

# THE AIDS HEALTH PROJECT

The AIDS HEALTH PROJECT has worked with hundreds of people as they confront such sensitive issues as health, drug and alcohol use, and sexuality. We are devoted to supporting people "at risk" for AIDS, people with AIDS, and those with AIDS-Related Conditions as they explore their needs and feelings, and to help them make choices about their health behaviors.

We know change isn't easy.  
That's why we're here.

## How to participate in our programs:

If you're interested in participating in our programs or finding out more about our services, call

**626-6637**

People with AIDS may call Judy Macks or Calú Lester at 821-8830 for more information on our free services available to them.

If you have concerns about drug and alcohol use and AIDS, call Barbara Faltz or Scott Madover at 821-8764.

# WE CAN CHALLENGE AIDS NOW!

*"The AIDS Health Project groups help people to make positive responses to difficult challenges in their lives. They offer a safe environment to learn about risk reduction and to find support during this time of crisis."*

**Jackson Peyton, Education Director**  
San Francisco AIDS Foundation

NEW ADDRESS:

## THE UCSF AIDS HEALTH PROJECT

333 Valencia Street  
San Francisco, CA 94103  
(415) 626-6637

Graphics: Buzz Bense Design  
Typesetting: En Character Typography  
Printing: Printmasters

# THE AIDS HEALTH PROJECT

A HEALTH PROMOTIONAL EFFORT

## Educational Support Groups

*"I joined a stress reduction group with both curiosity and skepticism. The weekly meetings soon became a unique place to receive support different from what friends provide. The stress didn't magically disappear, but the groups helped me learn how to cope with it better. The groups also convinced me that my peers both support and encourage personal health behavior changes."*

**Michael Helquist, Journalist**



# Making changes doesn't have to be lonely.

## What we do:

---

The **AIDS HEALTH PROJECT** is a supportive health promotion program for people at risk for AIDS, and those with AIDS and AIDS Related Conditions. Our Project is sponsored by the University of California, San Francisco, and funded by the City of San Francisco, Department of Public Health.

## Who we are:

---

We provide low-cost educational support groups. No one will be turned away for lack of funds. These short-term groups are focused on various aspects of creating a healthier lifestyle, including AIDS prevention. The groups meet once a week for two hours and are led by mental health professionals who are knowledgeable and sensitive to persons at risk.

*"The Project's educational and stress reduction groups have been exactly the help needed by friends and clients I've referred to the Project. In combatting AIDS, the groups have been crucial."*

**Tim Wolfred, Coordinator of Men's Services, Operation Concern**

## Groups for People at Risk for AIDS

---

### *The Integrated Health Group*

This group assists participants to review their health and sexual behaviors, and to express their feelings related to the AIDS crisis. Participants are encouraged to develop goals for health and sexual behaviors, and are supported in making those changes. Feelings of hopelessness and helplessness are redirected to make positive lifestyle changes in a sex-positive manner.

### *The Stress Management Group*

This group assists participants to assess the level and types of stress in their lives, to understand the physiological and psychological effects of stress, and to learn techniques to help modify these effects. Various approaches are presented, including progressive muscle relaxation, meditation, guided imagery and visualization, problem solving and social support as ways to reduce stress. Participants are encouraged to practice the exercises and develop an ongoing stress management program.

### *Hot and Healthy Sex*

Participants explore ways to find greater satisfaction in their sex lives, while remaining within the guidelines for healthy sex. Sexual alternatives, sex play, communication, and sexual self-esteem are discussed in a non-threatening, supportive atmosphere.

## Groups for people with AIDS Related Conditions

---

Available for people with "serious" or "mild to moderate" AIDS Related Conditions, these groups combine aspects of stress management, healthy sex, and integrated health. The groups focus on the development of coping skills and the psychological aspects of living with ill health.

## Groups for People with AIDS

---

*The Stress Management Group* provides training in stress reduction, relaxation and visualization.

*The Couples Group* assists couples in which at least one partner has AIDS to share their feelings and explore their experiences in a group setting. The group focuses on communication between partners and how decisions are made by the couple.



**YES!** I BELIEVE IN HELPING PEOPLE TO STAY HEALTHY AND AVOID AIDS.

☐ I WISH TO CONTRIBUTE \$ \_\_\_\_\_ .

Enclosed is my tax-deductible check made payable to "Regents-University of California" and earmarked for the "AIDS Health Project" (I understand that my donation will be used to further the work of the AIDS Health Project).

☐ I WISH TO PARTICIPATE IN A HEALTH GROUP; PLEASE CONTACT ME.

☐ I WISH TO OFFER VOLUNTEER HELP; PLEASE CONTACT ME.

PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (       ) \_\_\_\_\_

*let's stay  
healthy...  
together!*

THE  
**AIDS**  
HEALTH  
PROJECT

Mail coupon to: **AIDS Health Project**, 333 Valencia St., 4th Floor, San Francisco, CA 94103



# THE AIDS HEALTH PROJECT

Dear Colleagues:

Our community continues to face the demands of the AIDS epidemic.

Although most people at risk for this disease have begun to make changes in their behavior to reduce their risk, we all know there are large numbers who have not. As health care professionals, we need to join together to assist these people.

At the **AIDS Health Project**, we have established a variety of programs to provide people with the support and tools they need to protect themselves from exposure to AIDS and to prevent its spread. We have designed our programs to be affordable and time limited—which allows them to fit well with other forms of therapy provided elsewhere. We work to provide services which are sensitive to the *specific* needs of our clients who come from diverse cultures and sexual orientation.

We know change isn't easy. That's why we're here.

The Staff of  
the AIDS Health  
Project

NEW ADDRESS:

## THE UCSF AIDS HEALTH PROJECT

333 Valencia Street  
San Francisco, CA 94103  
(415) 626-6637

This project funded by the Department  
of Public Health, City and  
County of San Francisco.

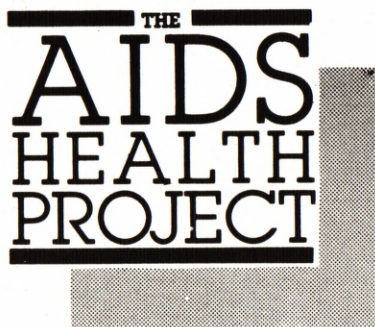
# THE AIDS HEALTH PROJECT

A HEALTH PROMOTIONAL EFFORT

## Educational Support Groups

WE  
**CAN**  
CHALLENGE AIDS NOW!





## Who we are:

---

The **AIDS Health Project** is a supportive health promotion program for people at risk for AIDS, and those with AIDS and AIDS Related Conditions. Our Project is sponsored by the University of California, San Francisco, and funded by the City of San Francisco, Department of Public Health.

## What we do:

---

We provide low-cost educational support groups. No one will be turned away for lack of funds. These groups run for 8 weeks and are focused on various aspects of creating a healthier lifestyle, including AIDS prevention. The groups meet once a week for two hours and are led by mental health professionals who are knowledgeable and sensitive to persons at risk.

## Groups for People at Risk for AIDS

---

### *The Integrated Health Group*

This group assists participants to review their health and sexual behaviors, and to express their feelings related to the AIDS crisis. Participants are encouraged to develop goals for health and sexual behaviors, and are supported in making those changes. Feelings of hopelessness and helplessness are redirected to make positive lifestyle changes in a sex-positive and gay-positive manner.

### *The Stress Management Group*

This group assists participants to assess the level and types of stress in their lives, to understand the physiological and psychological effects of stress, and to learn techniques to help modify these effects. Various approaches are presented, including progressive muscle relaxation, meditation, guided imagery and visualization, problem solving and social support as ways to reduce stress. Participants are encouraged to practice the exercises and develop an ongoing stress management program.

### *Hot and Healthy Sex*

Participants explore ways to find greater satisfaction in their sex lives, while remaining within the guidelines for healthy sex. Sexual alternatives, sex play, communication, and sexual self-esteem are discussed in a non-threatening, supportive atmosphere.

## Groups for people with AIDS Related Conditions

---

Available for people with "serious" or "mild to moderate" AIDS Related Conditions, these groups combine aspects of stress management, healthy sex, and integrated health. The groups focus on the development of coping skills and the psychological aspects of living with ill health.

## Groups for People with AIDS

---

*The Stress Management Group* provides training in stress reduction, relaxation and visualization.

*The Couples Group* assists couples in which at least one partner has AIDS to share their feelings and explore their experiences in a group setting. This group focuses on communication between partners and how decisions are made by the couple.

## How to refer:

Persons with AIDS may call 821-8830 and speak to Judy Macks, M.S.W., for more information on services available to them.

Those considered to be "worried well" or those with AIDS Related Conditions may call the AIDS Health Project at 626-6637. An appointment will be made with one of our staff for a one hour health consultation where a mutual decision will be made about which group would best meet the client's needs.





## AIDS ANTIBODY TESTING

### Resource List

for  
*AIDS Antibody Test Recipients*

*A Program of the San Francisco  
Department of Public Health*

*Compiled by the U.C.S.F. AIDS  
Health Project*

Funded by the San Francisco Department  
of Public Health

## Resource List

The following represents a compilation of resource agencies available to you for supportive services on issues related to the AIDS Antibody Test.

### For persons tested through any program or privately.

The AIDS Health Project has a list of therapists in private practice who have been specifically trained in issues related to antibody test results. You may request referral to one of these counselors from your Alternative Test Site Counselor or the AIDS Health Project at 626-6637.

### For anyone concerned about AIDS prevention & risk reduction.

The AIDS Health Project offers the following eight-week groups for men and women who are concerned about achieving and maintaining their optimum health:

#### AIDS Health Project Groups

- **Integrated Health**
- **Stress Management**
- **Hot & Healthy Sex**
- **Substance Abuse:** Special groups are available to men and women dealing with **substance abuse**.
- **Drop-in Groups:** Additionally, there are **drop-in groups** offered by the AIDS Health Project, specifically for persons who have needs arising from the antibody test.

For assistance in deciding which setting may be best for you, the AIDS Health Project offers individual consultation at no cost.

Call the AIDS Health Project at 626-6637, AHP Substance Abuse Program at 821-8764, or Operation Concern at 626-7000.

You may also want to know what other resources are available to you. The following agencies can provide additional information and services.

## COUNSELING, MENTAL HEALTH & SUBSTANCE ABUSE RESOURCES

### IMMEDIATE, ONE-TIME REFERRAL—

#### No Charge

For those participating in the San Francisco Department of Public Health Alternative Test Site Program, consultation with a specially trained counselor in private practice is available at no cost. Obtain a referral voucher from your test site counselor.

### GENERAL & CONTINUING SERVICES—

#### Sliding Fee Scale

A referral resource list of private counselors sensitive to test result issues is available. Obtain a listing from your Alternative Test Site counselor or by calling the AIDS Health Project at 626-6637.

### INFORMATION & REFERRAL—

#### No Charge

|                                            |          |
|--------------------------------------------|----------|
| Community Mental Health                    |          |
| Services Information .....                 | 558-4387 |
| Suicide Prevention Crisis Line .....       | 221-1423 |
| San Francisco AIDS Foundation Hotline .... | 863-AIDS |
| AIDS Health Project—Groups for the         |          |
| Worried Well .....                         | 626-6637 |
| AIDS Health Project Substance Abuse        |          |
| Program .....                              | 821-8764 |
| Shanti Project .....                       | 558-9644 |

### EAST BAY REFERRAL—

|                                                   |          |
|---------------------------------------------------|----------|
| Your AIDS Antibody Test Counselor has information |          |
| Alameda County, Fairmont Hospital AIDS            |          |
| Clinic .....                                      | 557-1620 |
| Contra Costa County, Contra Costa County Mental   |          |
| Health .....                                      | 372-2525 |



# AIDS ANTIBODY TESTING Resource List

## COMMUNITY MENTAL HEALTH SERVICES—

### *Sliding Fee Scale*

#### Emergency/Acute Counseling

Psychiatric Emergency Services, San Francisco  
General Hospital—1001 Potrero Avenue . 821-8125  
Community Crisis Services, Mt. Zion Hospital—2415  
Sutter Street . . . . . 567-6000, ext-2631  
Mission Crisis Center, 810 Capp . . . . . 558-2071

#### Adult Out-Patient Counseling

**Mission Area**  
Team #1, 755 So. Van Ness . . . . . 558-5671

**Northwest Area**  
Westside Outpatient Svcs., 1153 Oak St. . . . . 431-9000  
Stress Reduction Groups—x-542

**Southwest Area**  
Twenty Ninth Street Clinic, 10-29th Street  
. . . . . 648-1233

**Northeast Area**  
Tenderloin Outpatient Clinic, 251 Hyde . . 673-5700  
So. Market Clinic, 428 Jesse . . . 777-3311/221-3333  
also support groups, third-world orientation  
Chinatown-North Beach Clinic, 1548 Stockton—  
. . . . . 398-0981/398-2266

**Western Area**  
Richmond Maxi Center, 3626 Balboa . . . . 668-5955  
also individual and group counseling for  
adolescents  
Sunset-Parkside Mental Health Svc., 1351—24th Ave  
(at Irving) . . . . . 661-4400, x-12  
O.M.I Family Center, 2335 Ocean Avenue (at Santa  
Ana) . . . . . 334-4717  
Langley-Porter, U.C.S.F.; Adult Outpatient Dept.  
. . . . . 681-8080, x-513  
Stress Management  
. . . . . 666-5407, 666-1445/453-2220

## GAY/LESBIAN

### *Information & Referral—No Charge*

San Francisco AIDS Foundation . . . . . 863-AIDS  
Physician Referral  
Women's Program  
Women's AIDS Network

Bay Area Physicians for Human Rights—for physician  
specialists who are sensitive to Lesbian and  
Gay lifestyle health care and issues  
(B.A.P.H.R.) . . . . . 673-3189

### *Counseling—Ask About Possible Fees*

Operation Concern  
1853 Market Street . . . . . 626-7000  
Castro Valencia Psychotherapy  
4326-18th Street . . . . . 547-3759/821-6774

### *Medical—Ask about possible fees*

AIDS Screening:  
San Francisco General Hospital  
Ward 86 . . . . . 821-8830  
Health Center No. 1  
3850-17th Street . . . . . 558-3905

Lyon-Martin Clinic (Women)  
2480 Mission Street, Ste. 214 . . . . . 641-0220

### *Substance Abuse—Ask About Possible Fees*

Operation Recovery, Operation Concern  
1853 Market Street . . . . . 626-7000  
Iris Project (Women)  
264 Valencia Street . . . . . 864-2364  
Women's Alcoholism Center  
3380-26th Street . . . . . 282-8900

### *Social Services—Ask About Possible Fees*

Family Members:  
Parents & Friends of Lesbians & Gays resource for  
parents & family members, for help in dealing with  
son's/daughter's Gay lifestyle . . . . . 928-2748

## YOUTH—12-21 years old

### *Information & Referral—No Charge*

Center for Special Problems . . . . . 558-4801  
*Counseling—Sliding Fee Scale*  
Center for Special Problems . . . . . 558-4801  
Teen Clinic, San Francisco General Hospital . 821-8376  
seen for medical exam first, also walk-in, 6th floor  
Larkin Street Youth Center, 1040 Larkin Street  
. . . . . 673-0911

### *Medical—Sliding Fee Scale*

Teen Clinic, San Francisco General Hospital . 821-8376  
seen for medical exam first, also walk-in, 6th floor  
Health Center #1—Teen Clinic . . . . . 552-3509

## SUBSTANCE ABUSE—

### *Information (No Charge) &*

### *Programs (Ask About Possible Fees)*

Alcoholics Anonymous . . . . . 661-1828  
Cocaine Anonymous . . . . . 552-0108  
Narcotics Anonymous . . . . . 893-2686  
Alcoholism Evaluation & Treatment Center,  
SFGH . . . . . 821-8091  
Pacific Recovery Center, Garden Sullivan . . 921-7777  
St. Mary's Chemical Dependency Recovery  
Program . . . . . 750-5657  
Substance Abuse Svcs, SFGH . . . . 821-8177/821-8616  
Haight-Ashbury Drug Detox. Rehab. and  
Aftercare Project . . . . . 621-2014  
Operation Recovery, Operation Concern  
(gay) . . . . . 626-7000  
Iris Project (women) . . . . . 864-2364  
Women's Alcoholism Center . . . . . 282-8900

## HEMOPHILIACS—

### *Ask about possible fees*

Hemophiliac Foundation of Northern  
California . . . . . 566-3111  
Univ. of California, S.F., Dept. of  
Pediatrics . . . . . 666-1280  
San Francisco General Hospital,  
Hematology . . . . . 821-5166

## WOMEN—

### *Counseling—Sliding Fee Scale*

Please refer to Community Mental Health Listings

### *Substance Abuse—Sliding Fee Scale*

Iris Project (women) . . . . . 864-2364  
Women's Alcoholism Center . . . . . 282-8900

### *Medical—Sliding Fee Scale*

Lyon-Martin Clinic, 2480 Mission Street, Ste. 214;  
. . . . . 641-0220  
including AIDS screening as well as general medical  
care.

