Talking to a primary partner about risks that have occurred outside a relationship can be a difficult process. Whether or not clients consider their relationships to be good or their abilities to communicate with their primary partners to be effective, they may feel unable or be unwilling to disclose information about risk, including injecting drugs after a period of being “clean,” engaging in sex outside the relationship, or testing HIV-positive as a result of either of these behaviors.

This issue of the FOCUS Supplement examines disclosure of information—whether related to risk or seroconversion—that may have a health impact on the primary partners of clients. It explores challenges to disclosure, including harm to the relationship or to the client, the counselor’s process of assessing client willingness and ability to disclose to partners, strategies to help clients disclose such information, and feelings that might arise for counselors in doing such work.

Risks and Challenges to Disclosure

For HIV test counselors and clients, understanding why a client might struggle with disclosing information about risk requires learning about specific health risks posed to a partner and about the dynamics of the relationship between the client and his or her partner. Armed with this information, counselors can work with clients to balance issues of health risk with the perceived impact that disclosing information may have on the client or on the relationship.

Levels of health risk to a partner can be divided into immediate or actual risks, potential risks, and theoretical risks. Immediate risks occur when recently diagnosed seropositive clients put their partners at risk by failing to disclose that they have tested seropositive for HIV or another STD. Potential risks occur when a person has not tested seropositive for HIV or another STD but has shared needles or engaged in unprotected sex outside the relationship. Potential risks can lead to actual risks when HIV-infected clients test seronegative because they are in the window period before antibodies form or when seronegative clients continue to engage in risk behaviors. Theoretical risk refers to the possibility of risk outside the relationship at a future, undetermined time, for example, if a client has a history of engaging in sex outside relationships.

Understanding the effect that disclosure might have on primary relationships is important, because some activities might involve lower HIV infection risks, but be harder to talk about given the meaning of these activities in the relationship. For example, a client might find it far more difficult to disclose a “romantic” affair that involves oral sex than an anonymous encounter of unprotected anal sex, because the romantic affair might more significantly threaten the stability of the primary relationship.

Relationship Issues

A range of relationship issues affect whether or not and how clients disclose risk information to their partners. Among these issues are: the couple’s patterns of communication, fears of rejection or abandonment, feelings of shame, concern for the partner’s feelings, and the extent to which partners have defined whether and under what circumstances there is sex outside the relationship.

Adversarial patterns of communication may prevent or inhibit disclosure. For example, a client who has risk information to disclose may actually blame or even try to hurt his or her partner as a way to minimize feelings of anxiety or guilt. Such an
approach is not necessarily consciously planned; it is more likely a lifelong pattern used to protect the client against perceived or actual harm. Feelings of shame can also thwart communication. A client might feel shame about returning to injection drug use after a period of not injecting drugs or about violating an agreement not to engage in sex, particularly outside the relationship. The client might believe this shame would be exacerbated by disclosure. In addition, many couples may feel inhibited about discussing risk information because they do not have a precedent for doing so and no role models for effective communication, especially regarding subjects such as sex, needle-sharing, and HIV and other STDs.

Clients may resist disclosing difficult information if they feel their safety might be threatened either through physical violence or passive-aggressive behavior. When faced with fears of retaliation, clients may avoid direct communication, even seeking to end relationships and avoid further contact with partners rather than risk confrontation. Alternately, fears that partners will leave may prevent clients from disclosing risk information, especially when clients are financially or emotionally dependent on their partners.

Definition and sometimes lack of definition in a relationship can interfere with disclosure of risk. In any relationship, and especially in relatively new relationships, partners often have not defined the relationship, including, for instance, whether or not the relationship is monogamous. This can prevent a partner from disclosing that he or she is sexual with others. Such a disclosure might precipitate unwanted changes in the relationship, such as a prohibition on sex outside the relationship.

