Boston College School of Social Work and Collaborative Solutions, Inc. Present:

HIV/AIDS 2016: The Social Work Response
The Twenty-Eighth Annual National Conference on Social Work and HIV/AIDS

Hyatt Regency Minneapolis
Minneapolis, MN

Thursday, May 26th - Sunday, May 29th, 2016

Conference Theme:

“This is What We Are About: Champions for HIV Care”

This year’s program is made possible, in part, through the generosity of Gilead Sciences
WELCOME!

Dear Colleague:

I am very pleased that you can join us at this year’s conference, our 28th annual. As you may already know I will be retiring at year’s end and will be stepping down as Conference Chair this year, turning over the Conference leadership to Dr. Russell “Rusty” Bennett and his team at Collaborative Solutions, Inc., located in Birmingham, Alabama. I am excited to see what new directions the Conference takes under Rusty’s able leadership.

It has been an honor serving the U.S. HIV/AIDS social work community through this Conference and I am immensely grateful to you and so many other colleagues who have participated these many years. We have had over 12,000 registrants participate to date and have offered over 3,000 presentations, the vast majority have been delivered by MSWs who are involved in providing frontline HIV psychosocial services to persons infected and affected by this disease.

I am extremely grateful to my wife Diane who has been my main support and also present onsite for 23 consecutive conferences! Many thanks also to our onsite conference team of Jeff Driskell, Kate Walsh, Jenn Mills-Cahill, and Steve Cahill for their incredible assistance these many years. Each of them have assisted at the Conference for “double-digit” years. A word of thanks to my colleagues at Boston College for their longstanding interest and support. Finally, a note of thanks also to our good friends at Gilead Sciences. They have supported the Conference in so many critical ways for many years now and I hope they will be able to continue that support in the future.

I wish our new Conference Team much success as they continue this important work. I also wish you well in all your future endeavors and hope that the Conference continues for many years to come to be a centerpiece in the vital work in which you are engaged. All the best!

Vincent Lynch, MSW, Ph.D.
Conference Founder and Chair
THURSDAY, MAY 26th
ATTENTION

Important Information

Our registration desk is located in Nicollet Promenade

It will be open: 3-6:30 PM Thursday; 8AM-6PM Fri. & Sat. and 8AM-1PM Sun.

*The Medical Case Management Institute* will be conducted all day Friday and Saturday beginning on Friday morning at 10:00 in Nicollet A 1-2

*Pre-registration required.*

*Light Breakfast:* On Friday, Saturday and Sunday mornings we will provide a light breakfast In the Nicollet Promenade from 7:30-8:15. Please join us.

*Exhibits*

Please take some time to visit our exhibits, located in:

*Nicollet Promenade*

*They will be open during the following hours:*

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, May 26th</td>
<td>3:00pm - 8:00pm</td>
</tr>
<tr>
<td>Friday, May 27th</td>
<td>8:00am - 6:00pm</td>
</tr>
<tr>
<td>Saturday, May 28th</td>
<td>8:00am - 6:00pm</td>
</tr>
</tbody>
</table>
Poster Session, Nicollet Promenade  
Thursday, May 26 - 5:00–6:30 PM

Poster:
Nature and Extent of HIV Self-Disclosure by Seropositive Adults in HIV Support Groups in Nairobi County, Kenya

_Ndayala Phoebe, Ph.D._
_Ondigi Alice N., Ph.D._
_Ngige L. Ph.D._
Kenyatta University
Nairobi, Kenya

Poster:
Housing Specialization Located in HIV Health Care

_Sharon Pratt_
_Siobhan Gallagher_
McLaren Housing Society
Vancouver, BC, Canada

Poster:
Using the Information-Motivation-Behavioral Skills Model to Determine Mitigating Factors of HIV/AIDS Information Search Behavior Among First-Year African-American College Students

_Walter L. Ellis, Ph.D._
Livingstone College
Salisbury, NC

Poster:
Stigma, Depression, and Shame: Impact on Young People and Implications for Policy, Programming and Practice

_Samson Chama, Ph.D., MSW_
Department of Social Work, Oakwood University, Huntsville, AL

Poster:
Implementing Trauma Informed Ryan White and HOPWA-Funded Services

_Christy Hudson, MSW_ -- Oregon Health Authority- Portland, OR

Poster:
“It’s Not Your Parents’ Managed Care Plan Any Longer”
One Plan’s Strategy to Have All Their Members Virally Suppressed
Poster:
Social Workers’ Perceptions of Working with People Who Have HIV/AIDS

Kristen A. Prock, MSW, LCSW
Cristy E. Cummings, MSW, LLMSW
Alec DeNuccio
Kailey L. Hindes
Anne K. Hughes, Ph.D., LMSW

Michigan State University
School of Social Work
East Lansing, MI

Poster:
Are We Listening to the Men? Barriers and Motivators for HIV Testing
Among Male Partners of Women Living with HIV

Karolyn González, MSW
Ana María Mosquera, Ph.D.
Claudia Mántaras, M.S.
Jessica Ibarra, M.D.
Yailis Medina, M.D.
Rosa Martínez, M.D.
Vivian Tamayo, M.D., FACOG
José Martínez, Ph.D.
Carmen Noemí Vélez, Ph.D.
Carmen D. Zorrilla, M.D.

Univ. of Puerto Rico School of Medicine, Maternal-Infant Studies Center (CEMI)
San Juan, PR

Poster:
The Role of the Social Worker in a Comparative Effectiveness Trial for
HIV+ Hazardous Drinkers

Zlatka Rothman, LCSW-R; Martha A. Sparks, Ph.D.; Chris Ferraris, LMSW
Mt. Sinai Health System- Institute for Advanced Medicine, New York, NY

Ana Ventuneac, Ph.D., Sitaji Gurung, M.D., MPH, Laurie Spacek, LMSW,
Jonathon Rendina, Jeffrey T. Parsons, Ph.D.
Center For Educational Studies and Training, Hunter College, CUNY, NY, NY
Poster:
Cross-Sector Collaborations to Improve Linkage Rates of HIV Infected Residents in Monroe County Within New York State

**Kimberly Smith, Karen Somerville, M. Younge, B. Kennedy**
Monroe Co. Dept. of Public Health, Rochester, NY

**Gregory Byrd, Shawntrell Myles, Brianne Noto, Mary Angerame**
Anthony L. Jordan Health Corporation, Rochester, NY

**Nanette Magnani, M.C. Johnson**
NY State Dept. of Health AIDS Institute, Albany, NY

**Julie Miller, F. Canizzaro, Katie Sienk**
Strong Memorial Hospital, Infectious Disease, Rochester, NY

Poster:
Weill Cornell Medicine’s HIV and Aging Program

**Ryann N. Freeman, MSW**
Weill Cornell Medicine,
Division of Geriatrics and Palliative Medicine
ACRIA, Center on HIV and Aging
New York, NY

