Negotiating HIV-Related Ethical Dilemmas
Domenic Ali, LCSW


Clients with HIV have presented mental health practitioners with some of the most challenging ethical dilemmas in the practice of psychotherapy both because of the complexity of HIV-related psychosocial issues and the changing face of the epidemic over the past 20 years. Whether student or seasoned clinician, psychotherapists working with HIV continue to seek out and benefit from opportunities to examine the ethical dimension of their clinical work.

Ethics in HIV-Related Psychotherapy: Clinical Decision Making in Complex Cases provides just such an examination. The anthology, which grew out of the work of the editors and contributors in developing an ethics training curriculum for psychologists, is a good example of how the expertise of many authors can be successfully brought together to introduce this complicated, and at times subtle, aspect of clinical work in a clear and direct manner.

Context and Practice

The book is organized into two parts. The first part focuses on information needed to systematically approach an HIV-related ethical dilemma in a thoughtful manner. This part includes chapters that review the literature on ethical issues associated with mental health services for HIV-positive individuals, the application of the American Psychological Association’s professional code of ethics to HIV-related clinical work, the ways in which cultural differences affect clinical judgment about medically related topics, and the constraints that the legal context imposes on ethical practice.

A particularly memorable chapter in this section is Bob Barret’s revealing look at how his ethical decision-making process has been shaped by the sociohistorical context of the epidemic in America. Barret found that working with an increasingly diverse group of clients facing problems of illness, social injustice, and foreshortened lives not only contributed to his profound respect for the integrity and ordinary wisdom of his clients but also renewed his own “commitment to live out my own truth more fully.”

The second part of the book is a series of HIV-related case scenarios in which the reader sees ethical decision making in action. Each case scenario examines an ethical dilemma familiar to HIV-related psychotherapists. Among these dilemmas are: the duty to warn and the limits of confidentiality when a client chooses not to disclose his serostatus to his sex partners; a client’s request for support in assisted suicide; a values conflict between client and therapist about acceptable sexual risk taking behaviors; and deciding how and in what ways the therapist’s role can change when conducting therapy with a client whose health is deteriorating. The scenarios depict clients who vary in race, ethnicity and gender, and attention is devoted to how individual, couple, and family perspectives impact—and are impacted by—the ethical dilemmas presented.

The authors do a fine job of presenting the systematic ethical decision-making process and applying it to 10 challenging clinical scenarios. For example, they discuss Rhonda, a 20-year-old, recently diagnosed, HIV-positive sex worker. A heroin and cocaine addicted young woman with two children who are in the custody of her mother, Rhonda struggles with wanting to be a good mother and making a better life for herself. Rhonda believes, however, that the way to a more secure life is to
continue her sex work, save money, and “eventually get a real job.” On two occasions when Rhonda asked men to use condoms, she was beaten so badly that she was unable to work for several days. In response, she decided to remain silent about her HIV-status and not ask her customers to use condoms. Further complicating Rhonda’s life is her physically abusive partner, David, who pimps for her and insists she continue sex work.

The substance use specialist working with Rhonda is being pressured by her supervisors to intervene more assertively with Rhonda because of the ongoing risk of infection to others. How should the substance use specialist approach this case in a manner that balances Rhonda’s right to self-determination and her societal responsibility to not knowingly place others at risk? The authors carefully dissect the ethical and legal issues of this case in the context of the psychosocial factors and the clinician’s own values, and using the decision-making process outlined in the first part of the book, come to a course of action that balances these components. This analysis was not only even-handed and clear-headed, it also devoted thoughtful attention to how the substance use specialist grappled with clinical issues in a manner that faithfully included Rhonda in the decision process.

The book is written in an accessible style, and I often found myself in silent conversation with the authors, actively thinking along with them. Mental health clinicians who are relatively new to HIV-related ethical dilemmas will appreciate the book’s comprehensive survey of ethics-related topics and the way in which practical examples are explicated in a step-by-step fashion. The collection’s textbook organization and clear conceptual language will make it particularly appealing for mental health practitioners wanting to learn more about the systematic application of ethical decision making in HIV-related mental health practice. It can serve as a useful textbook or a stand-alone read for the interested practitioner.

