COPING WITH AIDS:

A HANDBOOK FOR COLLEGE AND UNIVERSITY PHYSICIANS AND COUNSELORS

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I. INTRODUCTION

The epidemic of the Acquired Immunodeficiency Syndrome (AIDS) is now a reality on college and university campuses across the country. Students find they must deal with issues and fears that were alien before, like the fear of contagion. College and university communities are faced with new demands on limited resources and a search for the "right" policies.

Students face a host of complex issues as they struggle to understand AIDS and adjust to new behaviors. The complexity of these issues arises primarily from two factors. First, the threat of AIDS raises a spectrum of concerns touching on every aspect of a student's life--sexual behaviors, psychological health, social and family relationships, physical health, spiritual needs, and financial resources. Second, college students are at a critical stage of developing autonomy and identity, which often involves experimenting with new behaviors. A desire for spontaneity, the new sense of freedom, and the urge to experiment make it difficult for students to adopt risk-reduction behaviors characterized by caution, consistency, planning, and responsible decisions.

College and university communities are confronted with educational, ethical, and administrative challenges in responding

to the threat of AIDS. Educational services are needed to quell myths and orient students to the realities of threats posed by the disease and its implications for their behaviors. Ethical issues may arise in deciding what advice is to be given to students and how confidential information is to be handled. Administrative issues arise in organizing the vast array of resources within a campus community to respond quickly and effectively to burgeoning student needs for information and counseling on AIDS.

Many institutions of higher education and student groups now are organizing resources to respond to the broad spectrum of concerns and needs around AIDS. This document will provide valuable guidance to the efforts of college and university communities in formulating constructive responses.

This supplement is intended for all providers of formal and informal psychological services for college and university students. The range of providers on a campus is diverse, yet all share a common need to respond to concerns about AIDS. Many service providers are students themselves: resident assistants, peer counselors and educators, and residence hall directors. Formally trained providers include professional mental health workers (psychologists, social workers, counselors, and psychiatrists). On many campuses, medical and nursing personnel who are not specialists in mental health work counsel students. Other providers to whom students may turn include faculty in academic departments, staff in student personnel services, and

clergy. For simplicity, this text refers to all these campus care providers as "caregivers."

Campus caregivers will address a broad spectrum of concerns and needs related to AIDS. The diversity of concerns stems from the realities, fears, and uncertainties surrounding AIDS, combined with the developing attitudes and changing behavior patterns of students. Thus, caregivers are working with students who:

- Fear "catching AIDS" through casual residential, academic, occupational, or recreational contact
- Worry about their risk of acquiring Human Immunodeficiency Virus (HIV) infection through sexual contact or drug abuse
- Worry about a friend or family member
- Are seropositive for antibody to HIV but are currently asymptomatic
- Have symptoms of HIV infection that do not meet the criteria of the AIDS surveillance definition
- Are living with AIDS
- Grieve for family or friends who have died of AIDS

Campus caregivers will do most of their work with students who are worried or fearful, rather than with those who have symptoms. The challenge to educate, as well as counsel, demands patience and commitment from caregivers. The changing epidemiology of HIV infection demands the acceptance of and adaptation to ambiguity in both education and counsel.

Several considerations are important in ensuring a high quality of service in assisting students with concerns about AIDS:

- **Recognize the complexity of the AIDS issue.** There is more to a discussion of AIDS than medical facts and strategies for behavior change. Responsibility for health, sexuality, sexual behavior and orientation, drug use, disease, and death are important related concerns. Caregivers must assess their own attitudes and values around these issues in order to identify any bias that might interfere when working with a concerned student. Discussions with colleagues and professional support groups may assist this process.

- **Be clear and explicit in addressing sexual and drug-using behaviors.** Students need to feel that counseling provides support and understanding, as well as clear information. Therefore, caregivers must be able to discuss sexual behaviors and drug use in a straightfor-

ward, non-judgmental fashion, and be familiar with slang terms used by students.

- **Use effective counseling, listening, and communication skills.** This supplement assumes that caregivers have basic counseling skills, but recognizes that many campus staff assume counseling roles without benefit of formal training. In all cases, good listening and communication skills promote a comfortable and confidential atmosphere for students seeking assistance.

- **Make AIDS-related services visible and accessible.** Students concerned about AIDS may hesitate to ask questions or seek support because they fear rejection or disapproval. Providers of psychological services on each campus need to make all students aware that confidential and non-judgmental counsel is available. For example, newspaper articles about psychological services and issues, presentations at orientation programs, and information distributed through resident assistants or posted in residence halls can create an impression of safety and confidence that makes it easier for students to ask for help. Students will learn quickly, by word of mouth, which caregivers respond appropriately and sensitively; other students then will turn to those caregivers.

- **Know institutional policies and resources.** Caregivers need to be aware of their institution's policies and procedures regarding AIDS and confidentiality of information. Caregivers also need to be familiar with medical and psychological services and resources on and off campus. If the institution has not dealt with AIDS as an issue, caregivers may find another important role in encouraging administrators to do so.

- **Recognize that this is difficult work.** The discussion of AIDS raises many volatile and controversial issues. Providing clear, forthright, uncompromising information about AIDS and HIV infection means dealing with societal and institutional taboos and uncertainties, coupled with individual reluctance to discuss sexuality and drug use. This work can be emotionally charged and highly political and, so, challenges the emotional strength of providers of AIDS-related services. Collegial networks can help alleviate the stress and discouragement that plague caregivers. Support groups, individual counseling, and stress reduction techniques are also helpful.

The remainder of this document explores student issues and concerns about AIDS, their psychological reaction patterns, and the roles and responses available to caregivers.

II. SPECIAL CONSIDERATIONS OF COLLEGE STUDENT DEVELOPMENT

College students often find it difficult to adopt low-risk behaviors. They are developing a sense of autonomy, want to experiment with new behaviors, and live in an environment that offers new opportunities and freedom to experiment. At the same time, these young adults are realizing that they alone are responsible for their health. When coping with concerns about AIDS, the desire for trying on new behaviors conflicts with taking responsibility for safer behaviors. This type of conflict affects the degree to which students acknowledge risks and prepare for sexual activity.

General developmental issues of late adolescence focus on cognitive and moral maturation, the struggle for autonomy, the definition of self and sexuality, the acceptance of responsibility and accountability, and the urge to explore and experiment. College students share with other young adults a conviction of invincibility and the assumption of good health. During this life stage, however, they begin to realize that they have full responsibility for the care of their own bodies and the health consequences of their behaviors. They move from simple, dualistic thinking ("if I am not sick, then I am well") to the perception of multiplicity (there are degrees of health).