**Eugenia L. Siegler, M.D.**
Weill Cornell Medicine
Division of Geriatrics and Medicine
New York, NY

**Harjot K. Singh, M.D.**
Weill Cornell Medicine,
Center for Special Studies (HIV), New York, NY

Poster:
HIV Integrated Care: Integrating Mental Health, Substance Abuse Screening, Brief Assessment, and Referral to Treatment into HIV Prevention

**Tay D.A. Robinson, MSSW** - Univ. of Louisville, Louisville, KY

Poster:
Case Study: A Child We Cared for Since Eighteen Years with HIV

**Nandaula Sarah**
Hospice of Africa Uganda
Kampala, Uganda
Poster:

Behavioral Interventions to Reduce Alcohol Use among Hepatitis C (HCV) Patients: A Systematic Review

Omar T. Sims, Ph.D., LCSW
University of Alabama at Birmingham
Department of Social Work
Birmingham, AL

Quentin R. Maynard, MSW, LGSW and Pam Melton, MSW, LCSW-PIP
School of Social Work, University of Alabama, Tuscaloosa, AL

Poster:

PTSD and Poor Antiretroviral Adherence Among HIV-Infected African American Patients: A Comprehensive Review

Pam A. Melton, MSW, LCSW-PIP
School of Social Work, University of Alabama
Tuscaloosa, AL

Omar T. Sims, Ph.D., LCSW
Department of Social Work, University of Alabama at Birmingham
Birmingham, AL

Poster:

Examining Mental Health Care and Social Support Needs of HIV Positive Women in Texas

Ratonia C. Runnels, MSW, Ph.D.
Texas Woman’s University, Denton, TX

Poster:

Screening, Brief Intervention and Referral to Treatment (SBIRT) in Integrated Care HIV Setting

Rebecca (Becky) Ela, MSW, LCSW
Alicia Gutierrez, BA, MSW student
Western Slope Specialty Care Clinic, Grand Junction, CO

Poster:

Incorporating High Risk Negatives into the Treatment as Prevention Continuum

Sarah Fanucci, MSW, Washington Dept. of Health, Olympia, WA
Poster:
Growth Groups: Blueprints of a Self-Sustaining Model for Support

Sarah Fanucci, MSW  
Washington Dept. of Health  
Olympia, WA

Carrie Peterson, BA  
Mary Hawk, BA  
Evergreen Wellness Advocates  
Everett, WA

Poster:
Falling Out of Care: A Social Worker-led Initiative to Improve HIV Re-engagement and Retention for HIV Positive Patients in an Urban Academic Emergency Department

Cori Marr, B.S.  
Cammeo Mauntel-Medici, MPH  
Janet Lin, M.D., MPH  
University of Illinois at Chicago College of Medicine, Chicago, IL

Poster:
“No one ever shows up to my support group!” Best practices on how to maintain sustainable support groups for people living with HIV

Lamont Holley, MSW - Nashville Cares, Nashville, TN

Poster:
Unseen, Unheard, and Nearly Invisible: An Examination of Sexual Orientation and Spirituality’s Impact on Psychological Well-being Among Middle-Age and Older Black Men Living with HIV/AIDS—Implications for Caregiving

Terrell D. Brown, Ph.D., MSW, MA  
Florida A&M University Department of Social Work  
Tallahassee, FL

Poster:
What is Missing from the HIV Care Continuum?

Selena Lowery, MA  
South Carolina Department of Health and Environmental Control, Columbia, SC
Poster:

Expanding HIV/AIDS Outreach Services to the Latino Community: A Model of Organizational Change

*Emma Sophia Kay, MSW*
*Tania Alameda-Lawson, Ph.D.*
*Brenda D. Smith, Ph.D.*

School of Social Work

*Spencer Yeamans*
Undergraduate Studies
University of Alabama, Tuscaloosa, AL

*Billy D. Kirkpatrick, Ph.D.*
West Alabama AIDS Outreach, Tuscaloosa, AL

Poster:

HUD’s Use of Housing as a Structural Intervention to End the AIDS Epidemic

*Amy Palilonis, MSW*
Office of HIV/AIDS Housing
U.S. Dept. of Housing & Urban Development, Washington, DC
Thursday May 26    6:45-8:15 PM    Nicollet Ballroom

Willis Green, Jr. Memorial General Session

“A Retirement Tribute to Dr. Vincent Lynch”

Come and celebrate as we recognize the career and influence of Dr. Vincent Lynch, Chair of Boston College’s HIV/AIDS Social Work Response Conference.

Speakers:

Douglas Brooks: Gilead Sciences and former Director of the White House Office of National AIDS Policy

Lucy Cordts, LCSW: Director of Client Services, CrescentCare

Randall Russell: President and CEO, Foundation for a Healthy St. Petersburg & Chair, Board of Directors, Professional Association of Social Workers in HIV/AIDS

Russell Bennett: CEO, Collaborative Solutions, Inc. and Executive Director, Professional Association of Social Workers in HIV/AIDS. Incoming Chair, Annual National Conference on Social Work and HIV/AIDS.
Opening Reception

Thursday, May 26th

8:15 - 9:15 PM

Lakeshore Ballroom

All are invited
FRIDAY, MAY 27th

Please join us for a Light Continental Breakfast

7:30-8:15 AM

Nicollet Promenade
Social Work’s role in the end of HIV/AIDS and to on-going care is critical. As a profession, our vision must be clear and our voices united to ensure that HIV/AIDS prevention, treatment, and care is informed and connected to Social Work practice. The release and discussion of the Manifesto crafts our vision as a profession and solidifies our on-going role at ending HIV/AIDS.

Opening Comments:

Randall Russell, President and CEO, Foundation for a Healthy St. Petersburg & Chair, Board of Directors, Professional Association of Social Workers in HIV/AIDS

A Review of Social Work Manifesto:

Russell Bennett, CEO, Collaborative Solutions and Executive Director, Professional Association of Social Workers in HIV/AIDS. Incoming Chair National Conference on Social Work and HIV/AIDS.