### *Information & Referral—No Charge*

San Francisco AIDS Foundation Women's Program  
. . . . . 863-AIDS  
San Francisco AIDS Foundation Women's  
AIDS Network . . . . . 863-AIDS

## BI-SEXUAL COUNSELING—

### *Sliding Fee Scale*

Bi-Sexual Center, 1757 Hayes Street . . . . . 929-9299

## MEDICAL

### *Physician Referral—*

### *No Charge*

San Francisco Medical Society . . . . . 567-6234  
San Francisco AIDS Foundation . . . . . 863-AIDS  
*AIDS Screening—Sliding Fee Scale*  
San Francisco General Hospital Ward 86 . . . 821-8830  
Health Center #1 . . . . . 558-3905  
Haight-Ashbury Free Clinic . . . . . 431-1714  
Lyon-Martin Clinic, 2480 Mission Street, Ste. 214;  
. . . . . 641-0220  
including AIDS screening as well as general medical  
care.

### *Sliding Fee Scale*

*Spanish:*  
Instituto Familiar de la Raza, 2515-24th St. . 647-4141  
*Toisanese, Spanish, Laotian, Cambodian,*  
*Vietnamese, Japanese, Tagalog:*  
Richmond Maxi Center, 3626 Balboa . . . . 668-5955  
*Chinese, Vietnamese, Cambodian, Italian:*  
Chinatown-North Beach Clinic, 1548  
Stockton . . . . . 398-0981, 398-2266

## SOCIAL SERVICES—

### *Ask about possible fees*

*Spiritual*  
AIDS Interfaith Network . . . . . 928-HOPE  
*Legal Referral*  
Bay Area Lawyers for Individual  
Freedom . . . . . 982-9211

## SEX WORKERS—

### *Ask about possible fees*

Sex Workers Support & Health Education Group,  
Coyote . . . . . 957-1292

## SEX ADDICTION—

### *No Charge*

Sex & Love Addicts Anonymous . . . . . 346-1082



**AIDS**

**SUBSTANCE**

**ABUSE**

**PROGRAM**

**AIDS Substance Abuse Program**

Barbara G. Faltz, R.N., P.H.N.  
Scott Madover, M.F.C.C.  
SFGH—Ward 92  
1001 Potrero Avenue  
San Francisco, CA 94110

(415) 821-8764

NEW ADDRESS:

**THE UCSF AIDS HEALTH PROJECT**

333 Valencia St.  
San Francisco, CA 94103  
(415) 646-6637

This project funded by the Department  
of Public Health, City and County of  
San Francisco.





---

**Fact:** Twenty-five percent of people with AIDS or AIDS related conditions have a history of drug and alcohol problems.

**Fact:** IV drug use has been identified as a means of transmission of the AIDS virus.

**Fact:** Alcohol and drugs can have a negative effect on the immune system which may increase one's risk for AIDS.

**Fact:** Alcohol and drugs interfere with many types of treatment for AIDS.

**Fact:** Alcohol and drugs alter one's judgment, which may make one more prone to engage in activities that may put one at high risk for AIDS.

**Fact:** Alcohol and drug abuse causes stress rather than helping to cope with it. Increased stress may harm the immune functioning.

**Fact:** The silence surrounding the role of substance abuse in AIDS is epidemic.

---

The time to break  
the silence is **NOW.**

## Who we are:

---

The **AIDS and Substance Abuse Program (ASAP)** of the **AIDS Health Project** provides substance abuse services for people with AIDS, people with AIDS related conditions, and people at high risk for AIDS.

## We offer:

---

- Consultation regarding drug and alcohol concerns for persons with AIDS.
- Support groups for people with AIDS or AIDS related conditions who are in recovery from alcoholism/chemical dependency.
- Education and consultation for Health Care and Substance Abuse Agencies.
- Public education about AIDS and substance abuse.

## Contact us at:

---

If you are interested in participating in our programs, or finding out more about our services, call Barbara Faltz or Scott Madover at

**821-8764**



## **AIDS Substance Abuse Program**

Barbara G. Faltz, R.N., P.H.N.  
Scott Madover, M.F.C.C.  
SFGH—Ward 92  
1001 Potrero Avenue  
San Francisco, CA 94110

**(415) 821-8764**

NEW ADDRESS:

## **THE UCSF AIDS HEALTH PROJECT**

333 Valencia St.  
San Francisco, CA 94103  
(415) 626-6637

This project funded by the Department  
of Public Health, City and County of  
San Francisco.

**AIDS**

**SUBSTANCE**

**ABUSE**

**PROGRAM**

**THE  
AIDS  
HEALTH  
PROJECT**



---

**Fact:** Twenty-five percent of people with AIDS or AIDS related conditions have a history of drug and alcohol problems.

**Fact:** IV drug use has been identified as a means of transmission of the AIDS virus.

**Fact:** Alcohol and drugs can have a negative effect on the immune system which may increase one's risk for AIDS.

**Fact:** Alcohol and drugs interfere with many types of treatment for AIDS.

**Fact:** Alcohol and drugs alter one's judgment, which may make one more prone to engage in activities that may put one at high risk for AIDS.

**Fact:** Alcohol and drug abuse causes stress rather than helping to cope with it. Increased stress may harm the immune functioning.

**Fact:** The silence surrounding the role of substance abuse in AIDS is epidemic.

---

The time to break  
the silence is **NOW.**

## Who we are:

---

The **AIDS and Substance Abuse Program (ASAP)** of the **AIDS Health Project** provides substance abuse services for people with AIDS, people with AIDS related conditions, and people at high risk for AIDS.

## We offer:

---

- Consultation regarding drug and alcohol concerns for persons with AIDS.
- Support groups for people with AIDS or AIDS related conditions who are in recovery from alcoholism/chemical dependency.
- Education and consultation for Health Care and Substance Abuse Agencies.
- Public education about AIDS and substance abuse.

## Contact us at:

---

If you are interested in participating in our programs, or finding out more about our services, call Barbara Faltz or Scott Madover at

**821-8764**



## Call for an Appointment

at the AIDS Health Project

Select a location near you

- Health Center No. 1  
3850 17th Street  
558-2507
- Operation Concern  
1853 Market Street  
626-7000
- Haight Ashbury Free Clinic  
558 Clayton Street  
626-6637

All services are free-of-charge to  
San Francisco residents

- Private consultations
- Health planning
- Health assessment of potential  
high-risk behaviors
- Skills training workshops for  
AIDS prevention

**So What's Holding You Up?  
Call Us**

**WE**  
**C.A.N.**  
CHALLENGE AIDS NOW!

**AIDS Health Project**  
Administrative Office  
54 Tenth Street  
San Francisco, CA 94103

*To the men  
of San Francisco...*

**It's  
Plain  
and  
Simple**





**We all know**

- ☐ **We're in a crisis**
- ☐ **We're all affected**
- ☐ **We can do something about it**

**JOIN FORCES TO PREVENT AIDS**

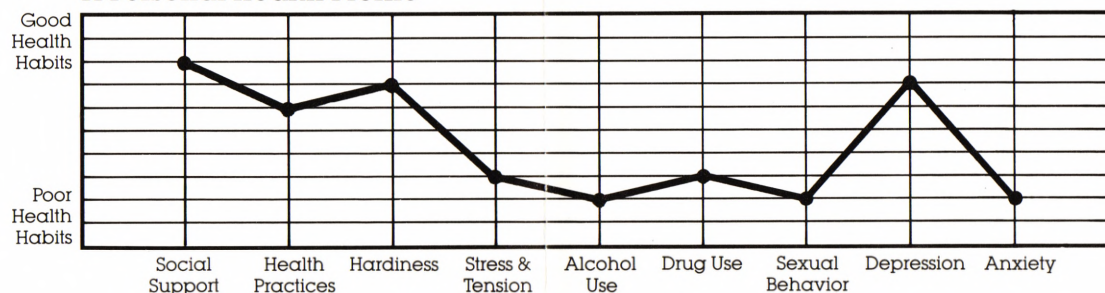
## **Living and Loving** With a Step-by-Step AIDS Prevention Plan

### **STEP 1: KNOW WHERE YOU STAND**

Get a medical check-up from your doctor and know what's happening with your body.

Talk to a professional from the AIDS Health Project and obtain your personal health profile.

#### **A Personal Health Profile**



From this newly designed personal health profile, find out where you are and what you may be doing that places you at risk for AIDS. This is the first step towards AIDS prevention and is at no cost to you!

### **STEP 2: MAKE YOUR AIDS PREVENTION PLANS**

Specially trained counselors at the AIDS Health Project provide confidential consultations and health planning tailored to your individual needs at no cost to you.

### **STEP 3: COMPLETE YOUR HEALTH PLANS**

Sign up for a skills training workshop offered by the AIDS Health Project. Learn about:

- Stress management and ways to relax
- Hot and healthy sex
- Building your health and immune system
- Preventing depression



# THE AIDS HEALTH PROJECT

Dear Colleagues:

Our community continues to face the demands of the AIDS epidemic.

Although most people at risk for this disease have begun to make changes in their behavior to reduce their risk, we all know there are large numbers who have not. As health care professionals, we need to join together to assist these people.

At the **AIDS Health Project**, we have established a variety of programs to provide people with the support and tools they need to protect themselves from exposure to AIDS and to prevent its spread. We have designed our programs to be affordable and time limited—which allows them to fit well with other forms of therapy provided elsewhere. We work to provide services which are sensitive to the *specific* needs of our clients who come from diverse cultures and sexual orientation.

We know change isn't easy. That's why we're here.

The Staff of  
the AIDS Health  
Project

NEW ADDRESS:  
**THE UCSF AIDS HEALTH PROJECT**  
333 Valencia Street  
San Francisco, CA 94103  
(415) 626-6637

This project funded by the Department  
of Public Health, City and  
County of San Francisco.

# THE AIDS HEALTH PROJECT

A HEALTH PROMOTIONAL EFFORT

## Educational Support Groups

WE  
**CAN**  
CHALLENGE AIDS NOW!



# THE AIDS HEALTH PROJECT

## Who we are:

---

The **AIDS Health Project** is a supportive health promotion program for people at risk for AIDS, and those with AIDS and AIDS Related Conditions. Our Project is sponsored by the University of California, San Francisco, and funded by the City of San Francisco, Department of Public Health.

## What we do:

---

We provide low-cost educational support groups. No one will be turned away for lack of funds. These groups run for 8 weeks and are focused on various aspects of creating a healthier lifestyle, including AIDS prevention. The groups meet once a week for two hours and are led by mental health professionals who are knowledgeable and sensitive to persons at risk.

## Groups for People at Risk for AIDS

---

### *The Integrated Health Group*

This group assists participants to review their health and sexual behaviors, and to express their feelings related to the AIDS crisis. Participants are encouraged to develop goals for health and sexual behaviors, and are supported in making those changes. Feelings of hopelessness and helplessness are redirected to make positive lifestyle changes in a sex-positive and gay-positive manner.

### *The Stress Management Group*

This group assists participants to assess the level and types of stress in their lives, to understand the physiological and psychological effects of stress, and to learn techniques to help modify these effects. Various approaches are presented, including progressive muscle relaxation, meditation, guided imagery and visualization, problem solving and social support as ways to reduce stress. Participants are encouraged to practice the exercises and develop an ongoing stress management program.

### *Hot and Healthy Sex*

Participants explore ways to find greater satisfaction in their sex lives, while remaining within the guidelines for healthy sex. Sexual alternatives, sex play, communication, and sexual self-esteem are discussed in a non-threatening, supportive atmosphere.

## Groups for people with AIDS Related Conditions

---

Available for people with "serious" or "mild to moderate" AIDS Related Conditions, these groups combine aspects of stress management, healthy sex, and integrated health. The groups focus on the development of coping skills and the psychological aspects of living with ill health.

## Groups for People with AIDS

---

*The Stress Management Group* provides training in stress reduction, relaxation and visualization.

*The Couples Group* assists couples in which at least one partner has AIDS to share their feelings and explore their experiences in a group setting. This group focuses on communication between partners and how decisions are made by the couple.

## How to refer:

Persons with AIDS may call 821-8830 and speak to Judy Macks, M.S.W., for more information on services available to them.

Those considered to be "worried well" or those with AIDS Related Conditions may call the AIDS Health Project at 626-6637. An appointment will be made with one of our staff for a one hour health consultation where a mutual decision will be made about which group would best meet the client's needs.



PROJECT NARRATIVE

**Administrative Offices:**

Fourth Floor  
333 Valencia Street  
San Francisco, CA 94103  
(415) 626-6637

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

A prevention project directed toward persons at risk for AIDS (Acquired Immune Deficiency Syndrome) is considered the next step in responding to the AIDS crisis. The AIDS Health Project offers services to those at risk for AIDS and helps them confront and make changes in high risk behaviors. Utilizing an individual consultation and health assessment, life habits that may put one at risk for AIDS are targeted and an individualized plan for approaching them is developed. The Project provides ongoing educational support groups on such topics as stress management, safe sex, depression prevention and integrated health behaviors to address these issues. All of the Project's services are offered free of charge to San Francisco residents.

While much is still to be learned about this disease, researchers at the University of California School of Medicine speculate that psychological and social factors may play a role in determining an individual's susceptibility to the disease. The part played by psychological factors in this susceptibility may be either direct, as suggested by recent studies on compromised immune function during emotional upheaval, or indirect, as individuals may be motivated to engage in known high-risk behaviors as a consequence of emotional states. Thus, psychological and social factors such as social support, general health habits, and the management of stress are emphasized in the Project's workshops. Special attention is given to issues of both internalized and external homophobia and the workshops are designed to foster a gay-positive identity.

In addition to work with gay men, the Project also includes outreach to at-risk youth in the Polk and Tenderloin areas and provides mental health services through San Francisco General Hospital Ward 86 to persons with AIDS who are experiencing emotional crisis. Other at-risk individuals are encouraged to contact the Project as well.

Finally, the Project offers educational and training seminars for mental health and health care professionals who work with at-risk populations.

The AIDS Health Project is funded through the San Francisco Department of Public Health and began its prevention effort on March 19, 1984. The Project was designed in collaboration with behavioral scientists at the University of California, San Francisco, and is staffed with highly trained professionals skilled in the areas of both health enhancement and AIDS prevention.