Away from the Rough-and-Tumble World

The editors omit two important ethical scenarios—decisions about when to start antiviral treatment and whether, and when, to return to work—both of which are increasingly significant topics in the age of successful combination treatment. Many clinicians struggle with how and what to advise clients about these issues and with competing ethical loyalties to individual and society. For example, do you encourage antiviral treatment for a client who has a history of poor medication adherence and engages in high-risk sexual behaviors?

Discovering that the case scenarios were clinical composites rather than actual cases was the one disappointment I had with this book. While case composites are useful in demonstrating ethical decision making, actual cases more genuinely reveal the moral struggle a clinician goes through when carrying out an ethical choice. To this end, I would have liked the authors to apply the ethical decision process outlined in the book to real cases, and then talk about the consequences that followed their real actions. Seeing ethical decision making in the context of the rough-and-tumble world of real clinical practice would have made this book more compelling and instructive. Without depicting the sloppiness, uncertainty, and pressure to make choices under difficult conditions, the book misses the opportunity to help clinicians learn to live with these real-life constraints.

Conclusion

Overall, Ethics in HIV-Related Psychotherapy is time and money well-spent for mental health practitioners wanting to learn more about the systematic application of ethical decision making in HIV-related mental health practice. It can serve either as a useful textbook or a standalone read for the interested practitioner.

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Clearinghouse: HIV-Related Books


A Snapshot of HIV for Mental Health Providers
Mary Beth Reticker, LMFT


This anthology provides mental health professionals with an overview of the many issues confronting practitioners working with people who are HIV-positive or are at high risk for HIV infection. By offering snapshots of a wide range of topics, the book demonstrates the need for practitioners to be aware of a host of interrelated issues. Above all, the book shows that by working collaboratively and in the same setting, therapists, psychiatrists, doctors, nurses, substance abuse counselors, and other providers can avoid professional burnout and achieve greater success in helping clients adhere to medical treatment.

A Collaborative Framework

The book itself models a collaborative framework by presenting 15 short chapters (averaging four to five pages each) written by various experts on different aspects of HIV ranging from basic medical facts to psychotherapy techniques and approaches to outreach and education. Except for an overreliance on acronyms, the chapters are well-written and effectively edited. Almost all of them address the issue of treatment adherence, emphasizing the need for mental health professionals to consistently address this issue in their work and to be aware of the internal and external factors that affect their clients’ abilities to sustain regimens.

Sections focusing on medical issues examine HIV epidemiology and transmission, provide a primer on antiviral treatment and prophylaxis, and introduce basic information about the diagnosis and treatment of HIV-associated neurocognitive disorders. Other chapters explore the impact HIV has on mood and anxiety disorders, substance abuse, and severe mental illness.

Discussions such as these highlight the complexity of working with a person with HIV. For example, is a client’s anxiety due to side effects from medication, respiratory infection, or substance abuse? Is a person prevented from taking medications because of depression, the shame of taking them at work, or the fact that he or she is homeless?

Keeping Well-Informed

Intertwined with these topics are discussions of the legal and ethical issues regarding psychiatric patients in terms of informed consent for HIV testing, assessing dangerousness, and the duty to warn third parties regarding HIV-positive patients. Other chapters provide profiles of model programs that illustrate how to provide comprehensive HIV care or how to serve families and children affected with HIV. Taken together, what emerges from this collection is a clear picture of how complex this work is, as well as how hard it is for practitioners—and people with HIV—to keep well-informed about the field.

Because each of the topics raised in this book could be addressed in much more depth, reading it left me hungry for more information, especially regarding psychotherapy. For instance, a chapter on adjustment, coping, and bereavement would have benefited from more material about the grieving process a person with HIV experiences. In addition, although the book highlights the interrelated nature of HIV issues, it does not really address the topic of sex except in the context of behavior change. Finally, a concluding chapter that tied all the others together with a comprehensive analysis would have made the book more useful.