Respondents:

Randall Russell, Facilitator

Douglas Brooks, Gilead Sciences and former Director of the White House Office of National AIDS Policy

Lucy Cordts, LCSW, Director of Client Services, CrescentCare

Scott Kramer, Practitioner/Consumer
Friday, May 27  10-11:15 AM

1. Session  
Lakeshore B  
The Social Worker’s Role Implementing the Governor’s Plan to End AIDS in New York State: Strengths and Challenges Experienced in a large Urban Primary Care Setting

Chris Ferraris, LMSW  
Rachel Legatt, LMSW  
Terri Wilder, MSW  
Emily Gertz, MPH  
Dina Franchi, LCSW-R  
Mt. Sinai Health System Institute for Advanced Medicine  
New York, NY

2. Session  
Lakeshore C  
Difficult Client/Problem Behaviors: The Convergence of HIV/Substance Use and Mental Health Issues

Barbara Willinger, LCSW, BCD  
Private Practice  
New York, NY

3. Session  
Nicollet: D1  
The Intersection of HIV and Trauma Informed Care in the LGBTQI Community

Jeff Zacharias, LCSW, CSAT, CAADC  
New Hope Recovery Center  
Chicago, IL

4. Session  
Nicollet: D2  
Ethics of Disclosure

Dimas Moncada, Jr., LCSW  
Lisa Cox, Ph.D., LCSW  
Evelyn P. Tomaszewski, MSW  
NASW Spectrum Project, Washington, DC
5. Session

**Nicollet: D3**

From the Boomers to the Millennials: Preparing our Emerging Leaders

*Lucy Cordts, MSW, LCSW*

CrescentCare
New Orleans, LA

**MEDICAL CASE MANAGEMENT INSTITUTE (pre-registration required)**

This special program begins at 10:00 Friday and continues through Saturday. If you have pre-registered please proceed to Nicollet A 1-2.

Content conforms to HRSA requirements for medical case management (HAB Policy Notice 10-02).

Faculty: Melinda Marasch, LCSW, MSW and Jesse Yedinak, MPA, Providence, RI
1. Session  
**Lakeshore B**

Ryan White HIV/AIDS Program Moving Forward: An Update from HRSA

*Heather Hauck, MSW, LICSW*
*Antigone Dempsey, M.Ed.*
*Michael Goldrosen, MA*
*Tracy Matthews, CAPT, USPHS*
Health Resources and Services Administration, HIV/AIDS Bureau, Rockville, MD

2. Session  
**Lakeshore C**

Integrating Substance Abuse Services into the Clinical Setting

*(advanced content)*

*Darrell Sparks, MSW Student*
Christiana Care HIV Program
Wilmington, DE

3. Session  
**Nicollet: D1**

Relationship is *Everything*: Using Motivational Interviewing to Enhance Retention and Adherence in HIV Care

*Marla A. Corwin, LSW, CAC III*
Frontier AIDS Education & Training Center (formerly Mountain Plains AETC)
Aurora, CO

4. Session  
**Nicollet: D2**

Healthy Consensual Non-Monogamy, and Its Role in Treatment and Preventative Care

*Amy Jacobs, LMSW*
University of Michigan HIV/AIDS Treatment Program, Ann Arbor, MI
5. Session

Blending New Technologies with Members’ Grassroots Perspectives: Case Study Findings from One ASO’s Strategic Change Efforts

Michael G. Lee, MSW, Ph.D.
School of Social Work
University of Minnesota
St. Paul, MN

**MEDICAL CASE MANAGEMENT INSTITUTE Continues in Nicollet A 1-2. (pre-registration required)**
Lunch Seminar - Sponsored by Gilead Sciences

Friday May 27th, 12:45- 2:00pm

Location: Great Lake Ballroom- On the Fourth Floor

Topic: "The HIV Narrative: Engage and Thrive"

Speaker: Roberta Laguerre-Frederique, M.D.

Director of Prevention and Outreach Services
Dorothy Mann Center for Pediatric and Adolescent HIV
St. Christopher's Hospital
Philadelphia, PA

Summary of Talk: A 20-year old who becomes infected with HIV may live into their early 70’s, a life expectancy approaching that of the general population. This is possible when a person is diagnosed early, immediately engages in care and starts and stays on effective treatment.

Narratives about ‘readiness’ to engage in care and treatment can limit this opportunity.

Social work’s person-in-environment perspective recognizes the impact of external factors on health. Social work also recognizes that in the face of adversity people have strengths—strengths that can help support better health. Please join us for a discussion on shaping a new narrative that helps people living with HIV to engage and to thrive.

This event is organized and sponsored by Gilead Sciences
Space is Limited For This Event
Friday, May 27 - 2:00 - 3:15 PM

1. Session **Lakeshore B**

   “Do I (Still) Have To?” HIV Status Discussions in the Era of Medical Interventions

   *Aaron J. Shipman-Negrete, MSW/LCSW*
   *Trent Wilkerson, LPC*
   *Nancy Wolff, LPC, ATR*
   Colorado Department of Public Health and Environment
   Denver, CO

2. Session **Lakeshore C**

   Combating Discrimination Against People with HIV/AIDS

   *David W. Knight*
   U.S. Department of Justice
   Washington, DC

3. Session **Nicollet: D1**

   HIV and Older Adults: Research, Education, and Advocacy

   *Liz Seidel, MSW and Mark Brennan-Ing, Ph.D.*
   ACRIA
   New York, NY

   *Vince Crisostomo*
   San Francisco AIDS Foundation
   San Francisco, CA
4. Session

"Caring for Ourselves: An Experiential Group"

Alan Rice, MSW, LCSW
VNSNY- CHOICE, New York, NY

5. Session

Untangling Meth, Sex, and Intimacy: The Essential Role of Social Work

David Fawcett Ph.D., LCSW
South Florida Center for Counseling and Therapy, Inc.
Wilton Manors, FL

**MEDICAL CASE MANAGEMENT INSTITUTE Continues
in Nicollet A 1-2.... (pre-registration required)**
Friday, May 27 - 3:30-4:45 PM

1. **Session**
   **Lakeshore B**
   
   **Have a HART?**
   
   *John Streimikes, MSW, LICSW*
   Lifelong
   Seattle, WA

2. **Session**
   **Lakeshore C**
   
   **Training HIV Medical Providers in Motivational Interviewing to Improve Adherence to ART in Patients and Prevent Burn-out in Providers: A Research Project**
   
   *Susan Larrabee, LICSW*
   Brigham and Women’s Hospital
   Division of Infectious Disease
   Boston, MA

3. **Session**
   **Nicollet D1**
   
   **35 Years in the Octagon – The Fight Against HIV**
   
   *James ("Jim") K. Shepherd*
   Christiana Care, Kent Wellness Clinic
   Smyrna, DE

4. **Session**
   **Nicollet D2**
   
   **Acuity Model of Case Management: Moving Away From a ‘One-size Fits All’ Approach**
   
   *Kelly Cook-Ginn, MSW, LSWAIC*, Lifelong, Seattle, WA
   *Sarah Fanucci, MSW*, Washington Dept. of Health, Olympia, WA
5. **Session-**

**Nicollet: D3**

Equipping and Empowering Change Workforce Leaders

This is a special 2-hour workshop today, 3:30-5:30. These Invited Speakers Are From the National Minority AIDS Council (NMAC)