# THE AIDS HEALTH PROJECT

Administrative Offices.  
Fourth Floor  
333 Valencia Street  
San Francisco, CA 94103  
(415) 626-6637

Date: \_\_\_\_\_

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

## Greetings:

Thank you for contacting us about our Leader's Guides for our educational support groups. Below is a brief description of their content.

Wellness (Integrated Health Behaviors): Participants review health behaviors and feelings related to the AIDS crisis. Each group member is encouraged to develop specific goals for behavior change based on a personal assessment of health and sexual behavior. A wide range of health issues are discussed, among them alcohol and drug use, social support, stress, and emotions.

Stress Management: Participants assess the level and types of stress in their lives and the effects of this stress, both physiological and psychological. Various approaches are presented, including relaxation exercises, problem-solving and social support as ways to reduce stress. Participants are encouraged to practice the exercises and develop an ongoing stress management program for themselves.

Depression Prevention: Participants are given a framework from which to understand depression utilizing a cognitive-behavioral and social learning model. Members learn a variety of techniques to help them control their mood while learning how other areas of their lives (social support, anxiety, pleasant activities and the ways they think) can have important effects on their mood level. The course outline includes weekly homework assignments to help put to use the concepts learned in the course. Leader's discussion notes are included.

Hot and Healthy Sex: Participants are encouraged to examine their attitudes toward sexuality, self-esteem, social support, etc. The effects of thoughts vs. feelings are covered. The latest information on healthy gay sexual behavior is made available to participants. Role playing and guided erotic imagery are incorporated into the workshop to encourage communications skills among participants.

The Gay Health Workbook: Designed by the AIDS Health Project as a guide to instruct gay men toward positive steps that can be taken to promote health and well-being. The Workbook is based on a Gay Health model and the premise that improving one's general health is the best way to strengthen and maintain a healthy immune system. Written from both a gay-positive and a sex-positive perspective, the effects on the immune system of sexual behavior, drug and alcohol use, internal/external



homophobia, stress, depression, self-esteem, and social support are covered. Specific exercises and relaxation techniques are included. This publication will be available after August 1, 1985.

To cover the cost of reproduction and postage, the following fees are charged for the guides. Please complete the order form and return to:

AIDS HEALTH PROJECT  
333 Valencia Street, 4th Floor  
San Francisco, California 94103

----- DETACH HERE -----

Please indicate which guide(s) you want and enclose a check payable to "Regents - University of California", earmarked for the U.C.S.F. AIDS Health Project. We will send your guides via first class mail upon receipt of payment.

|                     | <u>Quantity</u> | <u>Cost</u> | <u>Total</u> |
|---------------------|-----------------|-------------|--------------|
| WELLNESS            | _____           | \$ 10.00    | _____        |
| STRESS              | _____           | 10.00       | _____        |
| DEPRESSION          | _____           | 10.00       | _____        |
| HOT & HEALTHY SEX   | _____           | 5.00        | _____        |
| GAY HEALTH WORKBOOK | _____           | TBA         | _____        |

TOTAL REMITTANCE ENCLOSED \$ \_\_\_\_\_

Please mail the above materials to:

\_\_\_\_\_  
NAME (please print)

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP CODE

Please send with remittance to:

AIDS HEALTH PROJECT  
333 Valencia Street, 4th Floor  
San Francisco, California 94103





## SUMMARY OF PROGRAMS

The AIDS Health Project offers the following low-cost programs to all San Francisco residents, agencies and organizations:

### **Administrative Offices, Fourth Floor**

333 Valencia Street  
San Francisco, CA 94103  
(415) 626-6637

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

### 1. MENTAL HEALTH SERVICES FOR PERSONS WITH AIDS

- counseling, brief psychotherapy and crisis intervention
- educational support groups (depression prevention and stress management) & other short term groups (couples)
- psychiatric consultation/consult svcs. to professionals
- information/referral

**Contact:** Judy Macks, M.S.W./Calu Lester, Ph.D....821-8830  
S.F. General Hosp., Ward 86  
995 Potrero Ave., San Francisco, CA 94110

James Dilley, M.D.-Psych.Consultant....861-2506  
S.F. General Hosp., Ward 5B.....821-8153  
1001 Potrero Ave., San Francisco, CA 94110

### 2. AIDS PREVENTION PROGRAM FOR WORRIED WELL AND THOSE WITH AIDS-RELATED CONDITIONS

- individual consultation and health assessment
- educational support groups (stress management, safe sex, depression prevention, integrated health behaviors)
- consultation to professionals
- information and referral

**Contact:** AIDS Health Project Office .....626-6637  
333 Valencia St., San Francisco, CA 94103

### 3. YOUTH AND AIDS PREVENTION PROGRAM

- education for youth at risk (ages 12 to 22)
- consultation to youth service professionals

**Contact:** Marcia Quackenbush, M.S.  
Center for Special Problems.....558-4801  
1700 Jackson St., San Francisco, CA 94109

### 4. AIDS HEALTH PROFESSIONAL TRAINING PROGRAM

- education, training and consultation services to mental health and health care professionals working with persons with AIDS and at-risk groups

**Contact:** AIDS Health Project Office .....626-6637  
333 Valencia St., San Francisco, CA 94103



SUMMARY OF PROGRAMS  
(continued)

5. AIDS AND SUBSTANCE ABUSE PROGRAM

- assessment/referral for people with AIDS and those with AIDS-Related Conditions with substance abuse problems
- substance abuse education for people at risk for AIDS
- consultation/training to service providers of people with AIDS, AIDS-Related Conditions, & substance abusers

Contact: Barbara Faltz, R.N./Scott Madover, M.F.C.C.....821-8764  
S.F. General Hosp., Ward 92  
1001 Potrero Ave., San Francisco, CA 94110

6. HTLV-III COUNSELING AND REFERRAL PROGRAM

- Counseling/information/referral for those with concerns about AIDS antibody testing
- Consultation/education/training for professionals

Contact: Marc Gold, M.A., Coordinator.....626-6637  
AIDS Health Project Office  
333 Valencia St., San Francisco, CA 94103





VIDEOTAPE ORDER FORM & USE AGREEMENT

Title: "What's Next?: After the Test" (VHS format)

A summary of what the AIDS Antibody Test means and how individuals can cope with the results. 15 minutes.  
Execute Producer: AIDS Health Project  
Producer: Adair Films

**Administrative Offices:**  
Fourth Floor  
333 Valencia Street  
San Francisco, CA 94103  
(415) 626-6637

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

Cost:

. Basic San Francisco version

|             |                                                                                     |
|-------------|-------------------------------------------------------------------------------------|
| First copy: | \$300.00 plus \$3.00 shipping charge<br>(\$200.00 for not-for-profit organizations) |
| 2-9 copies: | \$35.00 each plus \$3.00 shipping charge<br>per copy                                |
| 10 or more: | \$25.00 each plus \$3.00 shipping charge<br>per copy                                |

- . For versions of the video modified to specifications of a particular buyer, please inquire by letter to the address below.

-----

Please complete this portion of the form and the following Videotape Use Agreement and mail to the address below. Make check payable to "Regents - University of California." Please allow three weeks for delivery.

PLEASE PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

Remit to: AIDS Health Project, 333 Valencia Street, 4th Floor  
San Francisco, CA 94103

USE AGREEMENT

I, the purchaser of \_\_\_\_\_ copies of the videotape "What's Next?: After the Test," hereby agree that no alteration, modifications, or copying of the videotape will be made by the purchaser without prior approval from the AIDS Health Project, nor will purchaser circulate copies of the videotape not purchased through the AIDS Health Project.

**A project concerned  
with AIDS Prevention  
and Health Promotion  
University of California  
S.F. and Department of  
Public Health**

\_\_\_\_\_  
Signature of Purchaser

\_\_\_\_\_  
Date



**STRESS MANAGEMENT TAPE**

**Administrative Offices:**

Fourth Floor  
333 Valencia Street  
San Francisco, CA 94103  
(415) 626-6637

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

The U.C.S.F. AIDS Health Project offers a twenty minute relaxation/visualization audio cassette incorporating breathing exercises, and meditative and visualization techniques taught in the Educational Support Groups offered through the Project. For convenience, the reverse side of the tape contains the same twenty minute stress management experience. The tape is available for a \$5.00 fee to cover cost of production, handling and mailing charges within California.

---

**ORDER FORM**

Please make check payable to "Regents, University of California." Indicate "AIDS Health Project" in the memo section of the check and return this form with remittance to the address below. Please allow two weeks for delivery.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

U.C.S.F. AIDS Health Project

Number of Tapes: \_\_\_\_\_

333 Valencia Street, 4th Floor

Amount Enclosed: \_\_\_\_\_

San Francisco, CA 94103



# An Integrated Approach to Health:

## Power in the Face of AIDS

by Peter B. Goldblum, Ph.D.

Deputy Director of the AIDS Health Project

Each day at the AIDS Health Project we are asked, "How can I protect myself from getting AIDS?" With so much information and misinformation available about AIDS and health promotion, sometimes people become confused and overwhelmed. Is the answer vitamins? Should I stop having sex, or maybe I should have more sex? What role does diet play? Is stress really the culprit? Our answer is simple: Get the best information possible, put it together into a reasonable plan of action, get support for carrying out your health program, and take positive action. We have found that people with a clear and reasonable plan of action are empowered to face the uncertainties of the AIDS crisis.

In order to develop a plan of action which has a high likelihood of reducing your risk for AIDS, we suggest that you take a comprehensive view of health and AIDS. By comprehensive we mean a complete view which takes all the important factors into account. The need for this integrated view of health was brought to light early in our prevention effort.

In one of our first health groups, a man with a beautifully muscular body was concerned whether diet and exercise were enough to protect him from getting sick. This man was having many sexual partners in ways we now know to be unsafe. Unfortunately, this man also abused drugs and alcohol, which we know is a major risk factor associated with AIDS. As we talked, he began to understand that he needed to pay attention to the entire array of health factors. Fortunately, this man was able to incorporate these new ideas into a reasonable and comprehensive program. He reduced his unsafe sexual behaviors, increased his healthy sexual activities and began to go to Alcoholics Anonymous for help with his alcohol abuse.

What are the important elements of a comprehensive health plan? The spread of AIDS, like other viral diseases, depends on two things, an agent and a receptive host. Both of these factors need to be considered in your health program. From what we know about the HTLV-III virus (the agent), transmission depends on the interpersonal sharing of bodily fluids, particularly semen and blood. We strongly suspect repeated exposure to the agent increases the risk of AIDS. Therefore, any health program needs to include strategies to reduce exposure to the virus. Safe sex guidelines have been developed by several organizations.

The second part of the health program needs to focus on strengthening your body's defenses against invasion by the virus. We know that not everyone exposed to the virus comes down with AIDS. Again, we suggest an integrated approach to strengthening the immune system. First, ask yourself what factors in your life may be affecting your body's ability to protect you from disease. Here are some examples of factors which have been identified to have a negative effect on the immune system: drugs, alcohol, stress, depression, loneliness, malnutrition.

### Making Changes In Health Behavior

Many of you have a fairly clear idea of which health behavior changes would reduce your risk of contracting AIDS. You may have even tried to alter these behaviors in the past but failed. Sometimes these failures are due to not seeing the interaction between the behaviors you are trying to change and other aspects of your lives. For example, many gay men find that cruising and trucking are the only ways that they know to meet other gay men. If they end this activity, their need to

be with other gay men has no way to be fulfilled. This leads to a profound sense of loss. By learning other ways of meeting men and having safe sex, certain risky forms of sexual behavior may be averted while still allowing for a healthy social life. In fact, many gay men have found that they are happier with the new ways of meeting and getting to know other gay men than they were before the AIDS crisis.

At the AIDS Health Project, we have developed a three-step process for developing and implementing a health plan which will reduce risk of contracting AIDS and enhance general health.

**Step 1: Assess health behaviors using an integrated view of health.** Determine which changes will have a positive effect on preventing AIDS and promoting general health.

**Step 2: Develop a health plan.**

**Step 3: Implement your health plan.**

### Step 1—Assessing Health Behaviors

The first step in assessing one's health behaviors is to get a clear picture of one's current health practices. Taking an integrated approach, it is important to review various health factors. Here are some areas we suggest:

**Sexual Activity:** What is your level of risk for exposure to the AIDS agent? Compare your sexual activities to those listed in the widely distributed safe sex guidelines. What kinds of sex are you having, how many different partners do you have, and what is the status of their health?

**Drugs and alcohol:** New evidence suggests that this is a very important risk factor for AIDS. Anyone sharing IV needles needs to stop. Drugs and alcohol cause stress on the immune system which may reduce its functioning. Alcohol and drugs



alter one's judgement, which may make one more prone to engage in higher risk sexual activities. Are drugs and alcohol a problem for you?

**Stress:** Stress is the psychophysiological response to change. Stress results when people perceive an imbalance in their lives between the demands placed on them and the resources that they have available to meet these demands. Since high levels of stress over an extended period of time can negatively affect the immune system, reducing one's stress is important. By restructuring aspects of our lives we may prevent harmful stress. There are also ways to reduce the effects of stress, primarily by learning various forms of relaxation. What is your level of stress? How are you coping with stress?

**Social Support:** Friends, lovers and family members can be part of the problem or part of the solution to life's problems. How much support do you have in your life? How fulfilling are your relationships?

**Nutrition and exercise:** Although few of us are malnourished, there is some evidence that attention to our diets will improve our general health. Also, some foods may cause stress, for example, caffeine, chocolate and sugar. Exercise has been shown to reduce stress, improve our emotional outlook, and be an important aspect of general health management.

**Attitudes and self-concept:** Our general outlook and the way we feel may effect our health. As gay people, the way we feel about being gay is an important part of this concept. In times of crisis, old negative beliefs about gayness may re-emerge. Feelings of hopelessness and helplessness may pervade our consciousness. These feelings should not be confused with appropriate feelings of sadness, anger or disappointment which we experience. What is the emotional tone of your life now? How are coping with feelings related to the AIDS crisis?

**Putting it all together:** Once you have identified the areas in which you need to make changes, be specific about what specifically you need to change. Change means: do more of some behaviors or less of others.

## **Step 2—Develop a Health Plan**

Developing a health plan means setting a behavioral goal and developing a strategy for reaching your goal. A goal is a specific behavior which can be observed and measured. For example, "I will reduce my alcohol consumption to two drinks per week." Note that the behavioral goal is very specific. It tells you exactly what you need to do. You can also determine later whether you met your goal or not.

We have found that a good deal of time is needed to fine tune one's goals. Sometimes people try to accomplish too much at first. Perhaps most important here is that you select a goal which is meaningful. What change in health behavior will most effect my chances of preventing AIDS? What do I do now which most endangers my health?

Selecting a strategy which will bring about the results you seek is another aspect of developing your health plan. As the old saying goes, "There's more than one way to skin a cat." Here are some hints:

1. What has worked for you in the past?
2. What is your change style, "cold turkey" or "slowly-but-surely?"
3. What approaches best suit the type of behavior you are trying to change? For example, you would use a different strategy to learn how to meet new sex partners than you would to stop sharing IV needles.
4. Be honest. If you fool anyone, it's only yourself.
5. Get feedback. Check out with your friends what you're doing.
6. Take responsibility. In the final analysis, the decision is yours.

## **Step 3—Implementing the Health Plan**

One of the techniques we encourage members in our workshops to use is behavior contracts. This is merely an agreement that a person makes with himself, and perhaps another person, to make certain changes. The contract includes the agreement and consequences.

An agreement is the behavioral goal. It includes both the behavior and time interval. For example, "I will give one massage and receive one massage each week."