Conclusion

The book’s conclusion, by psychiatrist Robert Stasko, is nonetheless powerful. He notes that an increasing number of his patients are triply diagnosed (struggling with HIV, mental illness, and substance use) and says that for many of these clients, HIV pales in comparison to more urgent issues of housing, hunger, violence, and language barriers. (I would add loneliness, isolation and lack of support to this list.) He speaks of the need for practitioners to look at their own belief systems and mortality and to consider the impact this type of work will have on their personal and professional lives. He comments on the “alarming issue” of complacency regarding safer sex he sees in even “his most educated patients.”

On a more positive note, Stasko talks about the rewards that he has gained from witnessing the transformations people have made while working with him. He speaks with hope about how the success of antiviral treatment has led to improved emotional health. He concludes by urging mental health professionals to work together, support one another, and continue to educate themselves. In this, he echoes the overall theme of this useful volume, a theme all of us would do well to embrace.
The Power of Persuasion
Michael Discepola, MA


Creating meaningful interventions to prevent HIV transmission requires critical thinking on levels most people in our homophobic, sex-phobic society prefer to avoid. In Persuading People to Have Safer Sex, Richard Perloff takes on this task, applying communication theory to HIV prevention and articulating how the communication sciences have contributed to our understanding of the personal nature of HIV.

Perloff’s text challenges readers to think and rethink why people choose to behave as they do, including the question of why a rational person might choose to engage in unsafe sex. For Perloff, the answer lies in the relationship among three factors—the epidemic, individual choice and the meaning of choice, and culture—a relationship that he believes current HIV prevention interventions often fail to observe.

Written to be easily understood by the student and professional alike, Persuading People to Have Safer Sex is a valuable resource for those who work to prevent new HIV infections. The text is broken down into seven sensible chapters that range from “Applying Persuasion Theories to AIDS Prevention” to “Social Psychological and Communication Perspectives on Unsafe Sex.” Despite its brevity, the book makes a valuable contribution to HIV prevention and offers new topics for consideration in health promotion activities.

Balanced Messages

Perloff asks the reader to consider the application of persuasion strategies within the research, design, and practice of HIV prevention, and he offers insights into the struggles the educator may face in trying to persuade people to consider and integrate behavior change. For example, he discusses the balance between fear and motivation, noting that safer sex messages that rely on the discomfort of fear to induce change must teach as well as scare. If not, community members may be left without the hope that they might succeed and with the counterproductive feeling that HIV transmission or infection is inevitable. In this way, AIDS educators must learn to walk the thin line between too little and too much, between delivering messages that demand attention and those that go on to provoke denial.

Since most behaviorists, including Perloff, recognize that the locus of control lies with the individual, the goal of HIV prevention should be to empower those at risk. In other words, interventions should set up “persuasion points” that encourage individuals at risk to recognize their innate abilities to rethink and change attitudes, behaviors, and choices about sex and HIV. Likewise, persuasion that uses moralizing as a motivator is likely to fail, because right and wrong are ultimately perceived on an individual level; instead, prevention must help people understand how their own beliefs about right and wrong coincide with reducing individual and community risk.

Perloff repeats what has become the mantra of HIV prevention: that effective prevention must take the time to actively involve and understand the recipients of an intervention in its development or risk failure. He also notes that persuasion theory is applicable to all HIV prevention approaches regardless of an intervention’s other theoretical underpinnings such as the Theory of Reasoned Action, the Theory of Planned Behavior, the Health Belief Model, or the AIDS Risk Reduction Model.

Finally, Perloff offers specific suggestions to encourage safer sex behavior in populations at risk, including the provision of realistic and truthful information, the development of skills in areas such as self-management and sexual communication, the strengthening of self-efficacy, and the creation of social support for efforts to modify problematic behaviors. He emphasizes that all communication approaches to safer sex are designed to enhance sexual self-management and negotiation. He acknowledges that issues such as feelings of invulnerability and denial, and the subjectivity of community norms can undermine behavior change.