For college students, development of competence, autonomy, identity, and integrity takes place in an environment that stretches

old boundaries of thought, action, and perspective. College life brings important new experiences for most students, including:

- Living away from home, often for the first time
- Sharing residences with a diversity of peers (many of whom have different world-views and life experiences), and sometimes sharing residences with both sexes
- Constant social and recreational interaction with other students
- Easy access to peers with whom the student can test and explore sexual identities and behaviors
- The academic challenge to question assumptions and to examine new research, values, and ways of living

Developmental struggles of college students, combined with the new experiences and exposure of college life, may interfere with a commitment to responsible strategies for avoiding HIV transmission. The following examples illustrate some important conflicts in adopting low-risk behaviors:

- Students often find it difficult to acknowledge and plan for sexual activity. Parental, societal, and religious standards make the choice to be sexually active uncomfortable for many. Students may prefer to

regard sexual encounters as accidents or chance events for which they bear no responsibility of choice. College women may fear that obtaining condoms labels them as being promiscuous. When students cannot acknowledge sexual identity and actual or potential sexual activity, they cannot prepare for it. These attitudes leave many students without condoms and spermicide when sexual activity occurs.

- Some students have not developed enough self-esteem, confidence, and assertiveness to demand or negotiate the use of condoms. If a sense of autonomy and identity remains elusive, it is easy to give in to the demands or assurances of a sexual partner, especially if the relationship is felt to be very valuable or the fear of rejection is more painful and immediate.

- To use condoms, many students must overcome peer pressure about the social unacceptability of condoms, embarrassment about purchasing condoms, and ignorance about how to use them. Reliance on oral contraceptives in heterosexual encounters further discourages the use of condoms by creating the attraction of convenience and spontaneity without the need for negotiation between partners.

- Experimental or recreational use of drugs and alcohol may be an "excuse" that allows students to avoid accountability. These substances can interfere with a student's ability to insist that condoms be worn or to use condoms competently.

- Most students have grown up believing that the negative consequences of sexual encounters are reversible, which makes it difficult to acknowledge the need for precautions. False reassurances may emanate from availability of treatment for most sexually transmitted diseases and abortion for unplanned pregnancy.

- Struggles with sexual identity and orientation can interfere with taking precautions. Some students who identify themselves as heterosexual have homosexual encounters. The experimental nature of these encounters, combined with a sense of invincibility and risk-taking, lessen the likelihood of protected encounters.

III. THE SPECTRUM OF AIDS-RELATED ISSUES EXPERIENCED BY COLLEGE AND UNIVERSITY STUDENTS

The risk of contracting HIV infection raises a wide spectrum of choices, adjustments, and changes for college students. Students are likely to find themselves dealing with issues about sexual behavior, psychological well-being, social and family relationships, physical health, spiritual needs, and financial resources. Important themes of self-esteem, self-confidence, and control permeate all these issues.

1. SEXUAL ISSUES

College students are in a developmental stage that entails making decisions about sexual behavior, struggling with sexual identity, and exploring new avenues of sexuality. The spectre of AIDS is like a time bomb dropped in their midst. The excitement and gratification of sexuality now are mixed with the threat of disease and death.

(1) Changing Sexual Behaviors

Students often experience a sense of loss when faced with the need to adjust their sexual practices; adopting safer sex practices and "being responsible" means being less spontaneous and free. Moreover, students are likely to feel discomfort, confusion, and uneasiness when changing sexual behaviors. Some will

choose abstinence instead and may feel deeply the loss of expression of sexuality.

These issues are clearly illustrated by difficulties in implementing the safer sex practice of condoms. Using condoms regularly may be particularly trying for students who have been accustomed to unplanned, spontaneous sexual activity. Men may resist using condoms if they prefer that women take responsibility for contraception. Both gay and straight men, and some women, may be angry over the slight loss of sensitivity that condoms produce. Heterosexual College women may have to negotiate with their male partners for safer sex, but they may not feel empowered to demand the consistent use of condoms. For many women, the need for a relationship overcomes strategies for self-protection. For others, the need to excuse sexual activity as unplanned will prevent negotiation and protection.

Gay men trying to change behaviors face special challenges. Instead of bonding with other gay men, gay students may find that fear of AIDS permeates relationships, threatens friendships, and reinforces the urge for casual, anonymous sex. One key element in learning safer sex techniques centers around respect for one's partners; fear can prevent that respect from being manifest. An important motivator for reducing the risk of AIDS among gay men has been development of a community spirit of affirmation and acceptance of safer sexual behaviors. Where gay students have little or no community or feel they do not "fit in" with a group,

finding this spirit is problematic and role models are hard to identify.

(2) Communicating About Safer Sex Practices

Open, honest communication is essential to reducing the risk of HIV transmission, yet such communication is particularly difficult for college students. All actually or potentially sexually active students who are concerned about AIDS face many doubts about their sexual future and themselves. These doubts and associated fears can rob them of the confidence required to talk about safer sex. For example, the need to tell sexual partners their fears and discuss safer sex activities causes some students to feel undesirable. Others get angry at partners who insist on using condoms, because they feel judged or suspected by these demands. Students fear being infected or infecting someone else. They fear rejection and never being loved. These feelings are intense for seropositive students who must confront partners with the fact of their HIV infection.

Students' doubts and fears about themselves also affect communications with caregivers. The fear of being misunderstood or judged keeps some concerned students from seeking assistance. In their quest for accurate medical advice, students become vulnerable to caregivers who might use the threat of HIV infection as a way to impose their own moral values on worried students who do not share the same value system.

(3) Deciding About Sexual Partners

Decisions about the extent of one's sexual activity are difficult for most college students. Some students choose to have no or few sexual relationships while others experiment with multiple partners. AIDS introduces new elements in this sexual decision-making: sexually-active students concerned about AIDS are advised to (1) restrict the number of partners and (2) avoid certain risky sexual behaviors.

The risk is that students will confuse monogamy with safety. It is true that reducing the number of partners can decrease the risk of HIV infection. Having fewer partners, however, is not by itself an adequate strategy for protection. In fact, unprotected intercourse with one or two partners may be riskier than safer sex (using condoms) with several partners. Students also need to acknowledge that some kinds of sexual intimacy carry no risk of transmitting HIV, and using condoms and spermicide can greatly reduce the risk of other activities.