Consequences are "what will happen if you keep your agreement or if you do not live up to your agreement." We sometimes call these "reinforcers." Many people we have talked with find that giving themselves a reward is quite difficult. This takes some practice. In regard to consequences, identify things or events which you enjoy. Be sure they are things which you have control over, such as taking yourself to the movies, getting a massage, or buying yourself a new shirt. Get friends to help you with this.

An important aspect of any behavior change project is to re-evaluate from time to time to determine if the project is working. If it is not, then you need to change it.

## **Facing AIDS Together**

Crisis can many times bring out the best in us. In our groups we have frequently seen the beauty of people reaching out to each other. Some of the most powerful and loving moments are moments of confrontation. The message is always the same. "I care too much about you to keep quiet. You're putting yourself in danger by what you're doing. Please stop."

Making changes isn't easy. It needs not be lonely. We encourage you to include others in making your health plan and in making it work. If we can find the courage to face this crisis directly, the power that we achieve as individuals and as a community in facing this terrible disease can enrich our lives.





**Administrative Offices.**  
Fourth Floor

333 Valencia Street  
San Francisco, CA 94103  
(415) 626-6637

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

Thank you for contacting the AIDS Health Project about the videotape entitled "What's Next? After the Test."

You will need to send us a check or money order in the amount of \$10.00 to cover handling and shipping charges. Please make your check payable to the "Regents-University of California" and mark it for "ATS Preview."

We will also need your signature on the "Videotape Preview Agreement" below returned with your check before the videotape can be mailed.

For further information, contact: Marc Gold, AIDS Health Project

-----sign, detach, return-----

"What's Next? After the Test"

Videotape Preview Agreement

I acknowledge that the copy of the videotape entitled "What's Next? After the Test," obtained by me from the AIDS Health Project, will be used for preview purposes only.

I agree not to use the video tape for any public or in-service presentations.

I agree not to alter, modify, or copy the videotape in whole or in part.

I agree to return the videotape to the AIDS Health Project within 14 days of my receipt of the videotape.

If I fail to return the videotape within 14 days, I understand this constitutes my agreement to purchase the videotape for \$300.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency or Affiliation

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Area Code    Phone



NOTE: We will place your name on our mailing list only if you return this questionnaire

**AIDS HEALTH PROJECT - QUESTIONNAIRE/RESOURCES GUIDE**

Your cooperation in completing this form would be greatly appreciated.

Name: \_\_\_\_\_ Degree/License: \_\_\_\_\_ /

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (other) \_\_\_\_\_

Are you? \_\_\_ in private practice \_\_\_ with an agency (which? \_\_\_\_\_)

To each of the questions below, please **circle** your degree of interest  
(1 = very interested      2 = interested      3 = not interested)

I. How can we help you? Degree of Interest

A. Medical information about AIDS

1. Basic medical information 1 2 3

2. Medical updates on particular subjects such as HTLV testing, studies on contagion, treatments 1 2 3

B. Psychosocial aspects of AIDS

1. Psychosocial assessment 1 2 3

2. Stress management 1 2 3

3. Changing high-risk sexual behavior 1 2 3

4. Dealing with emotional aspects of AIDS crisis (grief/loss/bereavement) 1 2 3

5. Substance abuse and AIDS 1 2 3

6. Women and AIDS 1 2 3

7. Neuropsychiatric Aspects of AIDS 1 2 3

8. Psycho-medication issues 1 2 3

For Items A and B above, please indicate which format you would prefer:  
(check any and all that apply)

\_\_\_ One hour lecture/discussion \_\_\_ One day workshop \_\_\_ 3 to 4 hour workshop

C. Support group for professionals working with the AIDS issue (a place to get emotional support and discuss "burn out")

1 2 3

(over please)



Please provide us with your ideas on how we can be of service to you. Feel free to attach a separate sheet (if needed) or give us a call at 626-6637.

---

---

---

II. Would you take referrals from our Project? ☐ Yes ☐ No

A. If so, please indicate types of clients with whom you are willing to work:

☐ Gay men ☐ Bisexual men ☐ Heterosexual men ☐ Youth  
☐ Lesbians ☐ Bisexual women ☐ Heterosexual women ☐ Substance abusers  
☐ "Worried Well" ☐ Persons with AIDS-Related Conditions  
☐ People with AIDS (PWAs) ☐ Family/Friends/Partners of PWAs

B. Do you accept:

☐ Medi-Cal ☐ Medi-Care ☐ Insurance ☐ Sliding scale  
(if "yes" to sliding scale, please indicate range: \$ )

C. Do you identify yourself as:

☐ gay ☐ lesbian ☐ bisexual ☐ nongay ☐ ethnic:   
(specify)

D. Indicate clinical areas of specialty:

III. Professionals are needed to co-facilitate groups and to do health consultations. Are you willing to volunteer time working with: (check all that apply)

| <u>Type of Client</u>                                              | <u>Type of Activity</u>                                                   |
|--------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Persons with AIDS.....                    | <input type="checkbox"/> Co-lead group? <input type="checkbox"/> Consult? |
| <input type="checkbox"/> Persons with AIDS-Related Conditions..... | <input type="checkbox"/> Co-lead group? <input type="checkbox"/> Consult? |
| <input type="checkbox"/> "Worried Well".....                       | <input type="checkbox"/> Co-lead group? <input type="checkbox"/> Consult? |

IV. Can we share information in this questionnaire with other AIDS agencies? ☐ Y ☐ N

V. We are planning an informal meeting to discuss future programs to serve health professionals. Would you like to be contacted about this meeting? ☐ Y ☐ N

THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE!

Please return to:

AIDS Health Project, 333 Valencia St., 4th Flr.  
San Francisco, CA 94103



# Findings in Psychiatric Consultations With Patients With Acquired Immune Deficiency Syndrome

James W. Dilley, M.D., Herbert N. Ochitill, M.D., Mark Perl, M.B.B.S.,  
and Paul A. Volberding, M.D.



# Findings in Psychiatric Consultations With Patients With Acquired Immune Deficiency Syndrome

James W. Dilley, M.D., Herbert N. Ochitill, M.D., Mark Perl, M.B.B.S.,  
and Paul A. Volberding, M.D.

---

*Thirteen of 40 patients with acquired immune deficiency syndrome (AIDS) admitted to the wards of a large city hospital were seen by the staff of a psychiatric consultation service. Eleven were gay men and two were bisexual men. "Depression" was the stated reason for referral of 10 patients; of these, two met DSM-III criteria for major depression, one had dysthymic disorder, and seven had adjustment disorder with depressed mood. Recurrent psychological themes of the 13 patients were: dealing with a life-threatening illness, uncertainty about the implications of an AIDS diagnosis, social isolation, and guilt over their previous life style. The role of the primary physician and of the mental health professional in the psychological care of AIDS patients is discussed.*

(Am J Psychiatry 142:82-86, 1985)

---

Since it was first described in 1979, acquired immune deficiency syndrome (AIDS) has become a health problem of epidemic proportions (1-3). Although primarily occurring within discrete at-risk subgroups (sexually active gay men, Haitians, intravenous drug users, and hemophiliacs), the disease does appear in other groups (4, 5). The clinical characteristics are by now well known: The disease is probably mediated by an as-yet unidentified agent that is transmitted by sexual contact and blood-borne contamination. The agent brings about a reduction in cellular immunity, leaving the individual susceptible to overwhelming opportunistic infections and Kaposi's sarcoma. There is no treatment for this underlying immune deficiency, and the mortality rate of all diagnosed patients at any given time is 41% (6).

San Francisco is one of the centers in the United States with a high prevalence of AIDS (7). It is culturally, racially, and ethnically diverse and has a

large population of mobile gay men. In the inner city there are substantial numbers of poor and homeless persons; substance abuse is prevalent. San Francisco General Hospital is a 400-bed hospital serving much of the city and county of San Francisco. The hospital is a clinical campus of the University of California, San Francisco, School of Medicine. Seventy-five AIDS patients have been treated at this hospital, of whom 40 were inpatients at some point in their illness.

In this report we detail the psychiatric profiles of those hospitalized AIDS patients who were referred for psychiatric consultation. We discovered recurrent psychological issues specific to the AIDS patient as well as other issues held in common with other severely ill patients.

## METHOD

Patients were seen by the psychiatric consultation-liaison service following referral from the general medical wards of the hospital. Consultations were prompted by the patient's request, by the primary physician's perception that the patient's emotional or behavioral state was unusual, or by the patient's presenting a management problem on the ward. Patients' medical and psychosocial histories were reviewed, and semistructured interviews and mental status examinations were performed. When appropriate, recommendations were made for further physical and psychological workup, medications, or other therapy. Diagnoses were made according to DSM-III.

## RESULTS

Thirteen of the 40 inpatients were seen over a 9-month period. Eleven were gay and two were bisexual men; their average age was 33.8 years (range=24-42 years). One patient was black and one was Hispanic; the remainder were white. As a group, the patients were well educated—six held college degrees. Eleven of the 13 were unemployed at the time of consultation; seven were receiving some form of public assistance or long-term disability payments because of this illness. Seven were living alone.

---

Received Jan. 24, 1984; revised June 18, 1984; accepted Aug. 1, 1984. From San Francisco General Hospital and the University of California, San Francisco. Address reprint requests to Dr. Dilley, University of California Service, San Francisco General Hospital, San Francisco, CA 94110.

Copyright © 1985 American Psychiatric Association.



TABLE 1. Medical Profiles of 13 Patients With Acquired Immune Deficiency Syndrome Referred for Psychiatric Consultation

| Patient | Presenting Complaint                         | Medical Complications                                            | Treatment and Procedures                                |
|---------|----------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------|
| 1       | Diarrhea, weakness                           | Gastrointestinal-tract herpes, <i>P. carinii</i> pneumonia       | Antibiotics                                             |
| 2       | Fever, chills, weight loss                   | Herpes, cytomegalovirus pneumonia                                | Respiratory support                                     |
| 3       | Decreased visual acuity, dental abscess      | Cytomegalovirus retinitis, cytomegalovirus pneumonia             | None                                                    |
| 4       | Fever, cough, weight loss, diarrhea          | Candidiasis, cryptococcal pneumonia                              | Antifungals                                             |
| 5       | Fever, chills                                | <i>P. carinii</i> pneumonia, candidiasis                         | Respiratory support, antibiotics                        |
| 6       | Dyspnea, cough, fever, night sweats          | <i>P. carinii</i> pneumonia                                      | Respiratory support, antibiotics                        |
| 7       | Bruising                                     | Idiopathic thrombocytopenic purpura                              | Steroids                                                |
| 8       | Fever, cough, wasting, vomiting              | Kaposi's sarcoma, cytomegalovirus pneumonia, histoplasmosis      | Antifungals, respiratory support                        |
| 9       | Cough, fatigue, weight loss, painful rash    | Erythema multiforme, thrush                                      | Steroids, respiratory support, antibiotics, antifungals |
| 10      | Dyspnea, cough                               | <i>P. carinii</i> pneumonia                                      | Respiratory support, antibiotics                        |
| 11      | Confusion, memory loss, ataxia, incontinence | Decubiti, history of <i>P. carinii</i> pneumonia                 | Wound care, antibiotics                                 |
| 12      | Skin lesion, cough, fever, malaise           | Tuberculosis, Kaposi's sarcoma                                   | Antibiotics                                             |
| 13      | Shortness of breath, cough, fever            | <i>P. carinii</i> pneumonia, idiopathic thrombocytopenic purpura | Steroids, antibiotics                                   |

The medical status of the patients is summarized in table 1. The most common presenting symptoms were fever, cough, and weight loss. All patients required one or more major diagnostic procedures: Lumbar puncture, bronchoscopy, and lung biopsy were the most frequent. Patients with respiratory complications were administered oxygen and other appropriate supportive measures. Those with *Pneumocystis carinii* pneumonia received intravenous trimethoprim-sulfisoxazole, pentamidine, or both. Six patients had previously been hospitalized at least once with an AIDS-related complication. The mean length of stay in the hospital at the time of the consultation was 29.6 days (range=3–64 days). Five patients died in the hospital; the others were discharged home.

Psychiatric consultations were requested an average of 6.8 days into the hospitalization (range=1–11 days). Nine requests were for evaluation of "depression" or "anxiety and depression." Other reasons for consultation were to distinguish a functional illness from dementia, to evaluate acute delirium, to assess acute anxiety attacks, and to intervene with an angry patient demanding to leave the hospital against medical advice. Three consultations were requested by the patients themselves.

Twelve of the 13 received psychiatric diagnoses. The most common psychiatric diagnosis (N=7) was adjustment disorder with depressed mood, thought to be a reaction to the patients' present illness. Only two patients fulfilled *DSM-III* criteria for a diagnosis of major depressive disorder. Both of these patients had histories of depression that was responsive to antidepressant medications. Other diagnoses were dementia (N=1), delirium (N=1), and panic disorder (N=1). None of the patients had had previous psychiatric hospitalizations, and none was judged to be at risk for suicide. Three patients were intravenous drug users and two others had used hallucinogens and cocaine in the past. One patient was a controlled alcoholic.

## CASE REPORT

Mr. A, a 42-year-old white man who had been employed as a health care professional for many years, presented with fever and shortness of breath. Diagnoses of *Pneumocystis* pneumonia and idiopathic thrombocytopenic purpura were made on hospital day 4. He was started on intravenous trimethoprim-sulfisoxazole and on corticosteroids. After the development of a rash due to the intravenous antibiotic, the patient was switched to pentamidine, an experimental drug that he said he "hated. The Federal Drug Administration hasn't even approved it."

Psychiatric consultation was requested on the 16th hospital day. Mr. A was hostile and angry and was demanding to leave against medical advice. He had multiple complaints about his physicians and his treatment. He felt the doctors "knew next to nothing" about his disease and that they "didn't really care anyway." He admitted to crying spells and terminal insomnia; he felt abandoned by his friends, and he worried about his family's reaction to his disease. He admitted to withdrawing from others and to feeling that his illness represented punishment for being a "bad person." He also reported a past hospitalization for a major depression that had been relieved by antidepressant medication.

The patient lived alone and reported that he had always been emotionally distant from others. He had had a series of brief and unsatisfying sexual encounters. He said that all his life he had "been there for others, but no one has been there for me." He worried about his two dogs, who had given him "more love than any human being ever had," and he wanted to take care of them at home. He thought his friends were afraid of "catching something" so they stayed away from him and even stopped telephoning. He disliked being in isolation and having to wear a mask when leaving his room. He dreaded telling his family of his illness because "they've never accepted my life style, and this will only convince them they were right." He also felt the need to confide in them, as he "didn't want to die alone."

A diagnosis of major depression was made. A liaison meeting with the house staff was productive, as they were able to hear Mr. A's concerns in the light of his depression and no longer felt personally affronted by his anger. He was started on trazodone, 50 mg at night, which was gradually



increased to 250 mg at night. He was seen in brief daily follow-up interviews. He was encouraged to ventilate his feelings of frustration, and a positive therapeutic alliance was rapidly achieved. As the intensity of his feelings diminished, he was able to view his situation more rationally. He was able to accept that his physicians labored under many of the same frustrations as he did. He benefited from the interpretation that some of his anger stemmed from his feelings about his friends' lack of support. He decided to stay in the hospital for the remainder of his treatment. He was discharged home a week later and was followed as an outpatient by the consultant (J.W.D.).

## PSYCHOLOGICAL THEMES

During the course of the diagnostic and follow-up interviews, the patients elaborated on several recurring themes. We will delineate those reactions which seemed to arise specifically from the diagnosis of AIDS and those which seemed representative of a more general response to life-threatening illness.