Conclusion

Overall, Persuading People to Have Safer Sex offers a reasonable and useful introduction to the psychology of AIDS prevention and the philosophy of persuasion. Its one significant omission—the lack of a discussion about choice and risk for individuals or couples, specifically, the circumstances under which an individual’s or a seroconcordant couple’s choice to forgo protected sex might be reasonable—while disappointing, does not undermine the utility of this book. This omission might relate directly to Perloff’s choice of title, which focuses on protected sex, that is, condom use, rather than the broader issue of reducing HIV-related risk in ways that can be sustained.
A Practical Guide for AIDS Agencies

Ellen Krouss, MSW


Mental Health Care for People Living With or Affected by HIV/AIDS is a primer on how to best run an HIV-related mental health agency. The text, the result of a national project that evaluated 11 agencies across the country, addresses ways to create such programs, deliver services, and evaluate results. Throughout the book, the authors provide useful vignettes not only illustrating the situations providers encounter, but also demonstrating the variety of types of individuals and populations who are the focus of agency efforts. The book borrows bits and pieces from the programs of the national project to show how an agency can run efficiently and effectively. It also provides readers with resources and tools to use to support program development.

Creating a Program

The authors take an extraordinary amount of information and simplify it, so that most providers, regardless of background, can apply it to both new and existing programs. The 12 authors come from a variety of professional backgrounds—including social work, psychiatry, medicine, psychology, and nursing—grounding the book in a multidisciplinary approach. Further, they offer useful tools for providers based on a number of different models, including case management, medicine, psychotherapy, and substance use counseling, framing these approaches in multicultural and biopsychosocial terms. Finally, the book is written in simple language and defines terms that might be unfamiliar to some providers.

The most useful parts of the book are those where the authors present tools for program development. In the first section of the book, the authors discuss the value and process of a needs assessment, including suggestions about “holding focus groups, seeking client input, conducting a formal evaluation of service needs, observing trends, and listening to anecdotal information.” They go on to illustrate their case through vignettes and to provide tools throughout the text as they discuss implementing and evaluating a program.

Beyond the structure of a program, the authors discuss approaches a program can use to best serve the varieties of populations who are affected by HIV. For example, a number of themes emerge for people with HIV, including, sense of self and self-esteem, parenting, fear of disclosing HIV status, sexuality and sexual orientation, grief and loss, medication adherence, and spirituality, among others. The authors suggest using different types of therapeutic interventions to help clients come to an understanding about the disease and the issues that arise. They suggest that some agencies might want to offer a variety of services that include psychotherapy, peer counseling, psychosocial programming groups, support groups, couples and family therapy, case management, and education.

The authors also give a thorough report about working with people who are chemically dependent, assessing substance use, and applying appropriate substance use treatment models such as harm reduction and abstinence. They also suggest modalities for assisting their clients throughout recovery, for example, medical detoxification, social detoxification, inpatient treatment, and residential treatment. It is this type of specific and practical information that makes this type of text so useful to providers like myself. The authors go so far as to include in the appendix actual assessment tools that can be used by providers in most clinical settings.

Conclusion

This book will be extremely useful for all providers who work with people with HIV, whether they are developing, sustaining, or evaluating their services and can be helpful at any phase of an agency’s or program’s growth. The book acknowledges that most people with HIV, regardless of whether or not they are diagnosed with a psychiatric disorder, might need some sort of supportive service to assist them in living with HIV.

Given the amount of information the authors cover, I suggest taking time when reading this book. However, the clarity of the presentation makes this a worthwhile undertaking. It serves as an important reminder that the HIV challenge is constantly changing and that program evaluation is an important tool to gauge our success in meeting these challenges.
At a time when programs throughout the country are seeking innovation to confront new challenges in HIV prevention, the *Handbook of HIV Prevention* unfortunately promises more than it delivers. It succeeds most as a textbook for social science, nursing, and public health graduate students and researchers. Commanding an academic style and approach, it is less accessible to a second group of readers: health care professionals on the front lines of the epidemic and undergraduate students.