(4) Parenting

Many students, gay and straight, perceive themselves as potential parents. The threat of HIV infection casts that role in doubt. Women who are infected can infect their babies, and thus, are cautioned against pregnancy. An infected man can transmit HIV to his female partner, who then can infect her child before birth.

Seropositive women need to protect against pregnancy, and many physicians advise abortion for those who become pregnant. AIDS thus makes childbearing and parenting stressful subjects requiring careful decision-making.

2. PSYCHOLOGICAL ISSUES

The threat of AIDS can lead young people to question their identity, future, and ultimate autonomy. These reactions can seriously impede psychological developmental tasks.

(1) Stigmatization

AIDS is perceived by many as a disease of drug addicts and homosexual men; it is most often sexually transmitted and therefore "dirty" in the minds of some people. The stigmatization resulting from these attitudes creates barriers to open discussion of AIDS and its prevention. Many worried students are afraid to admit their concerns or seek information.

The fear of stigmatization can be seen in student concerns about the confidentiality of medical and psychological records dealing with high-risk behaviors and possible HIV infection. Gay students fear disclosure of their sexual preference. The possibility of discrimination, resulting from such disclosure, keeps some students from seeking help. Some students fear that parents ofaculty will have access to their medical records; they may seek help elsewhere.

(2) Concern For The Future

College years are a preparation for the future, and AIDS threatens to take the future away. The fear of AIDS can affect career choices, cloud plans for graduate or professional school, and call into question the possibility of finding a mate/lover. For students with confirmed HIV infection, fear of death makes planning extremely difficult.

(3) Potential Loss Of Autonomy And Control

Students worried about AIDS fear the potential loss of autonomy and control associated with HIV infection. If they test sero-positive, they may fear being restricted from certain campus activities either informally or formally.

Students with an established HIV infection fear that physical or mental disability will lead to a loss of financial resources and, so, independence. They know that this progressive illness prompts increasing dependence on health care providers, family, and friends. Students struggling with the important developmental challenges of autonomy and identity face serious psychological problems when disease interrupts these maturational tasks.

(4) Uncertainty

All the preceding issues are bound together by a loss of certainty. When a student becomes obsessed by the fear of AIDS,

worry can have no boundaries. It becomes ever more difficult to distinguish between reasonable concerns and irrational fears. Education or serotesting alone may not resolve the conflict.

When students know they are seropositive, certainty is even more elusive. In fact, periodic reassessments of the prognosis undermine attempts by seropositive students to keep their fears in perspective. Students with symptomatic HIV infection who do not have a diagnosis of AIDS may have much greater uncertainty and anxiety over the future than students with AIDS.

3. SOCIAL AND FAMILY ISSUES

Fears of rejection can hamper a student's relationships with family members, friends, and lovers--whether the student is at risk or has an HIV infection. To ward off the possibility of rejection, some students curtail the intimacy of their relationships. If support and acceptance are withdrawn, the loss often is devastating.

(1) Family Support

The family's role can be critical to a student's success in college. Many students depend on their families for at least partial support--financial, emotional, or spiritual. For some, college is impossible without such support.

Fear of losing this support makes it hard for some students to share their concerns about AIDS with their families. Family members may interpret general concerns as an indication that the student is sexually active, homosexual, using drugs, or infected with HIV. Such interpretations can prevent an honest discussion of the student's concerns.

Students with known HIV infection face a greater threat of rejection. The stories of abandonment abound. A homosexual student may perceive the threat of rejection as a virtual certainty. He may believe that the family cannot cope with acknowledging his lifestyle and the onset of HIV infection. Infected students sometimes choose not to talk with their family until forced by significant illness and disability. When a family withdraws its acceptance, understanding, and support, the effects can be detrimental both psychologically and physically.

Some infected students choose to share information only with selected family members--those with whom they feel the closest or trust the most. This approach, however, can create great strain in the total family relationship. For example, a sister may know the student is gay, but not that he is seropositive; the father knows neither. Resulting tensions can make it impossible for a family to support the student in meaningful ways.

(2) Loss Of Intimacy In Relationships

Students who are at risk, seropositive, or symptomatic experience the threat of being abandoned by friends and lovers as well as family. Students who anticipate rejection may find it difficult to trust and gain support from others, and often change the way they relate to others. It becomes increasingly difficult for them to initiate or maintain intimate relationships.

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Gay men who have kept their sexual orientation secret and have not "come out" to most family members and friends may have special difficulty with relationship issues. At a time when these students need support and understanding just to express their sexuality, they are confronted with the threat of AIDS. Trying to separate issues of sexuality and self-esteem from simple matters of disease prevention becomes a complex ordeal in which they must overcome preconceived notions of gay sexuality and the implied risks. To deal effectively with the possibility of AIDS, gay students must not only understand routes of HIV transmission, but also accept their sexuality and assert their right to be who they are. This dual task is very difficult on campuses with no visible gay community and organizations. Even where gay organizations exist, individual gay students may feel isolated and unsupported.

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(3) Concern For Others

The desire to protect others is a strong motivator for students to seek HIV antibody testing. Students who are seropositive may feel profound guilt and anxiety over the possibility that they have infected another person.

4. PHYSICAL ISSUES

Students fear the physical and behavioral changes associated with HIV infection. The fear can be so strong that students imagine illness and misinterpret normal body changes.

(1) Fear Of Pain And Illness

The prospect of enduring the suffering brought on by AIDS is extremely frightening to students. Even students who have never known someone with AIDS have probably seen photographs of them in the media. The vision of chronic fatigue, night sweats, weight loss, fevers, and diarrhea can be a source of such fear and dread that students imagine they have AIDS at the first sign of a cold, flu, or overwork. Otherwise perfectly healthy students have convinced themselves they have AIDS simply by putting too much emphasis on the significance of daily or seasonal changes in their physical sensations. Students who are, or strongly believe they are, seropositive have endured days of worry and fear before recognizing that their body changes are normal. Concern about physical limitations and bad health and the absolute horror of

physical disfigurement can have serious long-term consequences by altering students' attitudes about themselves and warping their ability to see a secure future.

(2) Neuropsychiatric Disorders

Students also are concerned about the behavioral changes that come with neuropsychiatric disorders. It is now clear that people with HIV infection can manifest evidence of infection in the brain and central nervous system with or without signs of immunodeficiency. In fact, depression, deficits in concentration, and loss of memory may be the first signs of HIV infection. A loss of senses, motor skills, or coordination also can occur.