*Uncertainty.* Perhaps the most pervasive feelings voiced by our patients were anxiety and anger over the uncertainty surrounding their illness and treatment. Their questions about etiology, course, treatment, and life-style modifications following acute illness were generally met with incomplete and unsatisfactory answers. Such answers were largely reflective of the current lack of information about AIDS, although at times the patients reported that their physicians failed to attend to their questions. Patients reported disappointment, fear, and, in some cases, anger at this lack of information. Not infrequently, their anger was directed at their caregivers. This was especially true in patients hospitalized for long periods and in those unresponsive to treatment—for instance, those undergoing a trial of pentamidine after a poor response to the trimethoprim-sulfisoxazole. Many patients also experienced anger and fear over “being experimented upon,” feeling that they were being used as “medical guinea pigs.” Not infrequently, this anger was aimed at their caregivers and was expressed in both direct and indirect ways. Some staff reported being the objects of verbal outbursts; more commonly, issues were dealt with in passive-aggressive ways, e.g., by struggling over medications, refusing to comply with treatment, and repeatedly calling nurses to perform small tasks that the patient himself was capable of performing.

*Isolation.* Although fears of social abandonment are common in those facing a life-threatening illness, our patients were immediately confronted with this reality. By the time of admission, many patients had not worked for several months, had diminished their sexual contacts, and had become socially withdrawn. They were given a diagnosis wryly described by one as “not very socially acceptable” and placed in isolation rooms. Isolation precautions magnified their sense that others would not be available for them. Many spoke of feeling “unclean” as they watched their caretakers

enter their rooms masked, gowned, and gloved. Furthermore, several patients saw their worst fears mirrored in the exaggerated behavior of some of the staff: doctors standing at arm's length when talking to them, nurses shying away from anything but brief physical contact. Some patients even became aware of staff members who at times refused to come into their rooms at all.

Additionally, several patients saw their friends fail to support or visit them during their hospitalization. Patients were often convinced that their friends feared they might “catch something.” Sometimes, too, there had been longstanding problems with others' acceptance of the patient's sexual orientation. Many patients were already geographically isolated from their families, in part because of conflicts over these same issues. Some now failed to notify family or friends of their illness, fearing a rekindling of old conflicts: It would mean disclosing their sexual orientation and dealing with the anticipated negative reaction.

*Illness as retribution.* Patients' fears were compounded by the thought of the illness being sexually transmitted. Several patients who had had multiple sexual partners expressed considerable guilt over their behavior, blaming themselves for the development of the illness. They overgeneralized their feelings, expressing guilt about homosexuality in any form. They found in their sexual orientation an easy answer to the question “Why me?” In effect, this group experienced their illness as punishment. Such patients experienced the greatest discomfort, requiring more support and psychotherapeutic intervention than did the others; guilt and depression were common.

*General responses to life-threatening illness.* The reactions of our patients were in many ways typical of others with severe illnesses, for example, cancer (8) or burn patients (9). In more recently diagnosed patients, feelings of numbness and anger and a sense of betrayal were typical. There was also a tendency to search relentlessly for an explanation. Patients struggled with fears related to their illness—fears of disability, loss of body control, pain, and death. Sadness and depression were common: Patients faced multiple losses—of health, employability, income, and, at times, relationships. They mourned their loss of physical stamina and tried to maintain an attitude of optimism in the face of a grim prognosis. There was a sense of “unfinished business” in contemplating interpersonal and family problems; time to ameliorate problems was running out. Many conducted a “life review,” taking stock of past achievements, failures, and relationships and re-evaluating them in the light of a disabling illness associated with a shortened life span.

## CONCLUSIONS

We have presented the psychiatric profiles of 13 AIDS inpatients referred for psychiatric consultation. A majority of the patients lived alone, a demographic



factor that may reduce the ability to withstand the stress of illness (10). The most common reason for referral was a request from the primary care provider to evaluate the patient's mood and coping abilities. Assessment of a mood disorder is a frequent reason for obtaining mental health consultation (11, 12). The most frequent psychiatric diagnosis was adjustment disorder with depressed mood; only two of our patients were found to have a major mood disturbance. This is similar to the findings of one study of cancer patients (8). Although psychiatric help was requested in all phases of the illness, newly diagnosed patients were often seen within a few days, suggesting that learning the diagnosis is itself particularly stressful. Our findings, as well as those of others (13, 14), suggest that those patients who have had previous depressive episodes may be at risk for experiencing a recurrence when faced with severe illness.

Our patients faced complex issues related to their illness. We have separated those common to persons coping with a severe life-threatening illness from issues that seem specific to AIDS. To summarize the most prominent:

First, there was marked uncertainty surrounding the etiology, course, and treatment of this disease, leading many patients to feel anger and resentment toward their caregivers.

Second, there was social isolation, both within the hospital and in the patients' social networks. Because of the uncertain transmissibility and high mortality rate of the disorder, patients were often aware that friends, lovers, or family were failing to visit or to sustain contact, and that at times even health care professionals were withdrawing from them.

Third, for some patients a diagnosis of AIDS stimulated conflicts over their sexual orientation. They experienced the illness as "a just punishment" for their homosexuality. These patients struggled with guilt about their life style and blamed themselves for their illness. At a time when they most needed a stable sense of self-worth, they were assailed by self-hatred. Sometimes these feelings were mirrored in the reactions of others who also had conflicts about the patients' life styles. When guilt and self-blame were present, more time was needed to explore and question these beliefs. A cognitive approach proved useful, in which staff discussed the difference between causation and association and pointed out the occurrence of the disease in other groups.

Our findings suggest a number of recommendations for the primary care staff and psychiatric consultant.

1. Health care providers should review their attitudes and feelings in several areas; specifically, they must confront damaging stereotypes of homosexual or drug-abusing patients and their own personal apprehensions about the illness, including their own potential susceptibility to it. Failure to address these issues can magnify the patient's anxiety and the physician's withdrawal from the patient.

2. Care providers need to openly recognize the

frustrations associated with treatment of the disorder. A provider's sense of helplessness in the face of a lethal disorder can be the most disturbing element of care.

3. The psychiatrist needs to review personal doubts or anxieties about working closely with patients having a transmissible, life-threatening condition, although no cases of patient-to-staff transmission have been documented.

4. The psychiatrist should be clear about the nature of his or her involvement with the patient, given the all-too-frequent social isolation experienced by the AIDS patient. The consultant must be clear about the potential for extended work with the patient. Ideally, he or she should be willing to follow the patient on an outpatient basis. At times the situation is further complicated when the staff has withdrawn from the patient and the consultant is implicitly promoted as the primary care provider.

5. The psychiatrist should be particularly thorough and adept in the assessment of mood and cognitive disturbances. The consultant must have a special appreciation for the factors contributing to organic mental disorder and its manifestations.

6. The small group of patients with more severe disturbance, and perhaps histories of mood disorder, requires direct ongoing intervention by the consultant.

7. Lay volunteers can be very helpful. The psychiatrist and medical staff can assist them in clarifying their appropriate role in working with AIDS patients. In some treatment settings, the psychiatrist determines what their involvement should be, relating it to the magnitude of the volunteer pool and the consultant's assessment of the patient. Sometimes the psychiatrist assumes important supervisory and didactic functions with the volunteer group.

8. There is, of course, no room in the care of the AIDS patient for moral posturing. The patient should be offered information about contributing factors and the disease's transmissibility in a secure, nonjudgmental fashion.

## REFERENCES

1. Durack DT: Opportunistic infections and Kaposi's sarcoma in homosexual men. *N Engl J Med* 305:1465-1467, 1981
2. Desforges JF: AIDS and preventive treatment in hemophilia. *N Engl J Med* 308:94-95, 1983
3. Macek C: Acquired immunodeficiency syndrome cause(s) still elusive. *JAMA* 248:1423-1431, 1982
4. Oleske J, Minnefor A, Cooper R, et al: Immune deficiency syndrome in children. *JAMA* 249:2345-2349, 1983
5. Joncas JH, Delage G, Chad Z, et al: Acquired (or congenital) immunodeficiency syndrome in infants born of Haitian mothers (letter). *N Engl J Med* 308:842, 1983
6. Offenstadt G, Pinta P, Hericord P, et al: Multiple opportunistic infection due to AIDS in a previously healthy black woman from Zaire (letter). *N Engl J Med* 308:775, 1983
7. Update on acquired immune deficiency syndrome (AIDS): United States. *MMWR* 31:507-514, 1982
8. Derogatis LR, Morrow GR, Fetting J, et al: The prevalence of psychiatric disorders among cancer patients. *JAMA* 249:751-757, 1983
9. Moos R (ed): *Coping with Physical Illness*. New York. Plenum, 1977



10. Cobb S: Social support as a moderator of life stress. *Psychosom Med* 38:300-314, 1976
11. Karasu TB: Utilization of a psychiatric consultation service. *Psychosomatics* 19:467-473, 1978
12. Shortell SM, Daniels RS: Referral relationships between internists and psychiatrists in fee-for-service practice. *Medical Care* 12:229-240, 1974
13. Plumb MM, Holland J: Comparative studies of psychological function in patients with advanced cancer. *Psychosom Med* 39:264-275, 1977
14. Goldberg RJ: Management of depression in the patient with advanced cancer. *JAMA* 246:373-376, 1981



# FOCUS

## A REVIEW OF AIDS RESEARCH

Volume 1, Number 2

January 1986

### The Psychosocial Challenges of AIDS and ARC

Jeffrey S. Mandel, PhD, MPH

Perhaps the most striking and recurring theme that occurs when working with people with AIDS and ARC is the struggle to maintain hope. Helping people with life-threatening illnesses always presents a difficult challenge; the uncertainties about AIDS and the lack of treatments only compound this task. In addition, AIDS has become a powerful sociocultural event that involves mass hysteria, political and scientific battles, and a long history of association between homosexuality and mental illness. People with AIDS and ARC may present mirrors through which mental health professionals must face personal fears and thus cope with counter-transference issues. All these elements of the current AIDS environment complicate attempts to keep hope alive.

#### Reactions to Diagnosis

One focus of our study has been to document how people react to being diagnosed with AIDS or ARC. In comparing AIDS, malignant melanoma, and acute leukemia, we found a highly similar range of reactions in the two-month period following diagnosis. All groups showed mean clinical levels of distress, anxiety, and depression. We also found similarities on measures of self-esteem and locus of control.

We asked the men in our study what worried them most about having AIDS or ARC. Most commonly they reported concerns about protracted or more serious illness, about burdening or being dependent on others, and about the possibility of death.

What these results suggest is that in many ways we are seeing a typical human response to life-threatening illness. Thus, we may rely on the wide body of literature already available, as well as our own previous clinical experience, to guide our clinical work.

#### Assessment of Mood or Cognitive Disturbance

AIDS and ARC present complications to the assessment of mood and cognitive disturbances. Both AIDS and ARC have frustrating and unpredictable medical courses. People feel fine one day and terrible the next; their emotional states often fluctuate in tandem with the physical changes. Thus, the basis of clients' distress becomes difficult to determine.

Conversely, psychosocial factors may affect the perception of physical symptoms. The problem of distinguishing between the physical symptoms of AIDS and hypochondriasis is common. Hypochondriasis, founded on denial of emotional conflict, permits patients to express more comfortably their concerns, not

only about physical symptoms, but also about the adequacy of health care. People with ARC may have particular difficulty in getting their health care providers to take their concerns seriously.

Organicity presents another confounding problem. More than half of hospitalized AIDS patients show signs of organic mental disorders. While increasing attention focuses on the possible neurotropic nature of HTLV-3/LAV among hospitalized patients, the amount of organic involvement among non-hospitalized persons with AIDS and ARC is unclear. Organic involvement can have profound effects on mood and cognition and can frighten and confuse the client and the clinician.

Most people with AIDS or ARC adjust to their diagnoses without disabling psychosocial problems. In fact, most clients develop a very positive spirit. Clinicians may be surprised by their clients' positive approaches and hopefulness. They may interpret this spirit as denial and encourage their clients to experience what the clinicians assume is the real underlying pain. Those practitioners with limited experience in working with life-threatening illness are especially prone to make this common error. Often, clinicians project their own distress and fears onto their clients. For most people with AIDS or ARC, quality of life assumes utmost importance and they become expert at making the most of their precious time.

#### Attribution — The Search for Meaning

Our study has also focused on attribution, the theories about the causes of threatening events. Attributions are important in adjusting to illness because they create understanding and a sense of meaning and control. Naturally, people form theories about the origins and meaning of their illness. These theories are then related to the kinds of life-changes people make after being diagnosed.

*"For most people with AIDS or ARC, quality of life assumes utmost importance, and they become expert at making the most of their precious time."*

Dr. Jeffrey Moulton, a member of our project, found that most men with AIDS or ARC attribute the cause of their health problems to themselves. This self-attribution is also associated with greater distress. The opposite of self-attribution may be a belief that one's illness is caused by external sources, such as bad luck or the environment. This response seems to be emotionally protective.

We also studied post-diagnostic life-changes, such as changes in diet, exercise, and stress-reduction techniques. On the average, those men who make many life changes are less

*continued on page 2*

THE  
**AIDS  
HEALTH  
PROJECT**

#### A Publication of the AIDS Health Project, University of California San Francisco

FOCUS is a monthly publication of the AIDS Health Project, an organization concerned with AIDS Prevention and Health Promotion. Funded by a grant from the state Department of Health Services to the San Francisco Department of Public Health, FOCUS presents AIDS research information relevant to health care and service providers. The AIDS Health Project is affiliated with the University of California San Francisco and the Department of Public Health.

Editor: Michael Helquist; Medical Adviser: Stephen Follansbee, MD; Administrative Assistant: Joseph Wilson.  
Director, AIDS Health Project: James W. Dilley, MD.



## Psychosocial Challenges . . .

*continued from cover*

distressed and feel more hopeful than those who make few changes.

These findings suggest a number of clinical applications. Clinicians may find it important to explore how clients seek meaning from their illness. Clinicians can also develop ways to encourage positive life-changes; in this way, they can help bolster clients' sense of mastery and control. Some therapists, especially those who have been trained analytically, feel conflicted about being openly directive. However, dealing with terminal illness requires a shift towards a more active technique.

### Self-Disclosure About Health Problems

Our study analyzed the relationships among "coming out" as being gay, discussing health problems with others, and emotional distress. Most men (approximately 80%) had come out as being gay to their families and at work prior to being diagnosed. Two months after their diagnoses, however, many had not discussed their health problems with family members or with co-workers.

Not having come out yet was the most common reason for not discussing health problems with others. Most men who did discuss their health problems with others reported a positive experience while those who chose not to do so experienced more distress.

A diagnosis of AIDS or ARC brings with it a special set of problems including others' fear of contagion and the social stigma of homosexuality, drug abuse, or hemophilia. Gay men's adjustment to their diagnoses is enhanced by their comfort in being openly gay. The skills learned in coming out become useful again in handling the disclosure of an AIDS-related problem. Clinicians can anticipate greater distress among gay clients who have not come out to family members or to colleagues at work.

One thorny issue which arises in this area of self-disclosure is whether or not to tell one's sexual partners about health problems, or whether to be sexual at all. Some clinicians encourage safe sex as a bottom line, while others insist that it is an ethical obligation to tell all partners about health problems. Both clients and clinicians approach this issue with strong feelings. All practitioners have an obligation to explore their own feelings about sex and AIDS, so as not to burden their clients with their own moral or sexual prohibitions.

### Underestimated Psychosocial Needs In ARC

An emerging theme in our study reveals that the psychosocial needs of persons with ARC have been underestimated. Men with ARC reported lengthy delays in seeking a medical evaluation for a suspicious symptom. When they finally consulted their physicians, they were often told that their symptoms were nothing to worry about. At other times the physician simply expressed uncertainty about the cause of the symptoms. Yet patients sometimes feel their fears are being invalidated by these well-meaning words or ambiguous reflections.

