HIV Mental Health for the 21st Century

Winiarski, Mark G.

Published by NYU Press

Winiarski, Mark G.
HIV Mental Health for the 21st Century.
Project MUSE.  muse.jhu.edu/book/15730.

For additional information about this book
https://muse.jhu.edu/book/15730
Abuse, physical and sexual, 15, 262-63
Acceptance, by provider, 58-59
Access to care, mental health providers’ role, xxii
Acquired Immun e Deficiency Syndrome:
criteria, 338; incidence in gay men, 175; incidence
among women, 257; longevity after opportunistic infection, 341; rate of progres-
sion to, xxvi, 340-41. See also Infection
rates; Medical treatment
Advocacy: for clients, 28; for one’s care,
254-65; political, xvii-xix, 321-22; for
Ryan White C.A.R.E. Act reauthoriza-
tion, 310-12; for services, xxiii
AIDS Clinical Trial Group 076, 258, 336; ac-
cess to regimen, xiv. See also Reproduc-
tion
AIDS Dementia Complex: assessment, 139;
cognitive rehabilitation literature, 139,
141-43; family concerns, 141, 153; group
therapy for, 137-56; in-home supportive
care, 225; prevalence, 101, 137; psychoso-
cial implications, 158; symptoms, 137-38.
See also Neurological conditions
AIDS Treatment Information Service, 345
American Indians: case management, 241-
56; and western medicine, 244-45
Anal intercourse: interpersonal communica-
tion regarding, 175-76; meaning, 178;
minimizing risks, 184-86; rates of unpro-
tected sex, 175-76
Antiretrovirals, xiii-xiv; protease inhibitors,
340; psychosocial aspects, 325-34; zido-
vudine, 339-40
Assessment: using biopsychosocial/spiritual
model, 13-16; of care outcomes, 282; case
management, 243; dementia, 139, 228;
gay men’s attitudes regarding negative
serostatus, 181; home care, 228; medical
information, 13-14; psychological issues,
14-15; spirituality, 74
Attentiveness, by provider, 57-58
“Bending the frame,” in psychotherapy,
17, 23-38; countertransference and, 39-
51
Bereavement. See Grief and loss
Biopsychosocial/spiritual model, for understand-
ing HIV/AIDS, 3-22; assessment
outline, 13-16; definition of terms, 6; his-
tory of, 10-12; as metamodel, 17
Block grants, and HIV programs, xxxi,
320-21
Burnout: and death, 254-55; factors and pre-
vention strategies, 35-36; and supervision,
48-49; training and balance in life, 49;
trapped in work, 46
Capitation: critique, 316-20; definitions,
314; potential benefits, 315
Carve-outs, in health care funding, xxi
Case management, 241-56; Ahalaya Project,
244-48; barriers, 248-49; coordination
of services, 241-56; goals, 242; monitor-
ing function, 171, 251-52; process, 243-44;
in psychotherapy, 29-30, 40, 47; read-
ings, 242-44; for women, 259
Categorical programs, rationale for, xii
Centers for Disease Control National AIDS
Clearinghouse, 343-44
Characterological issues, exacerbated by
HIV, 186
Children, 190-205; books for and regarding,
191-92; Cities Advocating Emer-
gency AIDS Relief Coalition (CAEAR),
310-11; coping ability, 196-98; develop-
mental delays, 196; honesty with, 198-99;
and integrated care, 215-16; orphans, 191-
92; provider negotiation with parents,
193; teen parents, 195-96
Clergy, 59
Clinical trials, information source, 345
Combination therapies, xii, 325-34. See also
Antiretrovirals
Community Advisory Board, 260
Community Planning Initiative, xviii
Compassion, 59
Compliance: and combination therapies, 327-31; reevaluation of concept, 33; and self-determination, 233-35