*Tamara Combs*
*Kim Johnson, M.D.*
National Minority AIDS Council
Washington, DC

**MEDICAL CASE MANAGEMENT INSTITUTE:**
*Continues in Nicollet A 1-2,... (pre-registration required)*
1. Session  

**Lakeshore B**

What’s THAT Got to Do With It: Talking with Clients About Risk Behaviors and Harm Reduction

Susan M. Gallego-Villegas, MSSW, LCSW  
Jill Sabatine, LICSW, MPH  
Evelyn P. Tomaszewski, MSW  
NASW Spectrum Project, Washington, DC

2. Session  

**Lakeshore C**

A Closer Look at Injection Drug Users: from HIV Risk Reduction to Treatment Linkage

Christy M. Rushfeldt, LICSW, LADC  
Minnesota AIDS Project  
Minneapolis, MN

3. Session  

**Nicollet: D1**

Ethical Challenges When Providing Field Instruction

Danielle Benoit-Coutard, LMSW  
Michael Brennan-Cotayo, LCSW-R  
Private Practice  
New York, NY

4. Session  

**Nicollet: D2**

Champions for Youth: The HIV Care Model at Larkin Street Youth Services  
(beginner-intermediate content)

Heather Hargraves, MS  
Linda Walubengo, MPH  
Haley Mousseau, MA  
Larkin Street Youth Services, San Francisco, CA
5. (NMAC special two-hour workshop continues until 5:30)

Equipping and Empowering Change Workforce Leaders

*Tamara Combs*
*Kim Johnson, M.D.*
National Minority AIDS Council
Washington, DC

**MEDICAL CASE MANAGEMENT INSTITUTE**
*Continues in Nicollet A 1-2.... (pre-registration required)*

STOP BY THE EXHIBIT AREA IN NICOLLET PROMENADE FRIDAY AT 6:15 FOR A “MEET AND GREET” WITH YOUR COLLEAGUES FROM THE MINNESOTA HIV AND AIDS SERVICES COMMUNITY...

ALSO, COME AND SAMPLE “A TASTE OF MINNESOTA GOODIES” WITH US!

SPONSORED BY MINNESOTA AIDS PROJECT AND THE POSITIVE CARE CENTER
SATURDAY, MAY 28th

Please join us for a *Light Continental Breakfast*

7:30-8:15 AM

Nicollet Promenade
Saturday, May 28 - 8:15- 9:30 AM

1. Session  Lakeshore B

**PrEP and the Role of Clinicians in Private Practice**

*Michael Tyler Ramos*
Walnut Psychotherapy Center
Philadelphia, PA

2. Session  Lakeshore C


*Lynne Stauff, MPA, ASQ CQIA*
Michigan Department of Health and Human Services (MDHHS), Tobacco Section

*Farid Shamo, MB ChB, MSc, MPH, MDHHS*
Lansing, MI

*Love A. Burkett Chambers, BSN, RN, TTS*
Community AIDS Resources and Education (CARES)
Kalamazoo, MI

3. Session  Nicollet: D1

**Sustainable Finance for Non-Profits: Approach to Blended Value Strategies**

*Fungisai Nota, PhD, MPH, CCEP*
Solvency Health & NCG, LLC
Sharon Hill, PA
4. Session

“This Is What We Are About: Champions for HIV Care”…
HIV/AIDS Stigma in the MSM Community

Robert A Pompa, Jr. LCSW
Lehigh Valley Health Network, AIDS Activities Office
Allentown, PA

5. Session

A Discussion Group for the Over 10’s---That is… 10 or More Years in the Field of HIV

Barbara Willinger, LCSW, BCD
Private Practice
New York, NY

Jim Feinberg, LCSW CH.t
St. Luke’s Roosevelt Hospital Center
Addiction Institute of NY
New York, NY

6. Session: Brief Reports (each report is 20 mins. long)

A. Assessing Acuity Along the Axes of Life Domain Stability, Client Capacity/Ability, and Activation

Sarah Fanucci, MSW
Washington Dept. of Health
Olympia, WA

B. Social Work and Brain Health: A Mixed-Methods Community-based Study

Andrew Eaton, BSW, MSW, RSW
Jocelyn Watchorn, RSSW
Robert Wallace, MSW, RSW
John W. McCullagh, BSW
Chantal Mukandoli
David McClure
AIDS Committee of Toronto, Toronto, ON, Canada

Shelly L. Craig, Ph.D., LCSW, RSW
Factor-Inwentash Faculty of Social Work, Toronto, ON, Canada

Medical Case Mgmt Institute Continues in Nicollet A 1-2 on Saturday
Pre-registration required
Saturday, May 28  9:45 - 11:00 AM

1. Session  Lakeshore B

Holistic, Integrated Treatment Model of Care for Persons Living with HIV/AIDS: “Treated me like I was an absolute basket case – it upset me more than it helped me”

*Michele A. Rountree, MSW, Ph.D.*
University of Texas at Austin
Austin, TX

2. Session  Lakeshore C

Ingredients for a Highly Compliant and Efficient Eligibility System

*Erica Aeed TeKampe, MSW*
HIV Care Directions
Phoenix, AZ

*Carmen Batista, MPH*
Arizona Department of Health Services
Phoenix, AZ

3. Session  Nicollet: D1

Laying the Groundwork for a Transdisciplinary System of Care
(intermediate content)

*Theresa Fox, MSW*
Institute for Families, Rutgers University
New Brunswick, NJ

*Adam Thompson*
Regional Partner, Northeast Caribbean AIDS Education and Training Center – Voorhees, NJ
4. Session                              Nicollet: D2

Who Buys & Sells Sex and Why?

*Michael E. Holthy, LCSW, BCD*
Psychotherapist
Denver, CO

5. Session                              Lakeshore A

Laugh and Heal Thyself

*M. Brennan-Cotayo, LCSW-R*
Private Practice
New York, NY

6. Session- 50 minute “Conversation on Best Practice”  Nicollet A3

Texting: It’s Where It’s At! Increase Patient Engagement and Adherence…
BTW, it Works!

*Norah Boynton, APSW*
University of Wisconsin Hospital and Clinic
Madison, WI

*Medical Case Mgmt. Institute Continues in Nicollet A 1-2.*
*Pre-registration Required*
Saturday, May 28  11:15 AM–12:30 PM

1. Session  Lakeshore B

“WTF?!?!? I Was Just Screamed At Again!”