Sometimes patients and health care providers may collude in denial to avoid the uncertainty of the situation. Friends of the person with ARC might also cooperate in this "everything will be fine" scenario rather than empathizing with their friend's distress.

We found people with ARC more distressed than persons with AIDS. Many people with ARC choose not to discuss their health problems with others because they fear rejection. In our study half the men with ARC are sufficiently affected by their illnesses to be unable to maintain their employment. Without a clear diagnosis, however, many men said they feel guilty about taking time off from their jobs to recuperate from intermittent illnesses or to sort out personal affairs.

### Supporting Hope

Searching for hope in the absence of definitive medical treatment, people with ARC and AIDS frequently seek al-

ternative therapies. Many physicians discourage or only tolerate questions about these treatments, pushing their patients to rely exclusively on the medical establishment, continue to search for these treatments clandestinely, or reject the medical establishment altogether. Some physicians, sensing the need for adjunctive treatment, suggest that patients see mental health professionals. Whether or not alternative treatments are of medical value, health care providers need to support their clients in their quests for some hope. There are many ways of bolstering that hope; alternative treatments are just one. At the very least, clinicians should encourage their clients to educate themselves about what is known about AIDS and to take active roles in their own health care.

Sometimes people speak of "false hope," but I am not sure such a thing really exists. Hopelessness is a dangerous place: a place in which people are depressed and withdrawn, one which often draws death about itself quickly. Hope, on the other hand, provides the motivation for people to enhance their health as best they can, draw friends around them, and maybe even live longer. With the media so full of misleading statements about the 100% mortality with AIDS, it is crucial that we as health care providers support clients in their struggle to maintain hope. By doing so, we are not colluding in our patients' defenses; rather we are supporting something vital to the quality, and maybe even to the quantity, of their lives.

**Jeffrey S. Mandel, PhD, MPH**, is director of the UCSF Biopsychosocial AIDS Project, a collaborative group of social scientists, immunologists, and physicians who have been working together since 1982 on several research and educational projects. A primary focus of their work has been a longitudinal psychosocial study of persons with AIDS and AIDS-Related Conditions (ARC). Dr. Lydia Temoshok serves as principal investigator of the study, which is sponsored by the National Institute of Mental Health. This article presents material delivered at the UCSF Conference on AIDS: Policy, Administrative, and Clinical Issues of Mental Health, September 1985. For more information about research projects being conducted by the University of California San Francisco Biopsychosocial AIDS Project, contact Jeffrey S. Mandel, PhD, MPH; Project Director, Biopsychosocial AIDS Project, Box 6-B; Langley Porter Institute, 401 Parnassus, San Francisco, CA 94143.

### REFERENCES

- Mandel, JS. *Affective Reactions to a Diagnosis of AIDS or ARC in Gay Men*. Unpublished doctoral dissertation, 1985. Wright Institute, Los Angeles, California.
- Moulton, JM. *Adjustment to a Diagnosis of Acquired Immune Deficiency Syndrome and Related Conditions: A Cognitive and Behavioral Perspective*. Unpublished doctoral dissertation, 1985. California School of Professional Psychology, Berkeley, California.
- Woods, WJ. *A Comparison Study of Psychological Status of AIDS-Associated Kaposi's Sarcoma Patients, Acute Leukemia Patients, and Healthy Gay and Heterosexual Men*. Unpublished doctoral dissertation, 1985. Ohio State University, Columbus Ohio.

## Diagnosis/Treatment The Role of Psychiatry in AIDS

**Samuel Tucker, MD**

Central Nervous System (CNS) dysfunctions frequently complicate AIDS diagnoses. Many AIDS patients suffer from well-defined and often treatable focal lesions in the brain, such as those resulting from toxoplasmosis, cryptococcosis, or a lymphoma. More common is a generalized encephalopathy, which includes dementia as a prominent feature. The dementing process begins with impaired concentration and mild memory loss and progresses to severe global cognitive impairment. Physicians and researchers now recognize dementia in the absence of opportunistic infections as a primary presentation of AIDS. HTLV-3/LAV is known to be neurotropic and is believed to cause this progressive dementia. Anecdotal reports indicate that as many as 50 to 70% of the patients seen in consult



demonstrate certain aspects of dementia.

When clinicians provide a psychiatric consult for AIDS patients due to mental status changes, they must rapidly assess the cause of the process and must differentiate deliriums from depression or dementia. All three conditions have overlapping symptoms.

A delirium is usually of rapid onset, occurring from a few hours to a few days. Delirious patients usually show increased or decreased psychomotor activity, such as agitated pacing or rocking. Their sleep-wakefulness cycle may also be altered with more alertness and activity at night. Psychotic sensory-perceptual disturbances, such as auditory and visual hallucinations, are not uncommon. A clouded sensorium, which makes cognitive testing impossible, is a hallmark of a delirious state. Deliriums often have a traceable and treatable etiology. For example, severe bi-temporal headaches of incipient cryptococcal meningitis or drug toxicity from one or several combined medications may foster a state of delirium.

If consultants can rule out a treatable delirium or focal lesion, they should next differentiate between a functional depression and dementia as the reason for the mental status changes. The diagnosis of major depression in patients becomes clouded because many of the symptoms of depression may be the result of the patients' medical illnesses. Fatigue, weight loss, difficulty with sleeping, and anorexia are common symptoms for both AIDS and depression. To differentiate between depression and a medical etiology, consultants should emphasize cognitive and affective symptoms and minimize patients' somatic concerns.

Diagnostic criteria for depression include low self-esteem, feelings of failure, loss of interest in relationships, suicidal ideation, inability to concentrate, and frequent crying spells. A history of major depression, previous psychiatric treatment, or suicide attempts help distinguish a functional depression from dementia.

The unexplained onset of depression in AIDS patients who have otherwise been coping adequately may herald the onset of a central nervous system process such as dementia. Dementing illnesses have an insidious onset marked by a clear sensorium in the presence of measurable cognitive deficits, such as confusion, the inability to retain new information, and disorientation with short- and long-term memory deficits. These parameters hold true for the organicity seen in AIDS patients.

Case reports describe confused patients who lack interest in personal appearance and hygiene, and who display inappropriate behaviors in public. The spectrum of presentation varies from passive cooperation and total unconcern to temper tantrums, inappropriate disrobing, irritability, anxiety, paranoia, hostility, and delusional and psychotic thought processes. Serial EEGs may demonstrate diffuse slowing, and CAT scans may show cortical atrophy with ventricular enlargement. Psychiatric hospitals report that many of these patients have no previous AIDS diagnosis. Only serial cognitive assessments, abnormal EEGs, and CAT scans permit the eventual diagnosis of a dementing process due to AIDS.

### Treatment Interventions

Treatment of delirium entails addressing the underlying etiology. Polypharmacy, the presence of street drugs or alcohol abuse, must be ruled out for clients to clear their sensorium. In some functionally psychotic, severely agitated, delirious or demented patients, neuroleptic medications may be necessary. Preferred treatments to clear these states are high potency, low anti-cholinergic medications (such as haloperidol at minimal doses) because they reduce agitation and eliminate psychotic ideation without the side effects of excess sedation, orthostatic hypotension, or lowering the seizure threshold.

However, avoiding medication with anti-cholinergic activity is recommended because these drugs tend to exacerbate disorientation, increase memory difficulties, and produce a toxic psychosis. Anti-cholinergic activity also dries oral secretions that help inhibit the growth of opportunistic infections such as

thrush. Benzodiazepines, such as Diazepam, should be avoided in delirious patients since these drugs can increase confusion by depressing higher cortical functions. The treatment of depression also entails the use of the least anti-cholinergic medications. Currently, the drugs most commonly used are alprazolam and nomifensine.

### Other Treatment Factors

This discussion of medication is not meant to minimize the importance of various interpersonal therapy techniques, such as supportive, insight, cognitive, and behavioral models. These help patients cope with the extremely difficult process that they are undergoing. In addition, education to properly recognize and care for dementing patients gives staff the ability to contain such inpatients and their behaviors. In-service programs about intervention strategies with dementing patients are imperative for the nursing staff. These are particularly important on medical wards for nurses who may not be accustomed to working with patients who have behavioral problems linked to organic developments. Nurses frequently do not expect such difficulties in AIDS patients, especially those patients who are very young.

For outpatients, the over-all strategy is simply to keep clients as functionally autonomous as is medically responsible and feasible. During the early period of disease symptoms, patients may be allowed to go home and function adequately with minimal assistance depending on their levels of cognitive impairment and physical stamina. Day care programs for demented patients need to be developed as other options.

*"Anecdotal reports indicate that as many as 50 to 70% of the patients seen in consult demonstrate certain aspects of dementia."*

As the dementing processes continue, patients may require a 24-hour caregiver. But this supervision can be an overwhelming burden to lovers, family, and friends who are willing to provide this needed care; respite programs must be created to alleviate periodically the emotional and physical burdens assumed by the caregivers. They need information about the disease, what to expect, and how to use community groups. Support groups for caregivers can be especially valuable for coping with emotional demands.

Public health and home visiting nurses should make regular functional assessments as the patients' conditions progress; they should pay special attention to clients' self-care capacity and their personal safety in the home. Nurses should determine whether patients can take their medications, buy food, cook meals, feed themselves, count money, drive a car, and follow through with any given task. Reality orientation devices, such as calendars, appointment books, posted emergency numbers, and signs that identify rooms and their functions, will help keep patients safely at home.

Current photographs of the patients are useful for identification in case patients wander and get lost in the neighborhood. Demented people are frequently paranoid and may also be suicidal. Weapons should be removed to prevent patients from accidentally hurting themselves or others.

In conclusion, the goals of these interventions are to maintain people at their highest levels of adaptive functioning and to maintain their autonomy, personal integrity, and independence while attempting to diagnose and treat AIDS patients for any psychological processes.

**Samuel Tucker, MD** is an Assistant Clinical Professor of Psychiatry at the University of California San Francisco.

### REFERENCES

- "The Psychosocial and Neuropsychiatric Sequelae of the Acquired Immuno-deficiency Syndrome and Related Disorders," Holland and Tross, *Annals of Internal Medicine*, November 1985, Vol. 103 (5), 760-764.
- "Psychiatric Consultations with Patients with AIDS," Dilley, Ochitill, Perl, and Volberding, *American Journal of Psychiatry*, 142:82-85, 1985.



# BRIEFS

## IN REVIEW

**AIDS: PSYCHOSOCIAL FACTORS IN THE ACQUIRED IMMUNE DEFICIENCY SYNDROME.** Gail Henderson Baumgartner, AB, MSW. Charles C. Thomas, Publisher; Springfield, Illinois, 1985; 113 pages. Although this volume offers an extensive review of the literature on the psychosocial impact of AIDS, the 60 pages of findings are sometimes jumbled with unrelated information lumped together with little context provided. The author does present a helpful discussion of the challenges faced by gay men and others who must now cope with safe sex activities, fears of intimacy, and pressures to pursue relationships. Also beneficial is her look at the impact on the families and lovers of people diagnosed with AIDS. The author concludes her review with a recommendation that the social worker's expertise be better integrated into the interdisciplinary care of people with AIDS.

**PSYCHIATRIC IMPLICATIONS OF ACQUIRED IMMUNE DEFICIENCY SYNDROME.** Stuart E. Nichols, MD and David G. Ostrow, MD, PhD (eds.) American Psychiatric Press, Inc., Washington, D.C., 1984; 137 pages, softcover, \$12.00. These 13 essays touch briefly, and perhaps too lightly, upon concerns important to anyone involved in AIDS care, services, or education. Three essays offer further insights into the aspects of AIDS presented in this issue of FOCUS. Carol B. Britton, MD provides the reader with a basic review of neurologic complications resulting from several of the opportunistic infections that accompany an AIDS diagnosis. Marshall Forstein, MD considers the AIDS anxiety of the worried well and emphasizes the importance of patients' control over their health status. James W. Dille, MD discusses how clinicians can adopt different interventions to meet three general levels of care required by people with AIDS who are referred for consultation.

**"International Conference on Acquired Immunodeficiency Syndrome, April 14-17, 1985, Atlanta, Georgia"** (proceedings), *Annals of Internal Medicine*, November 1985, Volume 103, Number 5. AIDS research developments have become so dynamic that lectures and papers delivered nine months ago seem ancient. Nevertheless, these proceedings from last year's important Atlanta conference offer valuable basic information on the epidemiology, virology, and immunology of AIDS as well as the clinical and psychosocial care of patients.

A copy of these conference papers is available from the Business Department, *Annals of Internal Medicine*, 4200 Pine Street, Philadelphia, PA 19104. A single copy is \$7.00. A reprint of the 400 poster presentations from the conference costs \$4.00. The journal advises that checks should be made payable to *Annals of Internal Medicine*.

## RECENT REPORTS

**Risk Reduction with Condom Use.** The San Francisco AIDS Foundation announced last month that laboratory tests have shown condoms to be an effective block to the transmission of the AIDS virus. With a grant from the local AIDS organization, UCSF researchers Jay Levy, MD and Marcus Conant, MD tested five different, commercially available brands including both latex and natural membrane condoms. All five prevented a fluid containing a high concentration of the virus from penetrating the fine membranes of the condoms. Conant said he believes that condoms, when used properly and in conjunction with a spermicidal jelly, are safe "100% of the time." Conant advised that health care providers and AIDS educators must now inform the public about the correct use of condoms. The research data will be published in a medical journal.

**AIDS Virus Missing From Saliva of Most AIDS Patients.** The AIDS virus has been detected in the saliva of only one of 71 men infected with the disease, according to researchers from Massachusetts General Hospital (*New England Journal of Medicine*, October 31, 1985, page 1606). At the same time, 28 blood samples taken from 50 of the 71 men yielded HTLV-3/LAV. The researchers said their study also revealed that the concentration of the virus in the one saliva sample was substantially less than that found in the blood samples. The Boston scientists concluded, "These results may be useful in allaying public concern regarding the casual spread of AIDS and HTLV-3 infection."

**HTLV-3/LAV Infection of the Brain.** Two articles that recently appeared in *The New England Journal of Medicine* (December 12, 1985) provide new findings about the effect of the AIDS virus on the central nervous system. David D. Ho, MD and his colleagues confirmed that the AIDS virus is neurotropic as well as lymphotropic and that the virus can be recovered from the cerebrospinal fluid, brain, spinal cord, and peripheral nerve of patients with AIDS-related neurologic complications. Ho also found that several patients had neurological problems as a result of HTLV-3/LAV infection but did not have clinical manifestations of immunodeficiency. He advised that the patients' atypical neurological presentations "serve to remind us that HTLV-3 may cause central nervous system syndromes yet undefined."

The article by Lionel Resnick, MD and associates outlines their efforts to define the role of HTLV-3/LAV in the pathogenesis of AIDS encephalopathy. One important finding reveals that HTLV-3/LAV can duplicate in the brain without causing clinical neurologic disease. They concluded that AIDS virus infection of neurologic tissue does occur in the majority of patients with neurologic abnormalities associated with AIDS or ARC.

*The amount of research information now appearing in the medical and lay press staggers most AIDS health care and service providers. This newsletter represents an attempt to place much of the data and press reports in a context that will prove meaningful and useful to its readers. Suggestions and comments are welcome and encouraged. Please address correspondence to Editor, AIDS Health Project; 333 Valencia Street, 4th Floor; San Francisco, CA 94103. For information about other AIDS Health Project programs, call (415) 626-6637.*

## NEXT MONTH

The Centers for Disease Control specify an exact set of diseases and symptoms to fit the surveillance definition of AIDS. The current epidemiological framework for AIDS fails to monitor the much more prevalent set of illnesses and conditions grouped loosely together under the name of "AIDS Related Conditions" or "ARC." A general estimate indicates that there may be ten ARC cases for each diagnosis of AIDS. According to this rule-of-thumb guide, more than 150,000 people in the United States may have symptoms and illnesses that can be classified as ARC.