Comprehensive systems of care, xxiii, xxiii; social services, xxiii. See also Integrated mental health and medical care
Confounds, in evaluation, 278, 300-301
Control groups, in evaluation, 277-78, 283-85
Countertransference, 39-51, 194-95; concepts, 39, 40-43; in cross-cultural work, 93-94; and grief and loss, 67-68; and home visits, 233-37; and new therapies, 328; readings, 40-43, 236; and reproductive decision making, 259, 268; in work with children, 194-95
Cross-cultural mental health care, 82-97; biases in practice, 82-83; institutional/agency responses, 94; provider self-appraisal, 88-89; readings, 86-88; supervision, 91
Culture: American Indian, 244-47; assessment, 15; assessment instrument validity and, 281; in biopsychosocial/spiritual model, 6; client identification with, 90; client-therapist match, 84; of different disciplines, 17-18, 27-29; and mourning, 74-75; power and control issues, 90; of rural areas, 157-58, 167-68; and women, 266. See also Cross-cultural mental health care
Data analyses: qualitative, 297-99; statistical, 285-87
Databases: for evaluation, 346; information sources, 346
Death and dying: and American Indians, 24-7; and burnout, 235; and children, 203-43; client concerns, 32, 73, 254-55; and provider covenant, 35; societal attitude, 68-69, 73; and spirituality, 56, 60-63, 74. See also Grief and loss
Delirium: diagnostic criteria, 101, 152; prevalence, 101
Denial: as barrier to care, 262; of death, 73
Depression, diagnostic criteria, 152
Disclosure of HIV status, 32, 73, 127; to children, 127, 193, 168-99; cultural factors, 120; facilitation, 129-30; and isolation, 124; and risk reduction, 129; and women, 262
Economic issues: client resources, 249-50; cost of integrated care, 216-17
Education. See Psychoeducation; Training
Electronic bulletin boards, 345-46
Empowerment: for advocacy, 321; for women, 263-65
Epidemic, changes, xii-xv. See also Infection rates
Ethics: as barrier to flexible practice, 27; decision making, 31; principles, 31; and work with children, 194
Evaluation: combining qualitative and quantitative, 301-3; costs, 275, 289, 295, 300; ethnography and case studies, 302-3; HIV specific issues, 287-88; qualitative, 291-304; quantitative, 275-90
Family: care for caregivers, 227; coordination of services, 191; and disclosure, 191; identification of, 260; and indentifying the client, 195; inner city, 211; multiple members infected, 193-94; and treatment of women, 266-68. See also Children
Fears, irrational, 4, 72, 126, 160
Federal funding of HIV Care: changes in financing, xviii-xix, 312-21; history, xv-xvii, 307-8. See also Block grants, and HIV programs; Medicaid; Ryan White Comprehensive Aids Resources Emergency (C.A.R.E.) Act
Focus groups, 282, 288, 296-97, 302
Foundation grants, 275
Gay men: gay providers, 34, 42; HIV-negative, 173-89; and homecomings when ill, 169-70. See also Homophobia, homonegativity
Generalizability, in evaluation, 277
Geographic barriers to services, in rural areas, 164, 168-69, 250-51
Grief and loss, 67-81; and bereavement overload, 78-79; and children, 201-3; client issues, 32, 73-74, 127-28; disenfranchised, 32, 75-76; after positive HIV test, 67; provider issues, 32-33, 67-68; readings, 69-70; societal attitude, 68; tie to substance abuse, 77-78; unmourned loss, 76-77
Grounded theory, in qualitative evaluation, 293–94

