Although the rate of AIDS mortalities in the United States is declining, new HIV infections continue to occur and create life challenges for those infected with and affected by the virus. The face of AIDS is changing. In earlier days of the pandemic in the United States, the virus was linked to the gay population, primarily white males engaging in sex with other men. Currently, epidemiological data show that African American women who contract HIV through heterosexual relationships are the largest source of new infections. As the face of people living with AIDS changes, so do our social work interventions need to adapt to the change.

Group interventions for HIV-positive people and HIV-affected people (family, friends, and caregivers of people who are infected) occur in a variety of settings. They are most commonly held in AIDS service organizations, connected to infectious disease units in hospital settings, sponsored by county health departments, or operated through churches or other religious-based groups. Because of the way that HIV/AIDS affects an individual’s health, it is uniquely important for the group leader to coordinate with medical professionals, nurses, nutritionists, and others in order to track group participants’ health challenges. In most cases, group involvement should augment, not replace, other medically based services. It is recommended that group leaders have a general medical knowledge of the HIV/AIDS disease progression and understand how it relates to the psychosocial dimensions of the condition, although it is not necessary to be an expert (Smith & Curell, 1998).

A diagnosis of HIV carries with it an array of psychosocial concerns. Stigma around disclosure is common, and it is not unusual for individuals to lose their social support networks. From an empowerment perspective, because isolation and loneliness are common psychosocial outcomes for people living with HIV/AIDS, group work is generally a favorable option (Mancoske & Smith, 2004).

Although groups can be effective with all subgroups of people living with HIV/AIDS, there are a few populations that are especially suited for group work. Adolescents who are infected or affected have positive group experiences due to their tendency to turn to peers for guidance at this developmental stage (Mancoske & Smith, 2004). Gay men also do well in homogeneous groups because they may have family-of-origin networks and social support networks
that are characterized by rigidity or hostility. Positive relationships built in group settings can become a type of “family of choice” and reduce feelings of estrangement or isolation (Mancoske & Smith, 2004). Furthermore, groups have been shown to provide benefits including symptom decrease, improved quality of life, reduced emotional distress, and a sense of finding meaning in life (Mancoske & Smith, 2004). Leserman, Petitto, Golden, Gaynes, Gu, Perkins, et al. (2000) reported that stress and denial speed up the progression of HIV, and evidence-based practice certainly indicates that support group interventions are essential components of HIV/AIDS care.

Social workers interested in doing group work with people living with HIV or AIDS must decide at the outset what kind of group it will be. The group may be open ended or time limited; it may be psychoeducational or based on mutual aid (i.e., a support group). When one is choosing a location for the group meetings, extra care must be paid to accessibility. There is an axiom in the field of AIDS work that says, “If you aren’t poor when you are infected with HIV, you will become poor because of it.” Since the axiom often proves itself true, groups should be held at locations close to public transportation. Due to the physically debilitating effects of the disease, easy handicapped and wheelchair access is a necessity (Smith & Curell, 1998). Aronstein (1998) identified some specific accommodations for HIV-infected clients. He recommends using overstuffed chairs and keeping the group meeting room well heated, since being cold or uncomfortable can be a barrier to success. Due to a phenomenon called wasting, people with AIDS are often struggling to keep weight on, and this may cause them to feel cold and be uncomfortable sitting on chairs without padding. Perhaps the most important feature of the location of the group is that provisions should be made for maximizing privacy (Smith & Curell, 1998). Group members may experience anxiety at the prospect of being recognized by others in the area, thus having their HIV-positive status revealed without their consent.

Group composition for people with or affected by HIV/AIDS can vary depending on need. Infected and affected people can be mixed, as they can provide support to each other, or they can be separated into more homogeneous groups, with a more specific focus on relevant issues. Groups for recently assimilated Latinos with AIDS are commonly held in Spanish, and culture-specific groups also exist for African American males and females. One recommendation is that groups not be segregated based on method of transmission of the virus. Efforts should be made to minimize stigma around the method of infection. Regarding stage of illness, those who are newly diagnosed with HIV can meet separately from those with a diagnosis of AIDS. However, it is also helpful to conduct mixed groups so that the newly diagnosed can learn important skills such as antiretroviral medication adherence from those who have been living with the virus for many years.
Group leaders working with people living with HIV/AIDS must be aware that group members may be subject to revolving-door hospitalizations and even to death. Groups focusing on HIV/AIDS typically enjoy a high level of cohesion due to the fact that many of the issues discussed there are not addressed elsewhere in the members’ social networks. Therefore, when members become ill, are hospitalized, or die, the group will likely have a strong reaction. Sometimes the death of a group member draws the group together and opens the door for deeper discussion of members’ fears and sadness about their own situations. Group leaders should be prepared for these events and help the group normalize their grief reactions.