*Evett Vega, LCSW*
*Robert Pompa, LCSW*
Lehigh Valley Health Network
AIDS Activities Office
Allentown, PA

2. Session  Lakeshore C

30 Years of AIDS – A Multimedia Examination of the AIDS Epidemic

*J. Russell Kieffer, LCSW*
Providence Health & Services
Burbank, CA

*Thomas J. Pier, MSW, LCSW*
Clinical Oncology Social Worker
Simms/Mann - UCLA Center for Integrative Oncology
Los Angeles, CA

3. Session  Nicollet: D3

Challenges in Addressing HIV/AIDS Among Immigrant Populations: A Case Study

*Hugo Kamya, PhD*
Simmons College School of Social Work
Boston, MA

4. Session  Nicollet D1

Beyond the Pill Box-Engaging Clients in Adherence

*Lisa Manganello, BA*
Frannie Peabody Center, Portland, ME
5. Session

Documentary Film Screening: “We’re Still Here”

Grissel Granados, MSW
John Thompson, MSW
Children’s Hospital of Los Angeles
Los Angeles, CA

6. Session- 50 minute “Conversation on Best Practices”

Prevention to Care: Bridging the Gap on an Agency, City, and State Level

Juan Jose Lopez, LCSW
Ebony Y.G. Barney, MSW, MPH (cand.)
Test Positive Aware Network
Chicago, IL

7. Session- 50 minute “Conversation on Best Practices”

Championing Retention in HIV Medical Care for PLWHA Utilizing the Emergency Department: a Community Based Approach

Michelle Minor
Emily Foster, MSW, LSW
Chicago House & Social Service Agency
Chicago, IL

**MEDICAL CASE MANAGEMENT INSTITUTE Continues in Nicollet A 1-2 .... (pre-registration required)**
LUNCH BREAK (on Your Own)

12:30-2:00 PM

Ask the concierge for information and suggestions.

Annual Membership Meeting, Professional Association of Social Workers in HIV and AIDS (PASWHA), 12:30-2:00 Today, Bring Your Own Lunch…
We Will Meet in Lakeshore A

12:30-2:00 "Hi-Five"...a networking lunch for People Living with HIV/AIDS (bring your own lunch). It is organized by Scott Kramer, LCSW-R, ACSW, who is a social worker living with HIV. Attendees can talk about our experience of the conference, how we can best connect with others and possibly let our guard down. If you have concerns about confidentiality or are not “out” about your status please contact Scott at: scott@scottakramer.com
Meet in Lakeshore B
Saturday, May 28  2:00 – 3:15 PM

1. Session  
   Lakeshore B
   
   Crisis Intervention: Tools for Social Workers, Case Managers and Peers
   
   Larry S. Yurow, MSW, LCSW  
   Christiana Care Health System  
   Wilmington, DE

2. Session  
   Lakeshore C
   
   ART Adherence and Trauma
   
   Diana Ball, MSW, CSW  
   University of Kentucky  
   Lexington KY

3. Session  
   Nicollet: D3
   
   Biting as Bioterrorism: The Interplay between HIV Criminalization & Disclosure  
   (intermediate-advanced content)
   
   Tuesday Dudley, M.Ed.  
   Kansas City CARE Clinic  
   Kansas City, MO

   Annie H. Mosely, MSW, LCSW  
   Truman Medical Center  
   Kansas City, MO

4. Session  
   Nicollet: D1
   
   An Update on NeuroAIDS and Aging: Protective, Remediation, and Compensation Strategies
   
   David E. Vance, Ph.D., MGS  
   University of Alabama at Birmingham, Birmingham, AL

   Nick Nicholas, MSW, POZ MS, Jackson, MS
5. Session

Be a “Champion” Case Manager: Some Do’s… and Don’ts

Gary Sullivan, LICSW
Fort Lauderdale, FL


Peer Driven Intervention to Increase HIV/AIDS Case Finding in Mai Son District, Son La Province

Hiep T. Nguyen
Hong T. Nguyen
Quan D. Nguyen
Centers for Disease Control and Prevention (CDC)
Hanoi, Vietnam

Ahn X. Vu
Tien V. Chu
Ministry of Health/Vietnam Administration for AIDS Control (VAAC)-U.S. CDC
HIV/AIDS Project Office
Hanoi, Vietnam

(Med. Case Mgmt. Institute Continues in Nicollet A 1-2…pre-registration required)
Saturday, May 28th  3:30 PM – 4:45 PM

1. Session  
   **Lakeshore B**

   A Qualitative Exploration of the Mental Health Influence of Parental HIV on African American Adolescents' Sexual Health

   *Tyrissa L. Howard, MSW, LMSW, Ph.D. (cand.)*
   Howard University School of Social Work
   Washington, DC

2. Session  
   **Lakeshore C**

   The Changing Face of Older Substance Abuse

   *Jim Feinberg, LCSW CH.t*
   St. Luke’s Roosevelt Hospital Center
   Addiction Institute of NY
   New York, NY

3. Session  
   **Nicollet D1**

   The Use of the Cluster Model Approach in Championing a Continuum of HIV Care for the General and Most at Risk Populations (MARPS) in Nigeria.

   *Ezinne Okey-Uchendu, MSc.*
   National Agency for the Control of AIDS
   Abuja, Nigeria
4. Session- Part A (this is a two part session)  

“An Early Frost”: A Film and Discussion  

Scott A. Kramer, LCSW-R, ACSW  
Private Practice Psychotherapist  
New York, NY  

Jeff Driskell, Ph.D., MSW  
Salem State University  
Salem, MA

5. Session  

Learn Your Management Style and How to Communicate in the 21st Century  

This is a special 2-hour session, 3:30-5:30 PM today. These Invited Speakers Are From The National Minority AIDS Council (NMAC).  

Tamara Combs  
Kim Johnson, M.D.  
National Minority AIDS Council  
Washington, DC

---

Pre-registration required.
Saturday, May 28th   5:00 PM – 6:15 PM

1. Session  
Nicollet: D1

Mindfulness for Your Client’s Adherence and Your Self Care

Larry S. Yurow, MSW, LCSW  
Nina Bennet, MS  
Christiana Care Health System  
Wilmington, DE

2. Session- Part B  
Nicollet: D2

An Early Frost: A Film and Discussion

Scott A. Kramer, LCSW-R, ACSW  
Private Practice Psychotherapist  
New York, NY

Jeff Driskell, Ph.D., MSW, LICSW  
Salem State University  
Salem, MA

3. Session (50 min. “Conversation on Best Practices”)  
Lakeshore B

Creating an Environment of Value – How to Meaningfully Engage Consumers in the Care Continuum

Sarah Fanucci, MSW  
WA Department of Health  
Olympia, WA
4. **Session- (Brief Reports- each report is 20 mins long) Nicollet A 3**