Many students worry about the possibility of frank dementia. Students who have witnessed a grandparent or other relative with Alzheimer's Disease know the complete mental disability dementia can bring. The realization that AIDS may hold a similar fate for them is devastating.

5. SPIRITUAL ISSUES

Spiritual issues encompass two quite different phenomena. Some students experience difficulty adopting safer sex practices because of strong moral or religious beliefs that conflict with their behaviors. Others need spiritual assistance to cope with issues of death and dying.

(1) Conflicts Between Beliefs And Behaviors

Some students who are sexually active also grew up with strong moral or religious prohibitions against premarital sexual activity, contraception, and homosexuality. If the student's beliefs remain strong, the stigmata attached to sexuality in general and homosexuality in particular can impede rational decision-making about sexual practices and prevent adoption of safer behaviors. These students may find it unacceptable to obtain condoms, allow their use, or even acknowledge sexual activity. Guilt feelings can be especially strong when the conflict between religious beliefs and behaviors is substantial.

Many of these students do not seek out information about AIDS or counseling because they cannot acknowledge the conflict between moral, religious standards and their actual behavior. When these students do come forward, caregivers need to use caution and sensitivity.

(2) Spiritual Needs

Students with HIV infection and those with infected friends may need assistance in seeking out religious and spiritual organizations that can help alleviate their grief and pain. They need resources to help them cope with the issues of disability, death, and dying. Many students are turning to religious and spiritual leaders and programs, and spiritual and self-affirming groups abound in areas where AIDS has taken a particularly heavy toll.

These groups cover a wide definition of spirituality that encompasses approaches outside traditional American belief systems. Caregivers need to give students the option of referral and not be judgmental about a student's decisions to seek support from these groups.

6. RESOURCE ISSUES

The need to find and pay for medical resources can put an enormous strain on HIV-infected students. Two factors create this strain: (1) diagnosis, treatment, and follow-up of HIV infection impose enormous costs, and (2) the financial resources a student relies on are likely to dissipate rapidly. For example, when students become ill and unable to work, they lose their income and flexibility. Many students are covered by their parents' health insurance policies, but this coverage may not be available to the student if the family withdraws its support. Many students also have coverage through student group policies, but this coverage usually is very limited.

Even when financial resources are available and adequate, students can find themselves at a loss in locating appropriate psychological and medical resources. Most college campuses do not have the facilities or expertise to deal with many medical complications of HIV infection. Students distant from urban referral centers may not know where to turn for help. When

medical resources are available, students may have difficulty coordinating them.

IV. BASIC ROLES OF THE CAREGIVER

Students will seek help from caregivers on diverse and wide-ranging issues. Any one caregiver need not respond to all these issues but can address those concerns appropriate to his or her expertise and refer students for other needs.

The overall role of the university or college-based caregiver in responding to AIDS issues entails (1) helping students cope with questions and feelings and (2) providing or arranging for needed services that help the student solve the problem or develop more effective coping skills. Six steps guide interactions with students concerned about AIDS:

- **Establish the safety of the interaction, whether it is an informal discussion or formal counseling session**--To assess and react appropriately, caregivers must first establish safety by explaining their commitment to maintaining privacy and any pertinent limitations on confidentiality. For example, resident assistants have to discuss major problems with their supervisors and deans, and may not be able to promise the same degree of confidentiality as a college counselor.

- **Help the student clarify the problem**--The presenting issue may not be clear at the outset and it is wise not to assume that the first concern presented encompasses the entire problem. For example, students who express

great concern about a fellow student's health and risk for AIDS may be equally or more concerned about their own risk. Careful, skilled listening is critical to surfacing and clarifying underlying concerns; both verbal and non-verbal cues facilitate an honest and thorough assessment.

- **Educate the student**--Giving information is a part of every encounter. Education helps sort out fears and myths, and should reduce anxiety. Knowledge about campus and community resources may be invaluable to a frightened student.

- **Provide needed interventions that fall within the caregiver's realm of skills and responsibilities**--Interventions may range from listening to counseling to educating to referring. Each caregiver needs to sort out what service he or she is best prepared to provide and learn what services are available through others.

- **Refer for those services that the caregiver cannot provide directly**--A university or college caregiver is part of a large network of campus and community resources. One key function of caregivers is to help students access that network.

- Evaluate the results of each interaction with a concerned student--Sensitive evaluation during each interaction is important. The caregiver needs to assess the student's level of comfort with the discussion and continually "check in" to be sure that communication is clear and the student's needs are being addressed.

Many different situations call for the roles described above. Section V looks at alternative caregiver responses to five student distress reactions (e.g., anger). Section VI explores caregiver responses to students in five different health status groups (e.g., the worried well, seropositive but asymptomatic).

V. REACTIONS OF STUDENTS IN DISTRESS AND IMPLICATIONS FOR CAREGIVERS

Most campus caregivers can recognize distress in students who are performing below their academic potential or experiencing difficulty in peer, family, or intimate relationships. Many have worked with students dealing with the worry and disappointment of illness. However, the terminal nature of AIDS and the fear and stigmatization surrounding HIV infection shape student distress responses in new ways. For example, if concerned students feel hindered in expressing their worries and fears to peers or family, they may not be able to diffuse their distress in these channels. Caregivers working with these students thus address both the student's concerns and the isolating effects of fear.

Some students have substantial insight into their reactions and fears; many can verbalize their feelings. Others cannot express their feelings nor manage them effectively in a crisis. The goals of a caregiver are to support whatever problem-solving skills the student already possesses as well as to provide specific helping responses.

Students reacting to the threat of AIDS usually manifest distress in at least five ways--with anxiety, anger, fear, guilt, and/or grief and depression. These reactions may occur simultaneously, in stages, and in different sequences. The pattern will differ depending on the nature of the student's concerns, health status, and coping skills. Each distress reaction has specific

characteristics. Accordingly, appropriate caregiver responses also vary.

1. ANXIETY

Anxiety is one of the most common distress reactions to the threat of AIDS. Persons not at risk can become anxious about contact with people whom they suspect are at risk. Students at risk may be anxious about any new physical symptom and past activities. Students who test seropositive may be anxious about forming or continuing a meaningful relationship.

Students may express anxiety through apprehensiveness, irritability, or hypervigilance. Physical signs of tremulousness, jitteriness, and fidgeting are common. Severe anxiety may lead to panic attacks, palpitations, dizziness, hyperventilation, and an overwhelming sense of doom and loss of control. Three examples illustrate varying manifestations of anxiety and ways in which caregivers can respond.

