Introduction: Special Issues for Adolescents with HIV

Although there is no single definition, adolescence is considered to be “a stage of life that begins somewhere around the onset of puberty and ends sometime when the individual obtains adult rights, responsibilities, and recognition by family, law, and society”\(^1\). There is a range of influences that can have an impact on the development, coping, achievement, and social functioning of the adolescent. These influences include: biology, family, and community. Adolescents who have a chronic illness, such as HIV infection, are in need of a comprehensive clinical assessment that takes into account the influences that can be a help or hindrance to effective coping and adjustment.

Family factors that can influence adaptation of the adolescent into adulthood include: parental styles, parental behavior, cultural issues, parental-adolescent conflict, and intergenerational and marital conflict. Community factors that can influence this adaptation include: peer pressure, neighborhood norms, the media, and the school system and environment. Adolescents with HIV have the additional issues of stigma and discrimination that may be a factor in the onset of emotional responses to HIV disease, which may require therapeutic intervention. The psychological and social issues faced by adolescents with HIV disease are complex, requiring careful and supportive assessment and intervention that take into account all of the above influences.

Health professionals working with adolescents must be cognizant of the difficulty in discerning psychological, behavioral, and emotional responses that are normal versus abnormal in response to a life-threatening illness. Conducting a targeted and comprehensive biopsychosocial assessment to determine the possible contributors to these responses and approaches to intervention is the key challenge to mental health and primary care health professionals working with this population. Skilled clinicians must be able to ascertain the occurrence of “normal” responses to a life-threatening illness and those responses that indicate psychopathology requiring therapeutic intervention. A comprehensive treatment plan for the adolescent manifesting emotional and/or behavioral issues involves intervention for the adolescent and his/her family. Working directly with the school system, clergy, extended family, and other significant people may be needed in developing an approach that can be effective.

Identifying and describing “dysfunctional” adolescent behavior is difficult and complex. In some cases, youth with similar behavioral or emotional responses are identified by their involvement in different community systems that give different labels to similar behaviors (i.e., child welfare, juvenile justice, or mental health). Researchers have distinguished between psychiatric disorders (diagnosable disorders, such as anxiety, mood, substance-related, adjustment or

---

disruptive behavior disorders) and problem or at-risk behaviors (such as drug and alcohol use, truancy) as well as delinquency (committing unlawful acts). Problem or at-risk behaviors and delinquency require intervention.²

Adolescents with HIV may enter the care setting with a variety of issues. One of the clinicians’ tasks is to ferret out the most significant problems on which to focus the intervention and treatment. In most cases, the primary problem will surface within the assessment process and secondary problems may also be apparent. Other problems may need to be set aside in order to focus on the problems and issues that are interfering with the adolescents’ current life functioning and engagement in and maintenance of HIV treatment.

Interventions for mental health issues in the adolescent with HIV should be selected on the basis of the client’s needs and the treatment providers’ therapeutic repertoire. The broad range of therapeutic approaches to adolescents with mental health issues includes specific modalities, such as, cognitive, behavioral, pharmacologic, family-oriented, and solution-focused brief therapy.

This series of adolescent mental health documents provides primary care and mental health clinicians with tools to understand key issues in assessing anorexia nervosa and bulimia, depression, and gender identity issues in the adolescent population.