A) Quality Innovation Impacting Our HIV Care Continuum

*Joan Duggan, M.D., FACP, AAHIVS*
*Teresa Barnes, MA, LISW-S*
*Sue Carter, M.Ed., LSW, LPCC*
*Christie Clinton, BSW, LSW*
*Katie Himich, LPN, L.S.S.B.B.*

University of Toledo Medical Center, Toledo, OH

B) Routine HIV/HCV Testing and Linkage to Care in an Inpatient Setting of a Community Hospital: University of Maryland Medical Center- Midtown Campus, Baltimore, MD

*Sally Altland Bjornholm, LCSW-C, MPH*
*Jamie Mignano, RN, MSN, MPH*
*Dr. Thaddeus Pula*
*Mary W. Taylor, MS, RN*
*Dr. John Braun*

University of Maryland Medical Center
Baltimore, MD

---

5. **Session- (Brief Reports: each report is 20 mins. long) Lakeshore A**

A) Challenges in Adherence Support for HIV-infected Children Under ART in Vietnam

*Mattias Larsson, Ph.D.*
Karolinska Institute
Stockholm, Sweden

*Nguyen Thi Kim Chuc, Ph.D.*
*Tran Chi Thanh, M.Sc.*
Hanoi Medical University
Hanoi, Vietnam

B) Supporting Mothers in Ways that Work: Introducing a Resource Toolkit for Service Providers Working with Mothers living with HIV in Ontario, Canada

*Allyson Ion, M.Sc.*
*Saara Greene, MSW, Ph.D.*

School of Social Work, McMaster University
Hamilton, Ontario, Canada
6. Session  
Nicollet: D3

Learn Your Management Style and How to Communicate in the 21st Century

(This special NMAC two-hour invitational session continues until 5:30)

Tamara Combs
Kim Johnson, M.D.
National Minority AIDS Council
Washington, DC

Medical Case Management Institute Continues
In Nicollet A 1-2 (pre-registration required)
Sunday, May 29\textsuperscript{th}

_____________________________________

Please join us for a light continental breakfast

7:30-8:15 AM

Nicollet Promenade

_____________________________________


Sunday, May 29th - Conversations on Best Practices

8:30- 9:20 AM

1. Session

Peeling Back the Layers: A Story of Trauma, Grace and Triumph

_Lawayne Childrey_
Author
Hermitage, TN

2. Session

Ending Discrimination, Stigmatization and Denial (DSD) of People Living with HIV/AIDS

_Mr. Sssessanga Asadu Mawedi_
HIV/AIDS Counselor
Uganda

3. Session

A Conversation About Clinical Supervision

_Barbara Willinger, LCSW, BCD_
Private Practice
New York, NY

4. Session

The Ambivalent Client

_Shannon Ristau, LCSW, MSW_
Oregon Health and Science University Partnership Project, Portland, OR
5. Session  

Lakeshore B

The Use of Community Planning Bodies to Combat the Increasing Rate of HIV Infections in West Central Florida

*Samantha West, MSW*
Suncoast Health Council
West Central Florida Ryan White Care Council
St. Petersburg, FL

6. Session  

Lakeshore C

Engaging Clients in Wraparound Services Using Motivational Interviewing Techniques

*Andrea Ropp, LISW-S, LCDCIII*
AIDS Resource Center Ohio
Columbus, OH
Sunday, May 29th - Conversations on Best Practices

9:30 - 10:20 AM

1. Session

Nicollet: D1

Women, LGBT, Violence and HIV: Policy and Practice Implications for Women in Uganda

Claire Nanyonga and Annette Nazziwa
Makula Fund for Children
Uganda

2. Session

Nicollet: D2

University of Michigan Peer Support Team – A Patient and Family Centered Care Model

Samantha Gibb Wellman, MSW, LMSW
University of Michigan HIV/AIDS Treatment Program
Ann Arbor, MI

3. Session

Nicollet: D3

Using Clinical Approaches to Leverage Resources and Address Homelessness and Housing Instability among PLWH

Joanne Hsu, MPH
Xiomara Pamela Farquhar, MPA
John Rojas, MPA
New York City Department of Health and Mental Hygiene
New York, NY

Javon Trotman, MPA
Harlem United
New York, NY
4. Session

**Lakeshore A**

Real World Techniques to Effectively Work with Borderline and Other Personality Disorders

*Michael Brennan-Cotayo, LCSW-R*
Private Practice
New York, NY

5. Session

**Lakeshore B**

Responsible Citizenship: HIV/AIDS and South Africa

*Hugo Kamya, Ph.D.*
Professor
Simmons College School of Social Work

*Kate Haworth, MSW (student)*
Simmons College School of Social Work
Boston, MA
Sunday, May 29th - Conversations on Best Practices

10:30 - 11:20 AM

1. Session

Nicollet: D1

No Job is Finished until the Paperwork is Done: Guidelines and Strategies for Documentation Compliance

*Michael Lohri, MSW, LISW, LICSW, LCSW-C*
VA Medical Center, Washington, DC

*Spencer Simmons, Ph.D., LCSW*
Clinical Pharmacy Associates, Washington, DC

2. Session

Nicollet: D2

#HireAChampion: Why and How the Millennial Generation Should be Seen as Champions of HIV/AIDS Care

*Amanda Stem, MSW*
The Western North Carolina AIDS Project
Asheville, NC

3. Session

Nicollet: D3

The Multiple Hats of a Nurse in Combating HIV/AIDS in Uganda

*Kellen Kanyesige* (nurse)
Fort Portal, Uganda
4. Session

Mindfulness: Anchor in Storm

_Thomas J. Pier, LCSW, OSW-C, CMF_
Simms/Mann-UCLA Center for Integrative Oncology and
Mindful Awareness Research Center at UCLA’s Cousins Center for
Psychoneuroimmunology
University of Los Angeles
Los Angeles, California

5. Session

HIV Disclosure in the Context of Child Welfare

_Saara Greene, MSW, Ph.D._
_Allyson Ion, M.Sc._
_Marisol Desbiens_
_Kerrigan Beaver_
_Jennifer Crowson Ph.D._
McMaster University
Hamilton, Ontario, Canada
Sunday, May 29th - Conversations on Best Practices

11:30 - 12:20 PM

1. Session Nicollett: D1

The Tensions and Challenges Providing Infant Feeding Support to Mothers living with HIV: When Breast Isn’t Best

Saara Greene, MSW, Ph.D.
Allyson Ion, M.Sc.
Gladys Kwaramba
McMaster University
Hamilton, Ontario, Canada

2. Session Nicollet: D2

No, I Don’t Want to Go!! HIV+ Youth Transitioning into Adult Care

Gloria A. Sierra, BA, MPH
Texas Children's Hospital
Houston, TX

3. Session Nicollet: D3

Bridging the Gaps: Utilizing The Satir Growth Model to Enhance Coping Mechanism’s with PLWHA