People with ARC present health care professionals with a vast array of needs, interests, and challenges. In the February issue of FOCUS, John Acevedo, MSW and William Vitiello, PhD, clinical social workers of the AIDS Health Project, will discuss the implications of ARC for health care providers, their patients, and their clients. In addition, the estimated prevalence of ARC in San Francisco and the projected impact of ARC on the health care system will be presented.



# **WOMEN CONCERNED ABOUT AIDS**

## **Drop-in Group**

For women at risk for AIDS, or women  
wanting more information about their risk.

**Tuesdays through February**

**6:00-7:30 PM**

**Langley Porter Institute (UCSF)**

**401 Parnassus**

**Room A109**

**THE  
AIDS  
HEALTH  
PROJECT**

**626-6637**

**Donations Requested**



# AIDS ANTIBODY TEST

## Drop-in Group

---

For people who are considering  
taking the test

*or*

People who have already  
taken the test

Tuesdays thru January

6:00-7:30 PM

Health Center Number One

3850 17th Street

(Noe and Sanchez)



**626-6637**

Donations Requested





**Administrative Offices:**

333 Valencia St., 4th Floor  
San Francisco, CA 94103  
(415) 626-6637

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

December 15, 1985

Evnie  
Needs to line  
to our RWS Program  
Open to Out  
Also go

9 1985

B'D

Dear Colleague:

The AIDS Health Project is a risk reduction and health education program of the University of California — San Francisco, dedicated to reducing the spread of AIDS. Over the past year and a half, we have served over 500 men and women who have been concerned about the threat that AIDS has brought to their lives. Each has come to learn more effective ways of coping with the changes that AIDS has demanded of them. Another goal is to provide mental health and substance abuse services to those with AIDS at San Francisco General Hospital.

In addition to this direct service component, the Project also offers an active education program. We provide in-service education and consultation to mental health and health care providers sharing our experience and expertise.

We have recently added a new program to our educational efforts: the publication of **FOCUS**, a monthly newsletter. **FOCUS** will bring you the latest medical and psychosocial AIDS research in easy to read language. Our editor is the award-winning journalist Michael Helquist, who has written extensively about AIDS from the early days of the epidemic.

**FOCUS** is supported by a grant from the State of California and the San Francisco Department of Public Health. We want others to know about it. Please take a minute and cut off the coupon below. Give it to a colleague. The newsletter is free of charge, but we need their name and address if they are to receive a copy. Just have them fill it out and send it back to us.

Being well informed is the key to giving good care.

Happy Reading,

James W. Dilley, M.D.  
Project Director

-----  
Yes, I want to be on the mailing list of **FOCUS**.

Name: Philip Lee, MD

Institution: Institute for Health Policy Studies, UCSF

Address: 1326 Third Ave

City: San Francisco State: Cal Zip: 94143

A project concerned  
with AIDS Prevention  
and Health Promotion  
University of California  
SF and Department of  
Public Health





## SUMMARY OF PROGRAMS

The AIDS Health Project offers the following low-cost programs to all San Francisco residents, agencies and organizations:

### **Administrative Offices:**

333 Valencia St., 4th Floor  
San Francisco, CA 94103  
(415) 626-6637

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

### 1. MENTAL HEALTH SERVICES FOR PERSONS WITH AIDS

- counseling, brief psychotherapy and crisis intervention
- educational support groups (depression prevention and stress management) & other short term groups (couples)
- psychiatric consultation/consult svcs. to professionals
- information/referral

Contact: Ann West, M.S. ....821-8830  
S.F. General Hosp., Ward 86  
995 Potrero Ave., San Francisco, CA 94110

James Dilley, M.D.-Psych.Consultant....626-6637  
S.F. General Hosp., Ward 5B.....821-8153  
1001 Potrero Ave., San Francisco, CA 94110

### 2. AIDS PREVENTION PROGRAM FOR WORRIED WELL AND THOSE WITH AIDS-RELATED CONDITIONS

- individual consultation and health assessment
- educational support groups (stress management, hot and health sex, health awareness)
- consultation to professionals
- information and referral

Contact: AIDS Health Project Office .....626-6637  
333 Valencia St., San Francisco, CA 94103

### 3. YOUTH AND AIDS PREVENTION PROGRAM

- education for youth at risk (ages 12 to 22)
- consultation to youth service professionals

Contact: Marcia Quackenbush, M.S. ....626-6637  
AIDS Health Project  
333 Valencia St., San Francisco, CA 94103

### 4. AIDS TRAINING AND EDUCATION FOR PROFESSIONALS PROGRAM

- education, training and consultation services to mental health and health care professionals working with persons with AIDS and at-risk groups

Contact: Judy Macks, M.S.W., Coordinator.....626-6637  
AIDS Health Project  
333 Valencia St., San Francisco, CA 94103

(over)



SUMMARY OF PROGRAMS  
(continued)

5. AIDS AND SUBSTANCE ABUSE PROGRAM

- assessment/referral for people with AIDS and those with AIDS-Related Conditions with substance abuse problems
- substance abuse education for people at risk for AIDS
- consultation/training to service providers of people with AIDS, AIDS-Related Conditions, & substance abusers

Contact: Barbara Faltz, R.N., Tom Moon, M.F.C.C. or  
Yolanda Ronquillo.....821-8764  
S.F. General Hosp., Ward 92  
1001 Potrero Ave., San Francisco, CA 94110

6. AIDS ANTIBODY TEST RESULT REFERRAL PROGRAM

- Counseling/information/referral for those with concerns about AIDS antibody testing
- Consultation/education/training for professionals

Contact: Neil Seymour, M.F.C.C., Coordinator.....626-6637  
AIDS Health Project Office  
333 Valencia St., San Francisco, CA 94103

7. Outreach to Third World Communities Program

- Consultation and training services to Third World Community groups
- Development of culturally sensitive and relevant educational materials

Contact: Amanda Hamilton, D.M.H., Coordinator.....626-6637  
AIDS Health Project Office  
333 Valencia St., San Francisco, CA 94103



**Administrative Offices:**

333 Valencia St., 4th Floor  
San Francisco, CA 94103  
(415) 626-6637

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

Prevention projects directed toward persons at risk for AIDS (Acquired Immune Deficiency Syndrome) continue to be critically important in the struggle against AIDS. The AIDS Health Project of the University of California, San Francisco offers services to those at risk for AIDS and helps them confront and make changes in high risk behaviors. Utilizing an individual consultation and health assessment, life habits that may put one at risk for AIDS are targeted and an individualized plan for approaching them is developed. The Project provides ongoing educational support groups on such topics as stress management, safe sex and integrated health behaviors to address these issues. All of the Project's services are offered at no or low cost to San Francisco residents.

While much is still to be learned about this disease, researchers at the University of California School of Medicine speculate that psychological and social factors may play a role in determining an individual's susceptibility to the disease. The part played by psychological factors in this susceptibility may be either direct, as suggested by recent studies on compromised immune function during emotional upheaval, or indirect, as individuals may be motivated to engage in known high-risk behaviors as a consequence of emotional states. Thus, psychological and social factors such as social support, general health habits, and the management of stress are emphasized in the Project's workshops. Special attention is given to issues of both internalized and external homophobia and the workshops are designed to foster a gay-positive identity.

In addition to work with gay men, the Project also includes an active AIDS and Substance Abuse Program which provides both direct services and consultation, consultation to Youth Service Providers and provides mental health services through San Francisco General Hospital Ward 86 to persons with AIDS who are experiencing emotional crisis. The project is also responsible for the reporting of AIDS antibody test results at the Alternative Test Sites in San Francisco.

Finally, the Project offers educational and training seminars for mental health and health care professionals who work with at-risk populations.

The AIDS Health Project is funded through the San Francisco Department of Public Health and began its prevention effort on March 19, 1984. The Project was designed in collaboration with behavioral scientists at the University of California, San Francisco, and is staffed with highly trained professionals skilled in the areas of both health enhancement and AIDS prevention.

07/86



**Administrative Offices:**

333 Valencia St., 4th Floor  
San Francisco, CA 94103  
(415) 626-6637

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

GROUPS CURRENTLY OFFERED BY THE AIDS HEALTH PROJECT

1. STRESS MANAGEMENT - closed 8 week groups
  - Open to: Gay and Bisexual men; "worried well"
  - Offered: Ongoing
2. STRESS MANAGEMENT DROP-IN GROUP
  - Open to: persons with AIDS or ARC
  - Offered: Thursday mornings 9:30-10:00 AM, SFGH Main Building, Room 5K8
3. HOT & HEALTHY SEX - closed 8 week group
  - Open to: Gay and bisexual men; "worried well"
  - Offered: Ongoing
4. ARC GROUP - closed 8 week groups
  - Open to: People diagnosed with ARC or meeting our criteria for ARC (determined at intake)
  - Offered: Ongoing
5. ARC DROP-IN GROUP
  - Open to: People with ARC; no intake necessary
  - Offered: Thursday nights 6-8 PM, Health Center #1, Room 206
6. ANTIBODY POSITIVE DROP-IN GROUP
  - Open to: Individuals testing positive for the HTLV/LAV antibody
  - Offered: Thursday nights 6:00 - 8:00 PM at Operation Concern
7. HEALTH AWARENESS DROP-IN GROUP
  - Open to: People concerned about AIDS & Health
  - Offered: Monday nights, 6:30 - 8:30 PM at Health Center #1, Lobby
8. TRANSITIONS - closed 8 week group
  - Open to: Gay and bisexual men, "worried well"
  - Offered: Ongoing
9. COUPLES GROUP - closed 8 week group
  - Open to: Persons with AIDS and their partners
  - Offered: Ongoing
10. INTEGRATED HEALTH - closed 8 week groups
  - Open to: Gay and bisexual men; "worried well"
  - Offered: Ongoing

\* All closed 8 week groups require an initial consultations



863-995

188-520

12 noon

AIDS Health  
Care Provider  
Training  
Project

AIDS Health Project  
CNA

### III. Project Description and Scope of Work

The complex nature of Acquired Immune Deficiency Syndrome (AIDS) and HIV infection in general has taxed the nation's health care system more intensely than any epidemic in modern times. Even more traumatic has been the psychological effect of the epidemic, not only on those who are presenting HIV-related disorders, but on the health care providers these patients must depend upon for their medical care, their mental health, their hope -- their very lives.

The lack of education regarding AIDS among certain occupational groups is a major concern of the National Institute of Mental Health. These occupational groups include, but are not limited to, medical students, other health care students, psychiatrists and psychiatry residents, primary care physicians and residents, nurses and nursing students, social workers, counselors (including pastoral counselors), psychologists, hospital workers in general, home health agency workers and attendant care workers, and others with responsibilities for dealing with AIDS patients.

No one is more aware of what these needs are and the specific areas and target groups that need to be addressed than the California Nurses Association (CNA) and the AIDS Health Project of the University of California San Francisco (AHP). Indeed, in 1985 CNA passed a resolution on the Mobilization of Nurses for Care of AIDS Patients, "promoting and supporting education of health care workers and the general public on AIDS and the special needs of AIDS patients".

As AIDS became a widespread health crisis in the early 1980s groups sprang up all across the country seeking to provide emergency assistance for people with AIDS and AIDS Related Conditions (PWAs) as well as education regarding the pathology of the disease and its means of transmission. (Henceforth in this proposal the abbreviation PWA will refer to both people with AIDS and people with ARC.) These efforts were initially aimed at PWAs, their families, significant others and friends, and the general public. It was assumed that members of the medical and health care professions would be in the forefront of people knowledgeable of the disease. However, as the disease spread and more people experienced the need to receive medical, psychological, social and various ancillary services, it became evident to those seeking the services, to those engaging in AIDS educational efforts and to members of the service-providing professions themselves, that there was widespread misunderstanding and fear about AIDS at every level.

Although these fears and misunderstandings in California have diminished somewhat as a result of the educational efforts of government and government-supported agencies such as the Department of Health and Human Services, the California State Department of Health Services, the San Francisco Department of Public Health, the AIDS Health Project of UCSF, the San Francisco AIDS Foundation (SFAF), AIDS Project Los Angeles (APLA), Shanti and others, they still abound.

Sadly, we continue to hear and read about instances where ambulance attendants refuse to handle AIDS patients in need of



emergency treatment and of home health care workers who refuse to take assignments in the homes of PWAs. The author of this proposal, who cared for his significant other for eighteen months in San Francisco, until the man's death from AIDS in December 1986, experienced the trauma and frustration of watching food service staff leave trays of food outside the hospital room door and refuse to enter the room to pick up used dishes. One physician could not bring himself to attend the patient and summoned another on-duty resident to treat a severe drug reaction.

Even in San Francisco, the city hardest hit by the epidemic and the city most inundated with AIDS education and training efforts, it is still possible to find nurses, aides, physician's assistants and even physicians themselves who are reluctant to treat people with AIDS or who interact with them in states of such anxiety that the patient is left feeling slighted or, in the words of many PWAs themselves, "dirty".

Some of these behaviors are admittedly caused by some individuals' moral and social judgment of people suffering from AIDS. But the extensive first-hand experience of those working closest with PWAs, their families and friends, conclude that these behaviors are primarily the result of incorrect information, lack of information, or -- more often -- deep-seated fear of contracting the disease.

Great gaps in knowledge regarding AIDS exist throughout the country among the general public. Irrational attitudes, which result in inappropriate behavior are exhibited in every facet of American society. And, refuting our general and widely long-held assumption that those we depend upon to assist us in times of medical need are different, the fact is that many of those in the health care profession are also misinformed, uninformed and very much afraid. These, then, are the attitudes, beliefs and behaviors which must be addressed in the Project. Indeed, the need is not only to address them, but to change them.

The groups that must be reached extend throughout every segment of the health care field and include not only physicians, psychiatrists and health care students, but nurses, laboratory technicians, linen handlers, dieticians, aides, physical and respiratory therapists, allied health professionals, mental health professionals, ambulance drivers, emergency medical technicians, hospice workers and others. They possess varying levels of education, come from multinational ethnic backgrounds, and exhibit a wide range of sensitivities toward the groups at high risk for contracting AIDS. All of these factors, along with the specific needs of each occupational group for providing good care to people with AIDS must be considered carefully if they are to be fully understood and properly trained.

For the purposes of this project, CNA and AHP will focus on the following occupational groups as their primary target group:

- nurses,
- psychiatrists,
- primary care physicians,
- nursing students,



- social workers,
- counselors (including pastoral counselors),
- home health care workers
- others with health care responsibilities for dealing with people with AIDS/ARC, people who are HIV positive, people at high risk for contracting AIDS and those in close nonsexual contact with PWAs.

The proposed Project will address the above target group only as they are located in community, city, county, state, and private hospitals, home health agencies, clinics and community mental health outpatient residential and inpatient settings. That is, the Project will not seek out individuals in medical schools or other major teaching institutions.

CNA and AHP proposes to conduct a statewide training program based upon the highly acclaimed statewide program of general AIDS education that CNA conducted for the State of California Department of Health Services. What makes this model so unique and so undeniably and perfectly suited to this kind of project is the extensive grass roots network of trainers closely affiliated with CNA which is already in place throughout the state. By joining forces with AHP, who has another grass roots network of trained health care providers spread statewide, the proposed project can enter the project on Day One with a network of over 1700 trainers to choose from, who are currently residing from border to border within the state.