**More Textbook than Sourcebook**

The first chapter of the book provides brief, broad overviews of seven models and theories in behavior research. It is effective as a refresher course to graduate students who are versed in the field, but it is written in a style that is challenging for practitioners who have been away from graduate school for more than a few years. There is simply not enough information on these models to make them easily applicable to the development of actual interventions.

Subsequent chapters are devoted to summations of numerous HIV prevention studies that focus on populations both in developing and industrialized countries, including adolescents, drug users, African American men, Latino men, sexually active heterosexual women, and homosexual men. This last category fails to distinguish between men who have sex with men and those who embrace a gay identity. Though men in these groups engage in similar behavior, prevention messages and interventions may be quite different. Further, in discussing the social context of risk behavior among gay men, the authors of this chapter provide a laundry list of factors and then move on to other topics. They include no further discussion about how these factors influence risk or how they affect programs targeted at reducing risk behavior.

This brevity of the findings, which may be useful to researchers, proves frustrating to clinicians striving to apply the models. Rather than emphasizing study outcomes, it would have been more beneficial if chapter authors had presented a few complete studies from beginning to end, incorporating theory to demonstrate the effectiveness of these programs. These could have served as guides for those seeking to replicate a successful program or those designing new interventions.

The book ends with an overview of future considerations for HIV prevention intervention. Unfortunately, the authors of this chapter overlook current political and social conditions that affect prevention efforts—for example, the tension between the bio-medical and psychosocial models of prevention—and make broad statements that frustrate the reader, rather than inspire him or her about the future of HIV prevention efforts.

**Conclusion**

A sourcebook is most useful as a reference for professionals who seek to increase their knowledge in a particular area. Ideally, it is something to return to again and again. A textbook is used in conjunction with other sources and lectures. At the end of the semester, you sell it. The editors of this collection attempt to produce a sourcebook, but in the end, they give us a textbook.

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Learning to Live while Dying
Rick Childress, RN, MS


In It’s Never About What It’s About: What We Learned About Living While Waiting to Die, Kransdale Kraus and Paul Borja share their experiences facing death and offer a way to live after being told that one is going to die. They describe their attempt to focus on what it’s really about and share their process of learning to experience and manage all of their feelings, no matter how painful.

Tripping Over the Dog
When one of the authors trips over the dog and gets angry, he discovers that “it’s never about what it’s about,” that the anger is not about the dog, but is related to previous frustrations, and powerlessness and fear. The authors offer a helpful list of questions they use to understand “what it’s about,” and they go on to demonstrate how a person’s reactions to the outer world relate to and trigger feelings from past experiences. The meaning we give events in our lives is a projection; the outer world is a mirror reflecting what is going on in our inner worlds. One of the secrets to life, the authors suggest, is knowing that “everything begins and ends in me.” By understanding this concept, we can take charge of our psyches, thereby taking charge of our lives.

The authors help us see how important it is to ask for our feelings as part of the journey of living our lives. They suggest a variety of tools for understanding feelings, including therapy, meditation, talking to a friend, and reading, all of which allow us to parent ourselves and help cultivate an ego able to manage the expression of feelings. Successful development of such an “enlightened” ego leads to a full and satisfying life and helps maintain a consciousness of death. The authors suggest that the practice of “non-attachment,” the ability to enjoy pleasures at the same time as letting go of them, is a way to live without being governed by the idea of always winning or being right. Successful non-attachment can lead to a way of living that remembers death, a way of fully enjoying life, without being joined to it.

Each Day a Dream
One particularly useful idea was the suggestion that each day be seen as a dream with metaphors reflecting my own psyche and providing a message or lesson. Their references to Eastern philosophy were extremely powerful. For example, the authors quote the Hindu formula for bliss, “Every moment, think of God and remember your own death,” and the Buddhist saying, “Do not sacrifice the present for the future.” Most compelling was the comment that HIV had been both the authors’ undoing and their salvation—the means through which they looked so closely at their lives.