> A female student had an unprotected sexual encounter that she realized later was a high risk encounter. Now, she experiences feelings of panic and shortness of breath whenever she feels sexually attracted to someone.

This example calls for careful assessment of the student's needs, which may encompass education about safer sexual practices; skill-building in sexual decision-making, assertiveness, communi-

cation, and stress management; and counseling in developmental issues concerning sexual behavior, intimacy, and risk-taking. Subsequent interventions can focus in large part on helping the student develop skills that give her some control and protection for the future.

Different challenges are presented by students whose anxiety is manifest primarily as physical symptomatology. For example:

> A gay male student who has not been tested for antibody to HIV complains of persistent, daily headaches. He is convinced the headaches represent a neurologic complication of AIDS.

In this instance, the caregiver's first step is to refer the student for medical evaluation of a serious symptom--headaches. At the same time, the caregiver needs to support the student in mobilizing his problem-solving skills. For example, the caregiver can encourage the student to deal productively with his anxiety by helping the student take responsibility for seeking health evaluation. The clinician performing the medical assessment on such a student should not underestimate the depth and intensity of the student's worry. Careful, gentle education and a strong provider/patient relationship is helpful.

The articulation of anxiety and stress in physical symptoms may lead students to make frequent visits to health care providers, as in the following example:

> A female student with no personal history of sexual activity or drug use has chronic complaints of backache and fatigue. Her roommate's uncle died of AIDS recently. She visits the Student Health Service, a local physician, and her family doctor back home seeking an explanation for her symptoms.

This case highlights the need to (1) help the student clarify appropriate and inappropriate problem-solving skills for resolving health concerns, and (2) provide information directed at concerns about HIV transmission. A strong, understanding provider/patient relationship provides opportunities for addressing the real concern and managing repeated demands for active medical intervention.

2. ANGER

Anger is a normal response to loss or the threat of loss, and can be a signal of a healthy personality's response to threat. In our society, people express anger in different ways according to their gender, ethnicity, and cultural norms. Anger can be quite obvious, or well masked. It is rarely completely absent from the distress reaction of students concerned about AIDS.

One caregiver goal is to help students distinguish appropriate and inappropriate targets for anger. Examples of appropriate anger include:

- The student who feels angry at fate or God for the existence of such a devastating illness in the world

- The student who is angry over breaches of confidentiality or resentful of medical staff who treat him insensitively

- The student who resents the homophobic or racist graffiti about AIDS in the bathrooms of his residence hall

- The student who is angry about being seropositive

- The student with AIDS-related complex who finds negotiating the health care system for financial assistance to be complex, frustrating, and dehumanizing

Examples of anger directed inappropriately include:

- The college woman who is concerned about AIDS, does not insist that her partner use condoms, but then blames the partner for putting her at risk

- Students who react to their seropositivity by binge drinking or drug abuse

- Seropositive students who continue to engage in unsafe sexual practices and do not disclose their antibody status to sexual partner(s)

- Students who do not comply with plans for medical evaluation or treatment, although they understand their importance

Caregivers can suggest constructive channels for expressing anger. The channel varies with the student's risk status and concerns. Some students can use their anger for positive action -- by writing letters to the college newspaper, volunteering time for gay rights or civil liberties groups, participating in AIDS educational activities, or discussing concerns with the Student Health Advisory Committee. For other students, counseling or psychotherapy is a more appropriate channel. Many students need to work through their anger at the sexual partner presumed to have transmitted HIV to them. Counseling also can help students identify developmental conflicts (e.g, the loss of freedom and spontaneity) contributing to their angry feelings.

3. FEAR

Fear is at the core of the AIDS concern. It is profound and pervasive. It can be a significant motivation for behavioral change, but it can also immobilize or divert the individual from effective and ethical problem-solving. It can weaken relationships between people and within communities.

Fear becomes evident in many ways--by a student's withdrawal or, conversely, by aggressive or antagonistic behavior toward high-risk groups. Students may express their fears directly or, in some cases, transfer and focus that fear on concern for a friend's well-being. Fear often underlies the anxiety and anger distress reactions. Two examples illustrate caregiver responses to fear reactions.

> A student works in the college dining hall. He is fearful of catching AIDS from other students working there, especially since he thinks some of them are gay.

The student's immediate need is for education about transmissibility of HIV. His fear, however, may be partially attributable to an underlying issue--uncertainty about his own sexuality. Further discussion, counseling, and referral can help the student cope with his uncertainty.

Some situations require counseling interventions and administrative action. For example:

> A third year nursing student working in a critical care unit at the University Hospital refuses to draw blood from an IV drug user admitted after an overdose.

> A student in a first-year living area tells a resident assistant (RA) that his antibody test was positive. The RA

promises confidentiality to the student, but chooses to tell a few other students about it "for their own protection."

Leaders in every program must be sure that fear of AIDS does not justify inhumane or irresponsible behavior and that inappropriate actions are punished.

4. GUILT

Guilt can be either profoundly immobilizing or a great motivator. The most important issue for caregivers is finding ways to assist students in setting limits on guilt--by forgiving both themselves and others.

A 30 year old bisexual graduate student is seropositive. He ruminates about the women he has slept with, and worries about their future children who could be infected if he has transmitted HIV to his sexual partners.

Psychotherapy is indicated when the intensity of the student's guilt injures his self-esteem and impairs his functioning. Assistance in decision-making and values clarificaton might lead him to locate and notify his partners.

Students who have strong personal or family religious beliefs that prohibit premarital sex or homosexuality may feel a profound spiritual guilt if their behavior is not consistent with their

beliefs. Counseling can help the student find a way to resolve the conflict and adopt congruent behaviors and attitudes.

5. GRIEF AND DEPRESSION

Students can express grief and depression through sadness, sleep disturbances, changes in appetite and weight, and poor concentration. The caregiver must evaluate the duration and intensity of the grief response to distinguish between normal grieving and clinical depression.

> A female student begins to discuss serologic testing for HIV and becomes tearful and sad when reliving the unresolved and highly conflicted ending of her relationship with a bisexual man.

Here, the caregiver can assist the student in pursuing the unfinished grief work of the former relationship, while providing support and information for making a decision about HIV antibody testing.

> A male student whose gay older brother died of AIDS just two months ago has failed a major examination in a favorite class; he describes great difficulty in sleeping and concentrating and wishes he had talked more openly with his brother before he died.

In this situation, the caregiver can provide counseling on grieving and refer the student to special support groups comprised of people grieving for others who have died of AIDS. The caregiver needs to emphasize that this grief process is normal and allow the student to work through his feelings about his brother's sexuality and illness.