Group therapy: for AIDS Dementia Complex, 137–36; for children, 193; grief, 79; secondary prevention, 129; support groups, 292–33

Guilt, 200–201; and gay men, 178

Healthcare systems: linkages between sectors, xxii; linked community providers, xxii-xxiii; shortages of providers, xv

Health insurance, 308; changes in Medicaid, xvix-xxi, 312-21; lack of, xiv

Home care, HIV-related mental health, 224–40; assessment, 228; barriers, 230–31; interdisciplinary model, 226–27

Homophobia, homonegativity, 184; institutional, 170–71; internalized, 170; in rural areas, 160–61, 162, 164, 170

Human Immunodeficiency Virus: description, 335–36; as taboo topic, 4. See also Human Immunodeficiency Virus testing

Human Immunodeficiency Virus testing, 67; description, 337; exercises regarding testing and results, 8–9; mandatory testing of newborns, 310; partner testing, 126

Infection rates: Centers for Disease Control estimate, xiii, xxvi; other estimates, xxvi; gay men, 174; in hemophiliacs, 121; in minority communities, xiv, xxvi; partners of men with hemophilia, 118; in rural United States, 158–60

Information sources, 343–46

Inner city, integrated care for, 209–23

Integrated mental health and medical care, 209–23; assessment and treatment planning, 213–14; barriers, 216–17; characteristics, 212; engagement of client, 213; and freestanding mental health clinics, 217–18; and managed care, 318; providers' mutual availability, 221; readings, 210–11; at St. Joseph's Hospital and Medical Center, Paterson, NJ, 211-16. See also Interdisciplinary care

Interdisciplinary care: suggested by biopsychosocial/spiritual model, 17; cultural differences of providers, 17–18; at Helena Hatch Special Care Center, St. Louis, MO, 259–69; learning knowledge of other disciplines, 18–19; at Madison Clinic, Seattle, 102–3; Visiting Nurse Association of Los Angeles home care project, 224–40. See also Integrated mental health and medical care

Internet: Centers for Disease Control National AIDS Clearinghouse web site, 328, 343–44; electronic bulletin boards, 345–46; other websites, 344

Locus of control, of women, 263

Longevity of persons with AIDS, changes in, xiii-xiv, 341

Loss. See Grief and loss

Managed care: carve-outs, xxii; effect on HIV care, xx-xxi, xxxi-xxxii, 316–20; and integrated care, 218; home care, 230–31; Medicaid, 314–20; and organizational competition, 322

Medicaid, xvix-xx, 308, 312-20; cost shifting, 312–13; and home care, 226, 230–31; managed care, xxxi, 314–20

Medical patients, attitudes toward mental health, 209

Medical providers, and integrated care, 212–16, 218–21

Medical treatment: for asymptomatic persons, xiii-xiv, 340; costs, xvix; drugs' adverse effects, xxii, 210; and longevity, xiii; mental health providers' knowledge, xxii; psychiatric diagnostic dilemmas, 118–12

Migration, and spread of HIV, 159


National AIDS Clearinghouse, 343–44. See also Internet

Neurological conditions: assessment, 14, 139, 228; cognitive rehabilitation, 139, 141–43; differential diagnoses, 98, 111–12, 151–12; and home care, 224–40. See also AIDS Dementia Complex
New treatments: exclusion from, 327, 331; and longevity, xiii-xiv; psychosocial aspects, 325-34

Opportunistic infections: definition, 339; longevity after first, 341; prophylaxis, xiv, 340; treatments, 339

Oppression: enactments in therapy, 91-92; multiple, 71-72

Oral sex, and safety issues, 183-84

Permanency planning, 199-200, 253-54, 261; and trust, 190

Phenomenology, in qualitative evaluation, 294-95

Post traumatic stress disorder, 93

Pregnancy. See Reproduction

Prevention: barriers to secondary prevention, 123-25; in case management, 254; counseling issues, 122-23, 125-31; factors in behavior change, 119-21; federal funding, xvi; and HIV-negative gay men, 173-89; motivations, 118-19; and new therapies, 333-34; readings, 117-21; secondary, 116-33

Program evaluation. See Evaluation

Prophylaxis. See Medical treatment

Protease inhibitors, 325-34, 340. See also New treatments

Psychiatric conditions: comorbidity with HIV/AIDS, 100-102; diagnostic dilemmas, 111-12; pharmacology, 102; refining diagnostic subtypes, 109

Psychiatry: and HIV care, 98-115; future practice, 109-10; in integrated care, 214-15; referrals to, 110-12; roles of, 99, 103-10

Psychodynamic theory: and "bending the frame," xxix; transference/countertransference, 39, 40-41, 235-37; work with children, 193