Kialeah Sumpter, BS, MSW, LMSW,CAC-P
South Carolina HIV/AIDS Council, Columbia, SC
4. Session  

**Lakeshore A**

*Como Han Pasado Los Anos (How the Years Have Passed Us By): Long Term Survivors-Latinas Living with HIV/AIDS post-20 Years or More…*  
(Intermediate-Advanced Content)

**Yolanda Rodriguez-Escobar, Ph.D., LMSW**  
Our Lady of the Lake University- Worden School of Social Service  
San Antonio, TX

5. Session  

**Lakeshore B**

*Transformation Dialogues: Lessons Learned From One ASO’s Experiences With Change*

**Michael G. Lee, MSW., PhD (Panel Moderator)**  
School of Social Work, University of Minnesota  
St. Paul, MN

**Darin Rowles, MSW, LGSW**  
Director of Prevention and Coordinated Care, Minnesota AIDS Project  
Minneapolis, MN

**Christy Rushfeldt, LICSW, LADC**  
Risk Reduction Supervisor, Minnesota AIDS Project  
Minneapolis, MN

**Matt Toburen, MSW**  
Director of Public Policy, Minnesota AIDS Project  
Minneapolis, MN

**Lynn Mickelson, Attorney**  
Director of Legal and Benefits Counseling Services, Minnesota AIDS Project  
Minneapolis, MN

**Tiffanea Mulder, J.D. Board Representative**  
Minnesota AIDS Project  
Minneapolis, MN
CLOSING SESSION SUNDAY MAY 29th

12:30- 1:15 PM

Location: Nicollet D2

Facilitator:

Russell “Rusty” Bennett, Ph.D., LGSW
Incoming Conference Chair

See you Next Year in Atlanta!

May 25-28, 2017
ABSTRACTS OF PRESENTATIONS
**Presenter:**
Ball, D.

**Contact:**
Diana Ball
dianaball@uky.edu

**Title:**
ART Adherence and Trauma

**Abstract:**
Presently, medication adherence is an integral part ensuring clients with HIV/AIDS live long, healthy lives. However, for many of our clients strict adherence to medication regimens is problematic. Many factors are often at play, from socioeconomic issues to substance misuse and mental health. In particular, experiencing trauma is a particularly interesting possible barrier to medication adherence. Rates of trauma among the HIV/AIDS populations are routinely reported to be higher than the general population. Additionally, HIV/AIDS patients report numerous types of traumatic experiences including childhood abuse, sexual abuse, intimate partner violence, and HIV diagnosis and other HIV-related traumatic experiences.

This presentation will provide a comprehensive overview of current research on the correlation between trauma and ART adherence. We will discuss adherence implications for the main types of trauma experienced by HIV/AIDS clients. Potential interventions for assisting clients with HIV/AIDS overcome issues surrounding past trauma to improve medication adherence and overall treatment compliance will be discussed. This presentation will beneficial to beginning and intermediate audiences.

---

**Presenter:**
Benoit-Coutard, D.
Brennan-Cotayo, M.

**Contact:**
Danielle Benoit-Coutard
d.benoit007@yahoo.com

**Title:**
Ethical Challenges When Providing Field Instruction

**Abstract:**
Social workers hold a belief that all clients deserve help and guidance with their lives. Field instructors are charged with the professional development and training of new social workers and other mental health professionals. Often times, social workers or mental health providers are faced with ethical dilemmas, which holds personal, professional, and ethical implications. Many of these dilemmas when working with the HIV population come from feelings that they may have around working with, or even...
interacting with, those with HIV; as the disease still holds a stigma. As such, it is important that instructors rely on and enforce the code of ethics while defining what appropriate roles/boundaries are acceptable for the learning professional. Students are often faced with the challenges of addressing their own personal, professional and organizational values, while learning the confines of their role as a mental health professional. At times, their personal views may cause them to react negatively while interacting with clients; or the organizational values may be discordant with their own values, creating discord within the field placement. It is through the educational experience that supervisors have the opportunity to discuss how students can hold both aspects of theses dilemmas.

As new professionals, students bring with them a number of challenges based on their own beliefs and biases. Some of these challenges can stem from inappropriate use of self (self disclosure) and during an individual session or within a group setting; unclear boundaries, attitude towards population, cultural/racial biases.

As one can see, there are many challenges that stem from educating new social work professionals, and while these challenges prove hefty, there is a lot of professional growth that occurs for the instructor as well, because it often helps to remind the instructor of the significance that they play as teaching professionals in the field.

________________________________________________________________________

Presenters:
Bjornholm, S.
Mignano, J.
Pula, T.
Taylor, M.
Braun, J.

Contact:
Sally Atland Bjornholm
sbjornholm@ihv.umaryland.edu

Title:
Routine HIV/HCV Testing and Linkage to Care in an Inpatient Setting of a Community Hospital: University of Maryland Medical Center-Midtown Campus, Baltimore, MD

Abstract:
In 2013 the JACQUES Initiative of the Institute of Virology at the University Of Maryland School Of Medicine partnered with the Department of Medicine and the Department of Nursing to launch the University of Maryland routine HIV testing initiative. In early 2015 members of this team published an article outlining a 6 step process toward implementation of successful uptake of routine testing and linkage to care (Mignano, J. L., et al. (2015). "Routinization of HIV Testing in an Inpatient Setting: A Systematic Process for Organizational Change." Journal for Healthcare Quality.)

The 6 steps include:
1. Stakeholder buy-in
2. Identification of an interdisciplinary leadership team
3. Infrastructure development
4. Staff education
5. Implementation
6. Continuous Quality improvement (CQI)

In July 2015, JACQUES Initiative received a grant to implement a Routine HIV/HCV Screening and Linkage to Care Initiative at the UMMC Midtown Campus, a community medical center located in Baltimore City using the 6 step process. This institution serves the most vulnerable and at-risk populations in the City. The purpose of this initiative is to address a number of objectives put forth by the National HIV/AIDS Strategy (NHAS) including the expanding of testing to identify new positives, linkage to care and support and assist in medication adherence and removal of barriers to treatment and care. The proposed presentation will briefly discuss the 6 steps and the successes and barriers faced throughout the process and the logistics of the initiative. The presentation will also talk about lessons learned, next steps and a discussion of the progress of the initiative.

Presenter:
Boynton, N.

Contact:
Norah Boynton
nboynton@medicine.wisc.edu

Title:
Texting: It’s Where It’s At! Increase Patient Engagement and Adherence...BTW, It Works!

