

# HIV Risk Reduction

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## Delivering HIV Diagnoses: Taking Care of the Messenger

**W**hen it's time to deliver an HIV+ test result, there is no way to put a good spin on the news.

While healthcare professionals are indoctrinated in patient protocols, how do they care for themselves in this situation? Bearing bad news can create an emotional burden that lingers long after delivering the diagnosis.

"Whether you've given one HIV+ diagnosis or 100, it never gets easy," says Dr. John Blevins, a professor at Emory University Rollins School of Public Health. With experience in HIV counseling and education, as well as a doctorate in theology, Blevins works in the school's Interfaith Health Program, which promotes vital learning at the intersection of faith and health.

While Blevins says it is perfectly normal and understandable to experience concerns or fears, it requires acute self-awareness to keep stress in check and maintain professional boundaries. He offers practical advice for delivering the news and taking care of yourself during the process, the secret signs of burnout, and what to do for stress relief.

### Delivering a Diagnosis

An important component of self-care is knowing how to perform your best professionally. When delivering HIV+ results, the information shared "changes a client's life in a profound way," he says. Whether informing a client of preliminary results from rapid testing or confirmatory results from a Western Blot test, "give results quickly and in a straightforward manner," he recommends. "Cut to the chase and do so in a compassionate, matter-of-fact, low-emotion manner."



*John Blevins, MDiv, ThD*

**A** creative thinker in the fields of theology, psychology, and public health, Dr. John Blevins is uniquely qualified to address the spiritual side of HIV work. Dr. Blevins has worked as a chaplain to persons with HIV/AIDS in Atlanta and Chicago and as a pastoral counselor since 1999. He serves as a consultant for the Emory School of Medicine in the fields of mental health, substance abuse, and HIV. He also serves as a clinical consultant to various HIV public health programs around the southeastern United States, the Centers for Disease Control and Prevention, and the Council of Churches of Zambia.

- With rapid test preliminary positive results you might say, “I am here to share the results from your sample, and your initial test came back reactive. We need to do some follow-up tests to see what that means. I’ll stay with you as long as you need to answer your questions.”

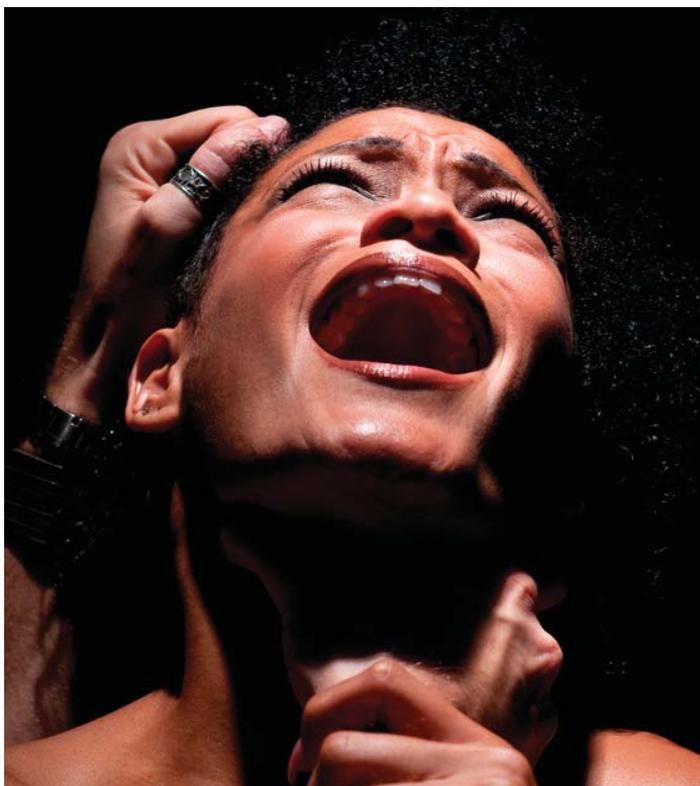
- In delivering results from a Western Blot test, you might say, “I know you are here to get the results of your confirmatory HIV test. It did come back positive, which means that you do, indeed, have HIV.”

### Coping with Reactions

What happens next completely depends on the client’s reaction. Tears, anger and, sometimes, no emotion are common responses. “Take the patient’s lead and respond appropriately,” says Blevins.

- Crying: “If they start to cry, don’t try to stop the tears,” he says. “Let that emotion be expressed, and let them know that you’ll be there as long as you are needed.”
- Anger: “If a patient has an angry reaction, your first job is to protect yourself if it is directed at you,” says Blevins. “It’s wise to set up the office so that that the client doesn’t sit between you and the door. Personally, I’ve never had to escape when someone got angry, but I wouldn’t want to be caught in that situation.” Anger is a natural reaction – the client may be mad at themselves or their partner. As long as they are not moving

toward violence, let them express their feelings and support them, but it’s not the right time for a heavy psychotherapy session. If you feel they will harm themselves or others, you are obligated by law to issue warnings.