**Exercises**

**Exploring Our Biases**

**Objective**

To explore biases and prejudices that may affect your work with those who are culturally different.

Most of us, whether we admit it or not, have internalized prejudiced beliefs. It is nearly impossible to have grown up in a society that is inundated with sexism, racism, classism, anti-Semitism, and homophobia and not have been influenced by these ideologies and beliefs. Exploring our biases and prejudices is one of the most painful things we can do, but one of the most liberating as well. When we recognize the influence of these often subtle beliefs, we can work to ensure they do not affect our group leadership. To deny possessing these thoughts gives them power over our leadership style by robbing us of our most important tool, our self-awareness.

**Writing and Reflection**

Since these are often difficult issues to address, complete these questions in a place where you feel safe. If you do not wish to keep the answers in this workbook, you may write them on a separate piece of paper and, if you wish, destroy it when you are done.

1. Think of the different ethnic groups in your community. What have you come to believe about them that may not be true?

2. Do you have any thoughts or beliefs about certain ethnic or cultural groups in your community that automatically come to mind when you are in their presence?
3. Are you uncomfortable around certain groups of people? What feelings do you have around them?

4. How is your behavior different when you are around members of different ethnic or cultural groups?

5. Do you have any beliefs about men or women that may be overly generalized or untrue?

6. Are you comfortable around people who are gay, bisexual, or transgender? What beliefs do you have about people who are members of these groups?

7. Are there any groups with whom you may be uncomfortable working? How might this affect your social work practice?

**Empathic Understanding of Losses**

**Objective**

To develop empathy for difference

**In-Class Exercise**

Conduct this exercise in small groups in class. This activity can also be done in a therapeutic group, to teach empathy. Pass out five index cards to each person. Instruct everyone to write on each card one of the top five things they value in their lives. Examples could be their relationship with their spouse or parents, their home, going skiing, their faith and church involvement, their pet, spring break vacations, spending time with friends, taking care of their car, or watching their children grow up. There will likely be a wide variety of responses. Next, each person holds the cards up to the person on his or her left and asks that person to pick a card. The group is then told to imagine that this element in their life is gone (e.g., they no longer have their home, a particular relationship, or the ability to go skiing). They are told to examine what it would feel like to experience this loss. Then, they are asked to turn to the person on their right and ask that person to pick a card. They then internalize this subsequent loss. Draw an analogy to what it is like to be diagnosed as HIV positive or as having AIDS. With these determinations come losses of jobs, homes, friends, relationships with family, abilities to do activities, health, financial security, and often plans for the future. This activity is also appropriate for developing empathic understanding of what it is like to be elderly, placed in an assisted living facility or a nursing home, or seriously disabled.
Writing and Reflection
1. What did you write on your five index cards?
_________________________________________________________________

2. What cards were taken from you?
_________________________________________________________________

3. How did you feel when these cards were taken from you?
_________________________________________________________________

4. How would your life be different if you truly did lose these two elements of your life?
_________________________________________________________________

Class Discussion
1. This chapter advises against categorizing HIV/AIDS group members according to their method of transmission (e.g., intravenous drug use, sex between two men, sex between a monogamous heterosexual couple, mother-to-child transmission). Why do you think this advice was offered? Do you agree? What would be the consequences of separating clients in this manner?
_________________________________________________________________

2. This chapter mentions that the face of AIDS has been changing from primarily a disease of gay white men to one that affects heterosexuals as well, particularly African American women. How might this shift in the client population manifest in group membership? How might a group leader need to adapt to this shift?
_________________________________________________________________

Understanding Our Cultural Identity

Objective
To develop an increased sense of your own cultural identity
_________________________________________________________________

By learning to understand their own cultural identity, social workers develop a sense of how cultural factors affect our behavior. This is especially important for group leaders, who often lead groups with members of various cultural groups.
Writing and Reflection

The questions below are meant to be written exercises. They may also be discussed in dyads, in small groups, or with the entire class.

1. Describe your cultural and ethnic origin and identification.

_________________________________________________________________

2. In what ways is your culture important to you?

_________________________________________________________________

3. What are the key values of your culture? How might these values differ from the values of other cultures?

_________________________________________________________________

4. How might these differences in values lead to conflicts with others?

_________________________________________________________________

5. How does your cultural background influence your behavior in groups?

_________________________________________________________________

6. Describe a time when you have felt different, or like an outsider. What was it like? How was your behavior different in this situation than in other situations?

_________________________________________________________________

7. How does your gender affect your behavior in groups? How does it affect your behavior toward those of the same and different genders?

_________________________________________________________________

8. What religious or spiritual issues affect your behavior in groups?

_________________________________________________________________

Discuss a few ways that you can become more in touch with your cultural background.