Assessing Stages of Disclosure
To assess a client’s ability or willingness to disclose risk information to partners, counselors should begin by evaluating the nature of the couple’s communication. For example, counselors might ask clients if they have talked about antibody testing, HIV risks, or sexual or drug-using behaviors with their partners. If partners do not have a history of talking about these issues, it may be difficult to bring them up. Counselors should also ask clients about the ways in which they and their partners have defined their relationship. Has the couple discussed whether or not they will have other sex partners? How do the partners treat sex outside of the relationship, especially regarding the possibility of infection with HIV or other STDs? If one or both partners uses injection drugs, how do they discuss risks related to this activity?

It may be helpful for counselors to view the process of disclosure similar to the way they view changes in risk behavior, and, therefore, to use the Stages of Behavior Change Model in working with clients. Applying this model, counselors should recognize that disclosing information to partners is a process and can tailor interventions to help clients move from one stage to the next.

Most clients who are at risk for HIV infection appear to be in the “pre-contemplation” or “contemplation” stages of change about their risk for HIV infection. It is likely that most clients will also be at this stage for disclosure of risk. For individuals in the pre-contemplation stage of change, the counselor’s job is to see if clients recognize that their behaviors may pose an HIV- or STD-related risk for both clients and their partners. Useful interventions at this stage include education about risk.

Clients in the contemplation stage of change may be seeking HIV test counsel-

Call for Submissions
The FOCUS Supplement on HIV Antibody Test Counseling encourages HIV test counselors to submit proposals for articles. Among the topics that would be appropriate for Supplement articles are: counseling methods, current issues in HIV test counseling, and day-to-day counseling challenges. Proposals should include a summary of the idea and an outline of the article. Please send to:

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It may be helpful for counselors to view the process of disclosure similar to the way they view changes in risk behavior, and, therefore, to use the Stages of Behavior Change Model in working with clients.
ing because of discomfort with the risks they are posing to themselves or to their partners. The most effective intervention at this stage may be to help clients discuss this discomfort, its meaning to them, and the benefits and drawbacks of disclosing risks to a partner. People at this stage are likely to have conflicting feelings about disclosing information and are more likely to gain clarity if they can, in a supportive setting, openly discuss feelings about risks and disclosure.

Counselors—remaining client-centered, empathic, and supportive—can help clients discuss their concerns and might begin by exploring best- and worst-case scenarios of disclosure. For instance, in response to one scenario—the relationship ending—clients might prepare by exploring the feelings a breakup might evoke and by thinking about what they would do in such an event. How would they find emotional support after the breakup? If they are living with a partner, where they would live after the breakup? If they are supported by a partner, how would they support themselves?

In considering best-case scenarios, counselors might raise the possibility that the experience could facilitate a firmer foundation for the partnership by encouraging couples to more explicitly define their relationships and to more effectively communicate with one another. Clients at the contemplation stage may not move to the “ready for action” stage during the test counseling session, but discussion may help clients move through their ambivalence about disclosure. Some clients may move from one stage of disclosure to another only after other events occur in a relationship. For instance, a client might remain in the contemplation stage of disclosure until a spouse discovers the client’s risk behavior and the client feels compelled to acknowledge it.

Disclosure at Various Levels of Risk

If clients are at a ready for action stage of disclosing risk information to partners, counselors can help plan for this disclosure. Role-playing can alleviate anxiety and offer the client rehearsal, instruction, and modeling to facilitate disclosure. Beyond this, counselors can consider the utility of various interventions depending on the client’s category of risk. As mentioned above, the key categories are immediate or actual risk, possible risk, and theoretical risk.

Immediate or Actual Risk. In test counseling, dealing with the often overwhelming news that a person is infected with HIV complicates the process of looking at the issue of disclosure of HIV status or risk behaviors. In many cases, clients who test seropositive will eventually decide to tell partners about the test result, but they may not be ready to do this soon after testing. Providing referrals may be the most important counseling intervention. It may be beneficial to refer clients for couples counseling which can help with disclosure and its consequences.

In addition, if clients express that disclosure might be difficult, counselors can refer them to partner notification services. These services can assist by notifying partners—without revealing a client’s identity—that they may have been exposed to HIV or another STD. They may be especially useful when clients fear retaliation by partners.