Sometimes, the appearance of true depression demands psychotherapy:

> A gay male student is very worried about AIDS and has not been tested for HIV antibody. He is popular but gradually withdraws from his friends and activities. Once an enthusiastic spokesman for other gay students on campus, he is now cynical about gay life and morose about his own future. He loses interest in his studies. He was healthy, and his friends worry because he is losing weight and looks exhausted. They insist that he seek help, but he does not think it will do any good.

The caregiver can help this student through skill-building and counseling. Specialized evaluation and therapy for depression also are required.

It is not uncommon for students faced with the realities and uncertainties of AIDS to contemplate suicide--especially when they have just learned they are seropositive or that some symptom represents HIV infection. Any verbalizing or behavior associated

with suicidal ideation should alert all caregivers to the need for quick and expert assistance.

> A male undergraduate who comes from a well-to-do family is an officer in a campus fraternity. He defines himself as hererosexual and frequently has dated popular and attractive women. He has, however, had covert sexual contacts with other men off campus and just learned that he is seropositive. Within the past week, he gave away many of his significant possessions. Yesterday, he returned a sentimental gift from his girlfriend.

The caregiver needs to focus immediately on this student's aberrant behavior and find out if he has thought about hurting himself. The caregiver also needs to refer the student immediately for professional evaluation; if the student refuses evaluation, the caregiver should seek assistance from a mental health professional or crisis intervention center.

VI. WORKING WITH STUDENTS IN DIFFERENT HEALTH STATUS GROUPS

Patterns of psychosocial issues differ according to the student's health status. For example, a worried student who is not at risk may be afraid of catching AIDS. A student with symptomatic HIV infection experiences great ambiguity and fear and the loss of relationships.

Appropriate caregiver responses differ accordingly. Students in each health status group require education and counseling interventions, but the emphasis varies. Interventions with students not at risk focus on education. Interventions with students who have symptomatic HIV infection focus on counseling.

Differences in student health status are reflected by five subgroups of students: worried students who are not at risk; worried, healthy students who are potentially or actually at risk; seropositive but asymptomatic students; students with symptomatic HIV infection; students grieving for others.

1. WORRIED STUDENTS WHO ARE NOT AT RISK

This group includes students who are not at risk but who express concerns about fear of contagion or about actual or potential HIV infection in a friend or family member. Students concerned about others usually are worried about their own risk of infection as well, though they often do not express this worry at first.

The caregiver's most important response is education. Discussing the actual modes of HIV transmission will reassure many students who worry about a gay roommate, a food service worker thought to have AIDS, or a classmate who uses the same toilet. Where concern focuses on a specific friend or family member, the student also needs information about the meaning of certain physical symptoms, test procedures and results, and progression of the disease.

Counseling can supplement education in three circumstances. First, students concerned about a person with HIV infection often are uncertain about their own responsibility to help. They want guidance on what to say, how to act, and whom to tell. Special difficulties and conflicts arise when the student is concerned about a family member or someone who is very important to the student. The caregiver then needs to help the student work through fear, anger, and grief before he or she can approach the infected person with understanding and sensitivity. The caregiver also can identify resources on campus or back home.

Second, counseling may be warranted when fear of contagion is based on prejudice. Some students have a deeply rooted prejudice and disdain for people who have AIDS or are seen to be at high risk -- especially gay men. Other students may hold strong religious or moral convictions that create prejudice. Caregivers need to help these students understand and respect the rights and needs of others. This can be exceedingly difficult because students with strong convictions commonly do not see their own

attitudes as biased or problematic. Thus, they may refuse referral or discussions about the prejudice.

Third, counseling may be warranted when the root cause of fear and prejudice is uncertainty and ambivalence about one's own sexuality or shame about a past sexual act. Getting to this level of discussion requires several contacts with the student, much patience, and careful, empathic listening.

Whenever a caregiver recognizes prejudice, an important goal of the intervention is to re-educate the student and discourage spreading of misinformation or rumor.

2. THE WORRIED, HEALTHY STUDENT WHO IS ACTUALLY OR POTENTIALLY AT RISK

The caregiver's first priority with students who are actually or potentially at risk is encouraging them to deal realistically with AIDS-related issues--whether or not they have been serotested. Caregivers provide education and counseling to help these students assess their own current and historical risk, the results of antibody testing, and the future of sexual relationships. Some students will refuse the antibody test; the caregiver's task is accept a student's decision about testing and respond to his or her needs, with or without the additional guidance provided by test results.

(1) Risk Assessment And Serologic Testing

Risk assessment requires knowledge of behaviors that involve risk. It also requires clear knowledge regarding the purpose of the antibody test, its limitations, implications of test results, test availability, and local laws governing confidentiality of results.

The caregiver's first task is to obtain a careful medical, sexual, and drug use history. These data help a student decide about antibody testing, and help caregivers identify root problems. Subsequent tasks involve educating the student about risk factors and the test, and counseling the student about decisions regarding the test and risk reduction.

Blanket recommendations about testing are not particularly helpful to students in deciding whether to take the test. Students benefit more from an individual assessment of the value (and hazards) of testing. This assessment involves exploring the student's feelings about being tested: "Imagine that your test was positive." or "Suppose you were surprised by a negative result--what would you do?" or "Have you talked with your partner about your getting tested?" For women, the risk of perinatal transmission creates extra considerations about testing; caregivers should encourage a woman to take the test if she might have HIV infection and is considering pregnancy. If the woman is seropositive, she then needs information and counseling on how to protect against pregnancy.

(2) Prevention of Transmission

When a student's behavior creates a risk of spreading HIV to others, caregivers must encourage that student to take precautions aimed at preventing HIV transmission. This guideline applies whether or not the student has been tested for HIV antibody.

The educational and counseling messages to a sexually active student are the same: practice safer sex techniques in all sexual encounters. The caregiver's tasks include: (1) conveying information about condoms and other safer sex practices; (2) counseling worried students to be assertive in sexual relationships and to "negotiate" for safer sexual practices, and (3) educating students about the effects of drugs and alcohol on judgment, and counseling their exclusion from situations where sexual activity is possible.

Students may show great developmental and behavioral resistance to implementing safer sex practices. These practices require that students accept responsibility and accountability for their actions and decisions. Their ability to do this, in turn, depends on their confidence and self-esteem. For example, learning assertiveness skills may be difficult for students who have trouble acknowledging their sexual activity and for those who feel isolated and worthless when they are not involved in intimate relationships.

