for 25 years. Her husband left her one year ago. She seems depressed and reports that she is in a relatively new relationship with a man 10 years younger than she is whom she believes sees other women. She came in for HIV testing at an anonymous test site because “being part of a couple means being responsible,” and Carla thinks testing is a responsible thing to do. Carla says she sometimes wonders if her partner feels the same way about her and their relationship as she does about him and their bond.

Carla’s counselor, Ron, validates Carla’s sense of being responsible, and keeps in mind for exploration later in the session Carla’s statement that she believes her partner sees other women (perhaps Carla sees her behavior, coming in for a test, as a stark contrast to that of her partner’s). Ron assesses the specific nature of Carla’s relationship with her partner: whether it includes sexual contact and, if so, what specific contact. He also assesses what kinds of activities Carla means when she says her partner “sees” other women.

These questions give Ron an opportunity to classify risk information and develop a profile of Carla’s risks and relationship expectations. To ascertain the nature of the couple dynamics, Ron asks Carla how she feels as a partner in this relationship. Questions such as how she and her partner met, how often they see one another, and whether they live separately or together assist in filling in the picture of how their relationship works.

Does Carla’s partner know she is at the test site? If so, what is his feeling about it; if not, why not? With this line of inquiry, Ron evaluates the trust in the relationship, the communication in the relationship, and any other reasons Carla may have for
Maria to help Tom define a clear and specific purpose for Ed’s presence. Maria reviews Tom’s request in terms of three criteria: can Tom articulate this purpose? Is his goal overly ambitious for the length of the session? Is the goal appropriate to the role of test counseling session?

Maria works further with Tom to see whether, in fact, there is any goal that could reasonably be achieved in the session with Ed present. If there is not, Maria should help Tom look at the possibility of meeting his goals elsewhere. Maria should be specific with possible referrals. One of Tom’s goals is to deepen the intimacy in the relationship. In response, Maria discusses with him whether he is willing to go to an individual counselor or a group therapy situation alone or with Ed to address these concerns.

Tom also wants to bring Ed into the session to use this safe forum to ask Ed to go with him for couples counseling. In response, Maria clearly articulates this agreed-upon purpose, has Tom sign the proper release form regarding the disclosure of his result to Ed—specifying Ed’s last name—and asks Tom if he has any reason to believe Ed wouldn’t want to join the session. She does this to help Tom consider the possibility that Ed will not want to join them. Maria and Tom agree that while the test counseling session may not be the best forum for this sort of discussion, Tom may invite Ed into the session. Maria then describes for both partners at the same time the purpose of the session. Her role at this point is to support Tom in meeting the goal as it was set out and, if Ed’s needs exceed the scope of the agreed-upon goal, to work with him to identify a resource where he might get those needs met.

It is important for Maria to remember that this is Tom’s time. If Tom were to ask, for example, that Ed join him in a couples group and Ed agrees, Maria should give the partners a referral and bring the session to a close. If Ed were to be unclear or to say, “No,” Maria would need to help Tom and Ed figure out the next step or next resource for resolving the concerns the partners raised. In this case, Maria should validate Tom for bringing up the issue and Ed for his willingness to join the session. She should go on to support them in taking a next step and then bring the session to a close.
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