In some cases, clients may ask counselors to be present when clients inform partners about a seropositive result. This may be possible during the session if a partner is at the test site and is willing to enter the session. However, individual testing programs may prohibit the presence of a third party in a counseling session, and anonymous counseling programs prohibit counselors from revealing test results to anyone but the client.

Possible Risk. In a possible risk scenario, clients may not believe the risk is significant enough to warrant disclosure. For example, a male client may believe his risk of HIV transmission is negligible when he has unprotected insertive oral sex with men. In such cases, counselors...
may ask clients to consider what risk behaviors would warrant disclosure. Clients might state that disclosure is warranted only in the event that they test seropositive. Counselors might respond by helping clients explore the possibility that infection might occur, what this would mean, and how disclosing this to a partner might feel. Such a discussion may not only relate to disclosure, but may also aid clients in reducing risks.

Theoretical Risk. Clients who have participated in risky behaviors in the past, for instance, by engaging in unprotected sex outside their primary relationships, face a theoretical risk of relapsing into such behaviors. These clients may benefit from identifying the conditions that might contribute to future risks and discussing how they might respond to these conditions. A counselor might ask such a client if his or her partner is aware of the client’s risk history and if the client has a support system in place should he or she sense a return to these behaviors. In response, the client may be able to initiate a discussion with his or her partner about the client’s risk history, and develop a plan for responding if this pattern is repeated. Counselor interventions may include a referral for further counseling.

Ideally, facilitating disclosure occurs over the course of several counseling sessions. In ongoing work, which on a few occasions may occur at counseling and testing programs, counselors can follow-up with clients on steps made toward disclosure, work with clients on agreed-upon contracts to complete between sessions, discuss client fears in greater depth, and help clients deal with the consequences of disclosure.

Counselors may acknowledge a certain level of success when clients decide to disclose risk information to partners. But counselors must recognize that some clients, perhaps even after thorough contemplation, may decide not to disclose risk information. When such a decision means a client’s partner will be at risk for infection with HIV or another STD, the counselor should clearly communicate this fact to the client. In the event that a client has tested HIV-positive, it is important for counselors to state that partners have a right to know this information. Beyond this, counselors may encourage clients to continue to consider disclosing risk-related information to their partners, and may provide referrals in the event clients decide to seek future assistance.

Finally, counselors can assess the willingness of clients to consider harm reduction strategies such as using condoms, not ejaculating inside of a partner, or not allowing a partner outside the primary relationship to ejaculate inside of them.

Countertransference

Countertransference feelings—reactions to a client that are based on the counselor’s own experience projected onto the client—can affect the counselor’s work, including the ability to remain client-centered and neutral. Working with clients on issues of disclosure can raise many countertransferringal feelings for counselors.

Sometimes counselors have difficulties in their own relationships in ways that may parallel situations of their clients. For example, a female counselor may be having difficulties in her relationship after learning that her fiancé has engaged in sex with another woman. A client may describe a similar experience, and this may challenge the counselor: she may be overwhelmed by anger toward her own fiancé and direct this anger toward the client’s partner or even the client. The counselor’s challenge may be even greater if the client tests seropositive.

Counselors—and program administrators—should make sure that counselors have access to supervisors, with whom they can discuss issues of countertransference as they arise, and the opportunity to talk with other counselors. To the extent possible, counselors should try to be aware of events in their own lives that might trigger countertransference, and should seek to be aware in counseling sessions when countertransference is occurring.

Conclusion

The issue of disclosure of information to primary partners is clearly complex. It can bring to the surface issues of trust and intimacy in relationships and can evoke an uncomfortable level of vulnerability in clients. Its consequences can be far-reaching both for the future of the relationship and for each partner in the relationship. HIV test counselors are well-placed to help clients recognize the possibility of disclosing risk information and to explore the benefits and drawbacks of disclosure. Central to this approach is the goal of supporting clients in making decisions about disclosure and referring them for additional services.
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