



Memorandum

TO: All DSHS HIV/STD Prevention Contractors Implementing Turning Point

FROM: HIV/STD Comprehensive Services Branch

DATE: 10/29/04

SUBJECT: HIV Positive Participants (Supplement)

On 09/27/04, the Branch issued a technical assistance bulletin outlining the ineligibility of HIV-positive participants in Turning Point. Following the memo, the branch responded to a number of concerns. We seek to provide clarification with this supplemental bulletin.

Example: A small group of individuals within a closed drug treatment facility are recruited and screened for Turning Point. The individuals know one another and attend similar activities. One individual tests HIV-positive, and is ineligible to attend Turning Point. How do we (or the client) explain to the group why this person is not in Turning Point, without revealing his/her HIV status?

There are two competing social work values at work in this scenario. We must protect the confidentiality of the client, and we must **do no harm**. Do we tell the client to drop out of the intervention, and risk violating his/her confidentiality; or do we allow the client to continue in the intervention, knowing the program model may further traumatize an individual who has probably not yet come to terms with his/her HIV-positive status?

Thorough screening of potential participants is in order. Not all facility residents are appropriate for the intervention. If other residents are also considered ineligible and screened out (e.g., not engaged in the risk behavior), the screening out an HIV-positive individual would go unnoticed.

Other options available:

1. Institute Rapid Testing. Potential positives could be identified before any group sessions begin and would not be looked upon by other participants as having “dropped out” of the program because they never “entered”;
2. Move the first group session (2) to occur after the results-giving session (3). As in number one above, HIV-positive individuals could be identified prior to beginning group sessions;
3. Discuss the situation with client individually. Help him/her practice what to say to fellow residents to explain the absence;
4. Tailor your intervention to meet the needs of HIV-positive participants by doing such things as

acknowledging sero-discordant groups and/or focusing on steps to prevent the progression of HIV to AIDS.

Having just learned his/her status, a client's fear of discovery may be so overwhelming he/she insists on attending the intervention. In this situation, the decision rests with the client. However, this choice should be made only *after* exploring other options. This choice must also include an in-depth conversation with the client to determine his/her state of mind to help prepare them for the intervention, and ongoing one-on-one meetings throughout the course of the intervention to gauge the impact of the material on the client.

As always, be sure to refer your client to other resources for HIV-positive individuals. In addition to Early Intervention, there is Prevention Case Management or a group-level program model like Healthy Relationships. If you make any changes to your intervention you must submit an adaptation request form and receive approval prior to implementing the change.

If you have any questions or concerns about the information contained in this technical assistance bulletin, please contact your Field Operations Consultant or Regional staff person.