Caregivers need to promote the developmental tasks of building confidence and self-esteem if students are to protect themselves and others. Support groups for people worried about AIDS offer a forum where students can explore issues of confidence and self-esteem in the context of their specific concerns about AIDS. assist students in dealing with some of these issues. Caregivers can assist by confronting unrealistic beliefs and assumptions and by encouraging a responsible attitude toward risk reduction.

3. STUDENTS WHO ARE SEROPOSITIVE BUT ASYMPTOMATIC

Asymptomatic students with positive HIV tests worry about their lives, their futures, their relationships, and their risk to others. They fear illness and isolation, crave control and hope, and need confidentiality and support. Caregivers can provide support, counsel, and referrals.

(1) Interpretation Of Test Results

Students need to understand that a positive test is not a diagnosis of AIDS. They need to work through the distress and uncertainty inherent in medical ambiguity about the future significance of a positive test. The goal is for students to move away from the feeling that AIDS is inevitable, and toward the point where they hold on to control and hope in their lives.

(2) Counsel On Sexual Relationships

Seropositive students face the difficult task of approaching their seropositivity realistically--especially in their intimate relationships. Some seropositive students will choose to be celibate. Those who remain sexually active must decide about informing sexual partners of their test results. They also must take consistent precautions to prevent HIV transmission.

Caregivers can assist by promoting the maturational tasks that underlie responsibility and autonomy. They can help students explore resistance and work out strategies focused on talking with partners, avoiding unsafe sexual activities, and using condoms and spermicide whenever they have vaginal or anal intercourse. Caregivers also need to educate students about different kinds of condoms, spermicides, and lubricants. Students must be told how to put a condom on properly, how to lubricate it, how and when to remove it, what to do if the condom breaks, and how long condoms can be stored. Caregivers who cannot provide this information themselves can refer students to other resources. In any event, iis important to encourage seropositive students to establish open relationships with trusted health care providers, to advise them of their rights and responsibilities as patients, and to guide them in selecting sensitive and capable clinicians.

(3) Suicidal Ideation

Isolation, fear, and the loss of self-esteem can combine to bring thoughts of suicide to seropositive students. The caregiver should anticipate these feelings, assess their presence, and be ready to deal with them directly in therapy or by referral.

(4) Support Groups

Isolation is a desperate problem for seropositive, asymptomatic students because no one should have to cope alone with adjustments and fears of this magnitude. The caregiver can identify support groups, facilitate formation of such groups where they do not exist, and seek to overcome the student's resistance to sharing pain and uncertainty with others.

(5) Strategies For Self-help And Personal Health

The seropositive student often feels out of control and at the mercy of forces, probabilities, and prejudices. The caregiver can help these students establish a sense of control by encouraging and empowering them to approach their seropositivity realistically. For students, this means doing all they can to promote their own good health and avoiding the behavioral or medical cofactors that may make symptomatic HIV infection more likely. Strategies for promoting good health include regular exercise, sensible management of stress, good nutrition, moderation in

alcohol use, and avoidance of recreational drugs and unprotected sexual relations.

Caregivers can help the seropositive student develop attitudes and strategies that support behavior change, promote good health, and improve self esteem. Caregivers may find it helpful to refer the seropositive student to resource that emphasize self-determination, including for example, self-help groups that teach stress reduction techniques, physical exercise, nutrition, and disease prevention. Some students will choose and profit from alternative strategies such as self-hypnosis, meditation, and massage.

The seropositive student feels many of the psychological, social, sexual, physical, spiritual, and economic issues and conflicts described earlier. Accordingly, the student's tasks are to establish control and hope and to change behaviors. These issues and tasks suggest a tremendous adjustment and a serious need for support and counsel. Seropositive students often harbor fears which good listening and patience will elucidate. Some fears will yield to education; other fears require counseling or psychotherapy. The student's need for realism in relationships and personal health strategies emphasizes the need for work on self-esteem and responsibility.

4. STUDENTS WITH SYMPTOMATIC HIV INFECTION

The concerns of worried well and seropositive students are also issues for students with AIDS or other symptomatic forms of HIV infection. Symptomatic students who do not meet the AIDS diagnostic definition live with great ambiguity and fear. "Will I get AIDS?" and "Who will take care of me if I do?" become pressing questions. The multiple losses and fears, changes and adjustments associated with AIDS touch these students deeply. For students diagnosed with AIDS, anticipation of grief and death are real.

(1) Sorting Concerns

Each symptomatic student has a hierarchy of losses, fears, and changes where some issues are more difficult to cope with than others. For some, the loss of good health is predominant. For others, the loss of good looks, childbearing potential, or independence are more staggering. For example:

> A female student with AIDS-related complex may grieve about children she will never have and the loss of this major female role.
>
> A male student with progressive lymphadenopathy syndrome caused by HIV requires frequent medical follow-up. He may become fearful of his increasing dependence on clinicians.

Caregivers can assist symptomatic students in sorting out the most troubling and pressing changes, losses, limitations, and disabilities.

(2) Social And Economic Realities

Many student concerns arise from the social and economic realities of AIDS: stigmatization, insurance problems, loss of employability, and discrimination. The caregiver can identify resources for legal, financial, and medical assistance or refer the student to others who can provide access to these resources.

(3) Relationships

Relationships pose painful issues for symptomatic students. When first diagnosed, students need to discuss the likely reactions of friends and family. They also need assistance in marshalling resources and strengths to deal with family members, sexual partners, and intimacy. Caregivers can assist symptomatic students by creating a safe environment for discussing these issues, and by identifying and normalizing their emotional reactions, fears, and uncertainties. The caregiver also can work to educate family and friends in the hope of bringing more support and affirmation to the student.

(4) Grief And Death

Symptomatic students experience fears of death and dying. The caregiver can help these students explore and verbalize fears of

death. Support groups can be of tremendous value in this anticipatory grief work. It is important to anticipate and respond effectively to suicidal thoughts.

5. STUDENTS GRIEVING FOR OTHERS WHO HAVE DIED OF AIDS

Students need assistance when a significant person in their lives dies of AIDS. They may still have questions about AIDS and its transmission and, so, may benefit from education. Counseling, however, is the primary intervention.

Most students work through the predicted grief stages, but this process is likely to be unusually difficult because of the stigma attached to people with or at risk for AIDS. The caregiver can anticipate anger, guilt, and embarrassment as students discuss their grief and reactions to the disease. Thereafter, the caregiver can help the student move toward a peaceful, affirmative view of the lost person. Some locations offer support groups organized specifically to help people grieving for others who died of AIDS.