I found the authors’ style of short stories and myths, although often interesting, to be hard to follow, and I am not sure the anecdotes they used held together as a whole. I also wanted the authors to offer more concrete ways to integrate what they had learned into my life. They do provide practical questions readers can use to get at inner feelings; it would have helped if they had offered similarly practical advice, for example, about how to achieve death consciousness. Perhaps dividing the book into two major themes, “going deeper” and “remembering death,” would have been helpful.

Conclusion
People living with HIV who have faced death will find It’s Never About What It’s About to be a meaningful and useful resource. Even those who have already put into practice some of these lessons will be reminded of important tools such as living in the present and asking for all of what life has to offer. By posing the question: “If I knew I was going to die this evening, would I spend the day doing what I’m doing?” the authors widen the audience to all readers interested in living life consciously and with all its feelings.
**Brief Reviews**


This is the third book based on data from the 1992 National Health and Social Life Survey (NHSL) of sexual behavior in the United States. The first two books . . . received widespread attention in the media as well as praise from professionals. . . . *Sex, Love, and Health in America* has three sections: sex during adolescence, sex during adulthood, and sex and health. . . . [The editors] reiterate that sexual choices, including number and type of partners and frequency and nature of sexual acts, are heavily influenced by social networks and mores. . . .

In “Sex and Adulthood,” [p]ersons are charted along five dimensions of behavior: number of sex partners, number of sex partners of the primary respondent, participation in venues that provide erotic stimulation (eg, nude beaches), frequency of masturbation during the past year, and frequency of partnered sex. . . . Respondents are assigned to one of four sexual style categories, [which] are awkwardly named and not always self-explanatory (eg, venturesome cohabitant, moderate polygamist, autoerotic single), and some of the tables are overly large and cumbersome.

The findings are interesting, however, and make it worth wading through the material. For example, “enthusiastic polygamists” a category comprising 15 percent of male respondents, are “not yet married” or are divorced, and are likely to have multiple partners, to have partners with multiple partners, to masturbate, and to seek multiple areas of stimulation (eg, erotic videos or phone calls and paid sex), but are also least likely to have intercourse more than once a week. The authors state that the core group critically implicated in the maintenance of sexually transmitted diseases in the population at large comes from this class. . . .

[Other findings include:] the likelihood of a pregnant girl younger than 18 years opting to have an abortion dramatically increases with the educational levels of her parents. . . . Men who have same-sex experiences are more likely than others to experience low desire or premature ejaculation.

The multi-authorship of this volume makes it less cohesive and consistent than the earlier volumes. . . . [However,] I recommend it highly to all those with an interest in human sexuality.


The amount of information on [psychoneuroimmunology] continues to grow. Increasingly, there is more science and less speculation. Many of the ideas of the past in regard to psyche and soma can be better confirmed by sophisticated laboratory data. Many of our ideas of the past turn out to be true. . . . The majority of chapters [in this book] are concerned with changes that occur with HIV-1 infection [and] the chapters on dementia and bereavement are helpful and quite compelling.

Although there is much to be learned, there has been much progress. It is easier to look at natural killer cells and CD4 cells than to devise appropriate psychotherapy. It is easier to look at the effects of psychiatric medications than to look at the effects of psychotherapy. Markers are hard to confirm. The potential is enormous. . . .

The use of an edited approach that makes use of the expertise of several research groups . . . works well for this book. Much of the information is so tenuous that too much information in sequential form would be difficult to digest. . . . This is a well-written compilation of papers on the current state of knowledge in this field.

**Next Month**

Religious practice and spirituality are increasingly present in the consultation room, especially for people who belong to cultures that are at a particularly high risk of HIV: African Americans and Latinos. At the same time, scientific study of mind-body medicine has begun to suggest that “distant healing” involving the use of prayer may lead to improved medical outcomes. In the January issue of *FOCUS,* **Elisabeth Targ, MD,** Director of the Complementary Medicine Research Institute at California Pacific Medical Center in San Francisco, reviews the literature regarding distant healing in general and specifically with regard to HIV.

Also in the January issue, **Nancy Eswein,** Executive Director of the Sojourn Chaplaincy at San Francisco General Hospital, discusses the role prayer plays in the mental health of some people.
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