*If they start to cry, don’t try to stop the tears.*

- No reaction: If someone seems unconcerned, “It’s not your job to get them to have the best emotional reaction,” explains Blevins. “You don’t need them to panic or move into an action mode. The patient will have the rest of their life to figure out what it means to them; they are not going to figure it out in your office.” Sometimes, nonchalance is a defense mechanism. It serves a purpose psychologically and you could do a disservice

to the patient if you take away this method of coping in that moment.

### Overstepping Bounds: The Secret Signs of Stress

Self-care does not stop once the encounter ends. In fact, the emotional impact of that moment – or the collective force of this kind of work, can cause lingering stress. Sometimes, professionals cope by overinvesting in their jobs or stretching boundaries with patients.

“This is hard to spot because some of the signs

of unhealthy overinvestment actually feel good to you emotionally,” says Blevins. “You may go above and beyond the call of duty to feel you really made a difference with a patient, and they are grateful in return. You may stay late at work, come in on week-ends, share your cell number with a patient, or accept calls at home.

Another way this might be expressed is by doing things for patients that they should be doing themselves, which Blevins characterizes as co-dependence. “Recognize that co-dependence comes from a place of pity.” Feelings could manifest in the following way: “I have to help you because you can’t do this yourself. I have to get in the middle of your life and I’m doing a lot for you.” “It is not your job to rescue or save someone,” Blevins says. “That’s a dangerous point of view.”

On the other hand, “Compassion is empathy for someone going through a hard time. You are concerned because you are a caring human,” he says. In this case, “you don’t think the client is powerless. You don’t think they are not able to do for themselves. A compassionate response is not the same as thinking someone doesn’t need help. You still offer a full spectrum of services – but you are not THE one who will save them and be the answer to every problem in their life.”

“If you do things for some patients and not for others – that’s an unhealthy sign,” he warns. “Ask yourself if you are equitable in the way you treat clients – or if you’re playing favorites. If you find yourself engaging in this type of behavior, ask yourself what’s driving you to do what you are doing?”

Policies that set clear boundaries “are not only important for patients, but they are important to protect ourselves,” says Blevins. He concedes, however, that hard boundaries and strict application of rules in a cookie-cutter fashion can sometimes harm a patient. “My own take is that policies always need to be in place, but there should be some flexibility.” If you feel a line needs to be crossed, the appropriate action is to consult a supervisor. If you have overstepped a boundary and feel the need to keep it a secret,

“that’s a clue that your motivation may not be healthy,” he cautions.

### Other Signs of Stress:

- Do you dream about clients or find yourself dwelling on a particular patient?
- Do you have trouble enjoying family time?
- It is difficult to relax?
- Are the lines between work and your personal life blurring?



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## *Delivering HIV Diagnoses: Taking Care of the Messenger continued*

### **Stress Relief**

Sometimes relieving stress is as simple as taking a bath in chocolate ice cream. Blevins means this quite literally. A nurse he once worked with stripped away her cares by slipping into a steamy tub – mixed with three gallons of the melted confection. “Whatever it is that makes you happy, do it,” he says. Life gets out of balance when the pressures of work outweigh the activities that bring delight.

Deeper stress requires more active measures. If you keep things bottled up, it’s time to start talking. A discussion over dinner with a friend could be the answer, but talking to colleagues who understand your profession could be even more effective. This can be done informally – “hey, could we chat about an issue I’m having?” or through routine peer group meetings set up specifically to process work-related issues.

If you’re in trouble, turn to your supervisor. Blevins suggests framing the problem in terms of work and not in a personal context. Instead of saying, “I really messed up and I might be in trouble,” talk about the specific work issue. For example, “I am working with a patient who is calling me numerous times daily at home. I need your help to intervene.”

Next, you need to gain self-awareness skills and conduct self-assessments to ensure you will not get to that point again. Clinical supervision can be helpful, as can regular case consultations or bringing in “more sets of eyes” when difficult cases arise.

If your job requires delivering HIV test results, experiencing fear does not mean you are not good at what you do. “One way to think about it,” says Blevins, “is that this task raises anxiety because you care about another human being and don’t want to see them in distress. Having courage does not mean the absence of fear; it means moving forward while being afraid. All of the things that brought you into this type of work in the first place are an asset that enable you to do your work well. You’ve got the stuff it takes to be really good at this job.”



Long a friend and collaborator of HIV Early Intervention Services, Dr. Blevins (pictured above in South Africa) has done extensive training with HIV workers on everything from motivational interviewing to narrative therapy.

### *HIV Early Intervention Services (EIS)*

is a program of

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