Psychoeducation, 29-30, 105-6, 109, 196, 261, 264; group for AIDS Dementia Complex, 137-63; and home care, 229

Psychological instruments. See Assessment

Psychopharmacology. See Psychiatric conditions; Psychiatry

Psychotherapy: "bending the frame," 17, 23-38; boundaries, 34, 39, 333-34; cultural aspects, 82-97; educational functions, 29-30; flexibility in practice, 249-20; and new therapies, 331-33; for providers, 49; and psychiatry, 107-8; rage, 92; readings, 25-26; in rural areas, 171; stances for caring environment, 57-63; themes, 30; therapist self-disclosure, 33-34; transpersonal approach, 34. See also Group therapy; Countertransference

Quality of life, xii, 328-29; and AIDS Dementia Complex, 153; of providers, 49

Referrals: to psychiatrist, 110-12; spiritual counselor, 59

Reliability, of evaluation instruments, 280

Replicability, in evaluation, 277

Reproduction: counseling, 127; decision making, 258-59, 267-68

Risk reduction. See Prevention

Rural practice, 157-72; managed care, xxi; readings, 158-63

Ryan White Comprehensive AIDS Resources Emergency (C.A.R.E.) Act, history and explanation, xvi-xviii, 307, 309; reauthorization, 309-12

Safer sex: link with communication skills, 120-21, 127; negative feelings regarding condoms, 123; repertoire development, 126; and women, 263. See also Prevention

Self-disclosure, by providers, 33-34

Semen, meaning of exchange for gay men, 178, 185

Serodiscordant couples: and anal sex, 186; hemophilia, 116

Sexual functioning: assessment, 15, 125; provider comfort with discussions, 31-32, 124; and secondary prevention, 119

Shame. See Guilt

Social aspects of HIV, 6, 8; assessment, 15-16; isolation as death experience, 72-73; societal reaction, 4. See also Stigma

Social Security, Medicaid, 308; disabilities benefit, xx. See also Medicaid

Spirituality, 52-66; assessment, 74; in biopsychosocial/spiritual model, 6, 8, 12; in a case management project, 246-47; concepts, 54-55; cultural expression, 93; and new medical therapies, 333; and outlook about death, 74; provider beliefs, 35, 53; readings, 65-66; therapeutic stances, 57-63

Stakeholders, in program development, 295
Stigma, 4, 56; regarding mental health care, 167; and oppression, 71; for providers in rural areas, 165-66; in rural areas, 139; and social isolation, 72-73

Substance use/abuse: and abstinence as goal, 220; assessment, 15; countertransference regarding, 32, 46; cultural aspects, 83-84; differential diagnoses, 98, 151-52; treatment in integrated model, 220; treatment issues, 210

Suicide, 102, 232-33

Supervision: in cross-cultural work, 91; necessity, 28, 48; peer groups, 47-48

Support groups: in case management, 232-33; rural telephone groups, 161-62; for women, 264

Survivor guilt: in children, 202-3; in HIV-negative gay men, 173-74, 178

T-cells, description and function, 338

Technology: applications, xxiii, rural telephone support groups, 161-62; sources of HIV/AIDS information, 343-46; warm lines, 165

Telephone sessions, 214

Therapeutic relationship: assessment, 15-16; countertransference, 39-51; psychotherapy and counseling, 23-38

Training, provider, 160-61; specific needs, xxiii

Transmission of HIV: fear of, 128-29; and heterosexual sex, 116-17; myths, 126; and oral sex, 183-84; routes, 4, 336-37

Transtheoretical model of behavior change, 122, 266-67

Underserved populations, provider training needed, xxiii. See also Models of service delivery, case management

Unprotected sex: blood donors, 119; gay men, 173-89; among hemophiliac men, 118

Validity, in evaluation, 280-81

Viral load testing, xii, 337

Virus, definition, 335. See also Human Immunodeficiency Virus

Websites, Internet, 344

Women: and barriers to mental health care, 210, 258; care in context of family unit, 265; center for, 257-71; readings, 258-59

Zidovudine, description, 339