VII. REFERRAL TO OTHER RESOURCES

The caregiver can serve in a key role by providing access to a broad network of campus and community resources. The network will include a diverse array of other caregivers because AIDS issues are complex and touch upon almost every aspect of college and university life. As a gatekeeper, the caregiver can help students thread through the labyrinth of resources by letting them know where they can go for help.

(1) The Nature Of Referrals

The type of referrals made varies according to the student's needs, the caregiver's expertise, and the availability of other campus and community resources. Caregivers need to establish and maintain a roster of individuals, campus offices, and agencies who can help. Given the sensitivity of AIDS-related issues, it is important for the caregiver to identify concerned staff at each resource point who can accept and deal effectively with students' concerns about AIDS. Caregivers can help students prepare for the referral visit by letting them know if they have had experience with the agency referred to and whether the referral constitutes an endorsement of the agency's work.

The roster of referral resources also should include local, regional, and national hot-lines, in the event some students want to discuss their concerns anonymously. These telephone numbers

should be displayed prominently so that students can get the number without having to ask someone.

(2) Timing Of Referral

Deciding when to suggest a referral depends largely on the student's need for confidentiality, urgency of the issue, and the caregiver's expertise on the presenting issue. Two examples illustrate different ways of timing a referral.

> A student goes to her resident assistant because she is worried that her sexual encounter last night may have exposed her to the HIV. Properly assessing the seriousness of her concern, the resident assistant first calls and then accompanies the student to the counseling center--rather than simply telling the student to call and make an appointment.

> A gay student who has not disclosed his sexual orientation is worried about his unknown HIV health status. He is so concerned about privacy that he has postponed testing and counseling. He finally seeks counseling from a resident assistant; this caregiver opts to delay a referral for testing for a short time until he can gain the student's trust.

VIII. MINORITY AND CULTURAL ISSUES

Campus caregivers will attend to the needs of students whose ethnicity and cultural backgrounds differ greatly from their own. Language and cultural barriers can impede communication and, so, the caregiver's effectiveness in addressing the fears and concerns of minority students.

Some students may use terminology that confuses the caregiver. Slang expressions for sexual acts often translate poorly into standard English. Students may be embarrassed or unable to explain what the words mean. Caregivers, in turn, may feel uncomfortable admitting that they do not understand the student's meaning and so hesitate to seek clarification. Caregivers need to learn slang terms and develop a sense of comfort and confidence that permits full communication. Otherwise, the caregiver may miss valuable information. For example, a counselor who was unfamiliar with the slang term "bent over" would not realize that a student was referring to anal intercourse.

Students from certain cultural backgrounds may have very structured beliefs about appropriate sexual behavior, sex roles, and the responsibilities and prerogatives of men and women. Caregivers must find ways to work with and through these belief systems to deal with a student's concerns.

The basic task for caregivers is to learn about cultural norms and terms regarding sexuality, sexual behaviors, and drug use. This knowledge helps prepare caregivers for meeting the needs of students with different personal and social value systems.

(1) Outreach And Responsiveness

Many minority students feel that campus resources have not been supportive of their needs. Therefore, caregivers need to target outreach activities on resources that will encourage minority students to use AIDS-related services. Caregivers can "network" with representative students and student organizations, both to elicit their involvement and to ensure that services are responsive to diverse student needs. Enlisting caregivers of various ethnic and racial backgrounds may remove barriers for some students.

(2) Resources For Working With International Students

When working with students from other countries, caregivers can identify special needs by consulting resources of the campus International Student Center or Association. Caregivers can draw on experiences of the Center's professional staff to gain understanding of particularly sensitive and difficult issues for these students. Meeting with international students in the Center may increase student comfort in addressing AIDS-related concerns.

IX. ISSUES AND RESOURCES FOR THE CAREGIVER

Caregivers in university and campus communities face many special demands when they choose to respond to students' concerns about AIDS. Each caregiver also has special resources. The foremost resource is the caregiver's own expertise and experience, applied to students' needs in the context of concern for their psychological and physical well-being. Another important resource is the campus network of other skilled, concerned providers.

1. SPECIAL DEMANDS ON CAMPUS CAREGIVERS

Being the "AIDS person" on campus creates demands. Caregivers who are formally or informally identified as support resources for students concerned about AIDS must cope with the new role of being the "AIDS person". Implications of this role can include the following:

- As the number of concerned students grows, so the time commitment and stress of this role expands.

- Caregivers will find themselves in situations where they face sexual preferences, behaviors, attitudes, and language quite different from their own. These situations require that caregivers are comfortable with their own sexuality and willing to accept without judgment the differences in others.

- Male caregivers who are identified as "AIDS people" may have to deal with assumptions by colleagues or students that their involvement with AIDS means they are gay. Isolation and stigmatization can become issues faced by caregivers as well as students.

Clearly, caregivers dealing with the intense and emotionally loaded issues of AIDS in student populations are under considerable stress. They are vulnerable to the full range of human emotions surrounding AIDS--both the fear and compassion. For example, dealing with grief and loss are recurring issues for caregivers working with AIDS. Students serving as caregivers often have an especially difficult adjustment to these issues, because they have not completed their adult maturational task and frequently have not yet confronted death in their family members.

2. PREPARING CAMPUS CAREGIVERS

Campus caregivers can prepare themselves to work with concerned students in several ways:

- Understand your own feelings and attitudes about sexual preferences, behaviors, and drug abuse.

- Understand your own fears about contracting AIDS from students or staff.

- Prepare yourself to handle the stress of working with students who have pressing concerns about AIDS, who do not get well, or whose outcome is uncertain.

- Acknowledge the difficulty of facing a terminal disease, and the harder task of focusing on the role of alleviating symptoms.

- Keep current on the literature about AIDS, transmission risks, and signs and symptoms.

- If you do not feel prepared to help students with concerns about AIDS--for whatever reason--obtain training or refer the student to another caregiver.

Adequate support for caregivers--personally and professionally--is vital not only for their own continued health and professional satisfaction, but also to ensure the quality of care they provide to students. The network of campus and community resources can be a particularly valuable source of such support. The network can:

- Provide structured opportunities for caregivers to discuss their work and ventilate their feelings with other caregivers in a supportive atmosphere. (In larger institutions, support groups may facilitate these interactions.)

- Promote development of a rational, comprehensive institutional policy about AIDS.

- Develop a program for educating caregivers about AIDS before a crisis occurs on campus.

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