These are not people who are strangers to their localities, who come into a setting, give a one-shot program to an unknown group of people and then leave. These are residents of the communities they work in and professionals who will remain in the training areas when the program is over, which means they are available on an ongoing basis for technical assistance after the program has been delivered.

Even more importantly, they are people who have established themselves as the authorities on AIDS education and training in their communities, either through previous CNA training programs, such as the State-sponsored AIDS Education Program, or through AHP training programs. The primary and salient feature of the proposed program that differentiates it from all others is that it is offered to the target group in their workplace, thus enabling us to reach people who are not motivated to seek out such training on their own, let alone travel to a conference site to hear people from other places make presentations on a subject they either have no interest in or are afraid to broach.

These trainers will be trained by the Project in a three-day Train The Trainer module to deliver the NIMH-sponsored program. By utilizing this proven approach, the Project will be able to train 1500 health care providers throughout the state by the end of Year One, another 13,125 by the end of Year Two and an additional 55,125 by the end of Year Three for a total of 69,750 health care providers trained in the state of California by the end of the Project.

The experience CNA had with the State-sponsored AIDS general education program exceeded all expectations. More people were



trained than estimated and requests from health care professionals all over the state keep coming in for being included in future training programs.

The Train The Trainer module will be based on adult learning principles and will employ print and nonprint materials. Sessions will include written exercises, role-plays, participation by members of state, county and local mental health agencies as feasible and appropriate as well as members of various AIDS organizations.

To support the Project, as well as other AIDS mental health projects, a Mental Health AIDS Resource Center will be established and maintained. The Center will assist AIDS education and training efforts throughout the state by

- a) providing readily available, current and accurate information on a variety of content areas relevant to mental health and AIDS;
- b) providing current and considered information on the strategies of design and development of educational programs related to AIDS that are funded by NIMH;
- c) accumulating and providing an assessment of AIDS educational materials developed for use in education and training of mental health and health providers

The Resource Center would include an 800 telephone number, beginning in the tenth month of the contract period. This line would be available for requesting information and materials related to AIDS mental health education and training and would be publicized in various educational and health-related publications throughout the state, as well as in Focus, the AHP newsletter.

Resource Center staff will work to 1) support the Train The Trainer program for the life of the contract; 2) review, collect and distribute educational aids to the field trainers; 3) review and distribute descriptive reviews of educational materials and aids to educators (including NIMH contractors); 4) provide technical assistance and consultation to users regarding educational materials; 5) provide technical assistance and consultation to users related to the development of educational programs based upon materials/aids supplied by the Center.

Primary Resource Center users will be the staff of the Train The Trainer program. Secondary users would include NIMH contractors and other mental health organizations and service providers dealing with AIDS.

The following goals have been established for the Project over a three year contract period:

#### YEAR\_1

##### GOAL\_1:

To assure 1) timely, efficient and accurate coordination and management of the AIDS Health Care Provider Training Project, and 2) clear, complete and ongoing communication among Project management,



February 20, 1987

SAMPLE

James W. Dilley, M.D.  
AIDS Health Project  
Box 0884  
San Francisco, CA 94143-0884

Dear Dr. Dilley:

As the AIDS epidemic expands in California, there is an ever-increasing need for health care workers to be able to address the needs of people across the spectrum of HIV infection in a sensitive and sophisticated manner.

The AIDS Health Project has been in the forefront of educating health professionals about AIDS for several years. The California Nurses Association has developed a very successful program in which it is providing excellent, broad-based AIDS training of health care providers in its AIDS Train the Trainer Program. The educational model being used is innovative. The collaborative effort of these two programs will certainly provide a valuable and vitally needed source of advanced training for health care providers throughout the state.

I would like to lend my enthusiastic support to your proposal, and hope that you will be funded. The vision and AIDS expertise of individuals in the AIDS Health Project as well as in the California Nurses Association are critical in helping us manage this epidemic.

Sincerely,

Post-it<sup>®</sup> routing request pad 7664  
BRAND

## ROUTING - REQUEST

Please

☒

READ

To

PAT FRANKS

☐

HANDLE

SFGH

☐

APPROVE

MANY THANKS FOR

and

☐

FORWARD

YOUR SUPPORT

☐

RETURN

☐

KEEP OR DISCARD

☐

REVIEW WITH ME

Date

3/2/87

From

Renee



February 20, 1987

Dear

The UCSF-AIDS Health Project (AHP) and the California Nurses Association (CNA) would appreciate a letter from you supporting a proposal we are submitting to the National Institute of Mental Health (NIMH). As you are well aware, the AIDS epidemic continues to claim an ever-increasing number of lives in the United States each year and the number of AIDS/ARC diagnoses is growing at an even greater rate. Federal, state and local efforts to respond to the epidemic are being mounted as rapidly and efficiently as time, funds and human resources will allow. One of the primary missions throughout the country is the education and training of health care professionals who will be caring for people with AIDS/ARC.

The AIDS Health Project, under contract to the California State Department of Health Services, is currently engaged in a highly successful AIDS training program for mental health professionals. AHP, in collaboration with the California Nurses Association also under contract to the California State Department of Health Services to provide general AIDS education and training for health care workers statewide, is applying to the NIMH for a grant to provide a specialized AIDS training program for health care providers and trainees regarding the ethical, psychosocial, psychological and prevention-related behavioral aspects of HIV infection.

The primary target groups for this project will include nurses, nursing students, health care students, social workers, counselors (including pastoral counselors), home health aides and attendants and others with health care responsibilities in hospitals, clinics and community health and mental health centers and home care agencies. The project will run for a three-year period.

Utilizing our already established network of trainers throughout the State of California, AHP and CNA will conduct a series of TRAIN THE TRAINER PROGRAMS and offer on-going technical assistance through an AIDS mental health resource center. The certified graduates of the intensive 2-day program will then conduct training programs for health care providers throughout California over the contract period.



Your support is critical in emphasizing the importance of this collaborative effort. Your letter of support should include your experience with the importance of AIDS health provider education and your endorsement of AHP's and CNA's abilities to provide this. The letter should arrive in the AHP office no later than February 27, 1987 so that we may include your organization's support in our request for funds.

A sample letter of support is enclosed for your convenience. We look forward to working with you on this urgent and important project. Thank you for your prompt assistance.

Very truly yours,

James W. Dilley, M.D.  
Project Director

JWD/rld  
enclosure



5/28/86

## AHP GROUPS OFFERED CURRENTLY OR IN NEAR FUTURE

1. Stress management - closed 8 week groups  
Open to: Gay + bisexual men; "worried well"  
Offered: Ongoing
2. Hot + Healthy Sex - closed 8 week groups  
Open to: Gay + bisexual men; "worried well"  
Offered: Ongoing
3. ARC Group - closed 8 week group  
Open to: People diagnosed  $\geq$  ARC; or meeting our criteria for ARC (determined at intake)  
Offered: Ongoing
4. ARC Drop-In Group  
Open to: People  $\geq$  ARC; no intake necessary  
Offered: Thursday nights 6-8 pm HCI Room 206
5. Health Awareness Drop-In Group  
Open to: People concerned about AIDS + health; people waiting for intakes; people who have had intakes and are waiting for a group to begin. No intake necessary  
Offered: Beginning in July; call back for dates/times.
6. Transitions - Closed 8 week group  
Open to: Gay + bisexual men  
Offered: Beginning in July. Intake necessary.



# 1. Stress Management

Understanding + coping with stress, ~~is~~ especially stress related to AIDS. Stress management skills.

# 2. H+H sex.

Evaluating sexual histories, behaviors, motivations; how sex has changed since beginning of AIDS epidemic; future changes ~~you~~ one might want to make; eroticising safe sex.

# 3. ARC

Coping = dx and health complications; developing a network of support; understanding personal reactions to health status.

# 4. ARC Drop-In

# 5. Health Awareness Drop-In

# 6. Transitions -

~~A look at "where do we go from here?",~~  
~~living most productively in the middle of the~~  
~~epidemic. Having ~~made~~ already made changes~~  
~~in behavior to prevent exposure to or transmission~~  
~~of AIDS, where do we go from here? How to~~  
~~live productively in the middle of the AIDS~~  
~~epidemic.~~

# ~~7. Drop-In~~



PROJECT NARRATIVE

**Administrative Offices:**  
Fourth Floor  
333 Valencia Street  
San Francisco, CA 94103  
(415) 626-6637

- AIDS Mental Health Program
- AIDS Prevention Program
- Youth & AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- HTLV-III Counseling Program

A prevention project directed toward persons at risk for AIDS (Acquired Immune Deficiency Syndrome) is considered the next step in responding to the AIDS crisis. The AIDS Health Project offers services to those at risk for AIDS and helps them confront and make changes in high risk behaviors. Utilizing an individual consultation and health assessment, life habits that may put one at risk for AIDS are targeted and an individualized plan for approaching them is developed. The Project provides ongoing educational support groups on such topics as stress management, safe sex, depression prevention and integrated health behaviors to address these issues. All of the Project's services are offered free of charge to San Francisco residents.

While much is still to be learned about this disease, researchers at the University of California School of Medicine speculate that psychological and social factors may play a role in determining an individual's susceptibility to the disease. The part played by psychological factors in this susceptibility may be either direct, as suggested by recent studies on compromised immune function during emotional upheaval, or indirect, as individuals may be motivated to engage in known high-risk behaviors as a consequence of emotional states. Thus, psychological and social factors such as social support, general health habits, and the management of stress are emphasized in the Project's workshops. Special attention is given to issues of both internalized and external homophobia and the workshops are designed to foster a gay-positive identity.

In addition to work with gay men, the Project also includes outreach to at-risk youth in the Polk and Tenderloin areas and provides mental health services through San Francisco General Hospital Ward 86 to persons with AIDS who are experiencing emotional crisis. Other at-risk individuals are encouraged to contact the Project as well.

Finally, the Project offers educational and training seminars for mental health and health care professionals who work with at-risk populations.

The AIDS Health Project is funded through the San Francisco Department of Public Health and began its prevention effort on March 19, 1984. The Project was designed in collaboration with behavioral scientists at the University of California, San Francisco, and is staffed with highly trained professionals skilled in the areas of both health enhancement and AIDS prevention.



# Support Group for Women

Concerned About AIDS Risk and  
Prevention



Five Weeks  
August 2 - 30

*Please Call for an Intake Appointment*

THE  
**AIDS**  
**HEALTH**  
**PROJECT**

**476-6430**



# JOIN THE FUN!

## MARCH WITH US

*Lesbian/Gay Pride Parade - June 26*

*Sunday - Assemble at 9:00 am*

*Market & Sanchez - Look for*

*The AIDS Health Project Banners*

---

HELP IN OUR BOOTH, TOO!

CALL US AT 476-6430

TO RESERVE YOUR TIME

(9:00 am to 7:00 pm - 1 hour shifts)

**THE  
AIDS  
HEALTH  
PROJECT**





# **WOMEN MAKE YOUR MOVE LET'S TALK ABOUT AIDS**

**IF YOU WANT TO TALK MORE ABOUT:**

- **ANTIBODY TESTING**
- **SAFER SEX**
- **RISK REDUCTION**
- **RELATIONSHIPS & DATING**

**JOIN US at any of the following meetings:**

**TUESDAY, September 1, 6:30 - 8:30 PM**

**TUESDAY, October 6, 6:30 - 8:30 PM**

**TUESDAY, November 3, 6:30 - 8:30 PM**

Sponsored by:

**THE  
AIDS  
HEALTH  
PROJECT**

**1855 Folsom St., Suite 506  
(Folsom at 15th Street)  
For More Information Call  
476-6430**

**Free of Charge**



# THE AIDS HEALTH PROJECT

## EDUCATIONAL RESOURCES AVAILABLE FROM THE UCSF AIDS HEALTH PROJECT

### Address Correspondence To:

UCSF AIDS Health Project  
Box 0884  
San Francisco, CA 94143-0884

### Administrative Offices:

1855 Folsom Street  
Suite 506  
San Francisco, California  
(415) 476-6430

### Programs:

- AIDS Mental Health Program
- AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- AIDS Antibody Counseling Program
- FOCUS: A Guide to AIDS Research
- Youth & AIDS Education & Training

**FOCUS: A Guide to AIDS Research:** Monthly newsletter which highlights issues of concern to mental health and social service workers. FOCUS places AIDS data and medical reports in a context that is meaningful and useful to its readers.  
\$36 U.S., \$48 Foreign

**"Working with AIDS: A Resource Guide for Mental Health Professionals":** A comprehensive manual addressing the psychosocial implications of the AIDS epidemic, including case examples and treatment plans. \$30.00

**"The Other Crisis: AIDS & Mental Health":** A training video exploring the professional and personal concerns of mental health practitioners working with AIDS patients. Special focus on AIDS antibody test counseling. Commentary by James W. Dilley, M.D. \$175.00

**Stress Management Leaders Guide:** A guide for group facilitators which presents stress management materials for AIDS related group work. Relaxation exercises, visualization exercises and problem-solving strategies are included. \$15.00

**"Relaxation & Visualization":** A 20 minute stress management audio cassette incorporating breathing exercises and meditative visualization techniques taught in the educational support groups of the AIDS Health Project. \$5.00

**"Guidelines for Disclosing AIDS Antibody Test Results: A Protocol for Health Professionals"** \$5.00

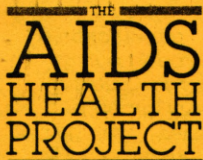
**"What's Next?: After the Test":** A training video summarizing what the AIDS antibody test means and how individuals can cope with the results. \$300.00

**"AIDS & Substance Abuse: A Training Manual for Health Care Professionals":** A training manual for professionals providing health or social services to patients with AIDS and substance abuse problems. In-patient hospital care is emphasized. \$25.00

Please use the form on the back of this page to order the materials you wish. Thank you.

A project concerned  
with AIDS Prevention  
and Health Promotion  
University of California  
SF and Department of  
Public Health





## MATERIALS ORDER FORM

- (1) FOCUS: A Guide to AIDS Research
- (2) "Working with AIDS: A Resource Guide for Mental Health Professionals"
- (3) "The Other Crisis: AIDS & Mental Health"
- (4) Stress Management Leaders Guide
- (5) "Relaxation & Visualization"
- (6) "Guidelines for Disclosing AIDS Antibody Test Results"
- (7) "What's Next?: After the Test"
- (8) "AIDS & Substance Abuse: A Training Manual for Health Care Professionals"

## Address Correspondence To:

UCSF AIDS Health Project  
Box 0884  
San Francisco, CA 94143-0884

## Administrative Offices:

1855 Folsom Street  
Suite 506  
San Francisco, California  
(415) 476-6430

## Programs:

- AIDS Mental Health Program
- AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- AIDS Antibody Counseling Program
- FOCUS: A Guide to AIDS Research
- Youth & AIDS Education & Training

| ITEM # | # COPIES | COST           | TOTAL |
|--------|----------|----------------|-------|
| (1)    | _____    | \$36           | _____ |
|        | _____    | \$48 (Foreign) | _____ |
| (2)    | _____    | \$30           | _____ |
| (3)    | _____    | \$175          | _____ |
| (4)    | _____    | \$15           | _____ |
| (5)    | _____    | \$5            | _____ |
| (6)    | _____    | \$5            | _____ |
| (7)    | _____    | \$300          | _____ |
| (8)    | _____    | \$25           | _____ |

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO "U.C. REGENTS."

Thank you for your order. It will be filled as soon as possible. Please allow 4 weeks for delivery.

Please send your order form and remittance to:

A project concerned  
with AIDS Prevention  
and Health Promotion  
University of California  
S.F. and Department of  
Public Health

UCSF AIDS Health Project  
Box 0884  
San Francisco, CA 94143-0884