Abstract:
Text messaging with patients offers a unique opportunity to connect with, provide information, and support patients. Engaging in text messaging with patients is not only an efficient way to interact but it is oftentimes a preferred mode of communication for patients. The Pew Research Center estimates that 90% of American adults own a cell phone, and 83% of cell phone users utilize texting. Recent research has found that mobile texting has increased medication adherence for individuals living with chronic diseases. We will discuss how engaging in text messaging with patients can address 5 distinct goals. 1. Engage patients in care, 2. Provide appointment reminders, 3. Increase/Encourage adherence, 4. Address behavior change, and 5. Improve health literacy. This discussion will provide best practices when it comes to texting patients including ways to address confidentiality concerns, crisis situations, and boundaries. It will offer several techniques you can use to increase patient engagement in care. We will also discuss how motivational interviewing skills can be adapted and incorporated into text message communications in order to support patients with adherence and behavior change. Learn how to expand your role as a case manager while remaining technologically relevant.
Abstract:
The old adage “Laughter is the best medicine,” has survived the test of time, and in present day holds significant weight when coupled with scientific research. There is significant data that supports the validity of laughter as a therapeutic tool to reduce stress, decrease anxiety, and yes, even assist in helping to fight off the HIV virus by increasing the power of CD4 T-cells. People living with HIV/AIDS have often experienced such traumatic histories that it is near impossible for them to connect to those moments with any real authenticity that would allow a corrective emotional experience. Many are victims of PTSD where their trauma and loss are stored in their body with very little opportunity for access. Since the 1970’s laughter therapy has gained momentum, and continues to prove that laughter is, indeed, the best medicine. Through working with the most marginalized of this population I have held the belief that laughter can open the doors to healing some of the most wounded individuals who have suffered devastating trauma. Within this treatment modality, a therapist can easily build a framework for change through the utilization of humor and laughter. Once established, a cathartic experience begins which allows individuals to open up, and explore issues of bereavement, loss, depression, and trauma. This workshop will discuss how therapeutic laughter can facilitate changes that foster an individual’s growth, while maintaining a supportive environment.

Abstract:
During my work with the HIV population, I have realized that many of these individuals have had traumatic childhoods, and traumatic experiences in life. Most social workers find it uncomfortable working with clients who present with personality disorders. This workshop will
help to demystify this diagnosis, and help social workers to normalize their concerns, and to engage clients effectively with the tools that they already have in their toolbox. We will also discuss how having HIV can increase the anger, depression, anxiety and self-mutilating behavior of those with PD’s. Participants will also be able to identify the wound that the client has, and work from that place. Particular attention will be paid to how grounding can help to center both clients and social workers. Workshop participants are encouraged to bring case examples to discuss their struggles.

________________________________________________________________________

**Presenter:**
Brown, T.

**Contact:**
Terrell Brown
terrell.brown@famu.edu

**Title:**
Unseen, Unheardm and Nearly Invisible: An Examination of Secual Orientation and Spirituality’s Impact on Psychological Well-being Among Middle-Age and Older Black Men Living with HIV/AIDS: Implications for Caregiving

**Abstract:**
Middle age and older men with HIV infection/AIDS, having often lived with the condition longer, are more likely to confront the stress of managing more advanced HIV disease than their younger counterparts. Meanwhile, they also are more likely to have less social support and experience more distress than younger persons with HIV infection. Previous research has shown that spirituality has positive effects on both mental and physical health; however very few studies have examined the influence of spirituality and sexuality on mental-well-being in people with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). Further, no studies have examined these variables specifically among middle-age and older Black men who are HIV positive or have AIDS—with caregiving implications. This study seeks to address those gaps along with implications for caregiving. This research examines the relationship among spirituality, sexual orientation, and psychological well-being. Specifically, this research examines psychological well-being and the impact sexual orientation and spirituality have in predicting psychological well-being among 353 middle-age and older Black men living with HIV/AIDS, 49 years and over who are self-identified as homosexual/gay, bisexual, and heterosexual/straight. The theoretical framework utilized is the transactional model of stress and coping, which is a framework for evaluating coping with stressful life events. This research utilizes data from The Research on Older Adults with HIV (ROAH) study. The first comprehensive and in-depth study of this population, the ROAH study assessed a 1,000-person cohort in New York City, examining a comprehensive array of issues, including health status, stigma, depression, psychological well-being, sexual behavior, substance abuse, social networks, and spirituality. Bivariate tests along with multiple and hierarchical logistic regression was utilized to address research questions and hypotheses. The findings from this study imply that spirituality had a direct relationship with psychological well-being, and reveals the contribution of sexual orientation to psychological well-being and
spirituality with middle–age and older adults living with HIV/AIDS. Implications for caregiving will also be addressed.

**Presenter:**
Chama, S.

**Contact:**
Samson Chama  
Department of Social Work  
Oakwood University  
Huntsville, Alabama 35896

**Title:**
Stigma, Depression, and Shame: Impact on Young People and Implications for Policy, Programming, and Practice

**Abstract:**
The problem of young affected by HIV and AIDS in Tennessee is troubling. A number of socio-economic factors have been implicated for this emerging phenomenon. Emerging from his situation is a growing number of HIV affected young people who daily face a plethora of psychosocial challenges because of being associated with HIV/AIDS. There seems to be an absence of solid socio-political and economic will at the city level to support this burgeoning population. To discover the experiences of this population when living under HIV impacted circumstances we conducted a qualitative study that used individual in-depth interviews to discover the lived experiences of HIV affected young people in Chattanooga, Tennessee. Ten participants were interviewed and findings suggest that HIV affected young people deal with acute psychosocial and emotional challenges. Of the psychosocial and emotional challenges, stigma, depression and shame seem to have the greatest impact on their overall well-being. Findings share important implications for policy development, programming, and practice as well. They suggest that paying attention to these themes is a critical step that might create more awareness around the challenges of HIV affected young people in Chattanooga. Focusing on stigma, depression and shame as challenges that impact the well-being of HIV affected young people might influence or strengthen already existing policies including programs. This may also create opportunities for designing tailor made programs that target specific needs of HIV affected young people.

**Presenter:**
Childrey, L.

**Contact:**
Lawayne Childrey  
lawaynechildrey@gmail.com  
601-398-7077
Title:
“Peeling Back The Layers: A Story of Trauma, Grace and Triumph” A Conversation with This Book’s Author

Abstract:
As an award winning author and journalist, long term HIV/AIDS survivor and 20 year recovering addict, I am seeking an opportunity to present a 75-minute Workshop based on my highly acclaimed autobiography, Peeling Back the Layers: A Story of Trauma, Grace and Triumph. This presentation is a real life demonstration on what can happen when we fully focus on this year’s theme, “This Is What We Are About: Champions for HIV Care”. It is highly recommended for all audiences.

Everyday millions of people lose sight of their dreams when life’s curve balls knock them off their feet and out of the game. With the grace of God, that was not the case for me, even though I have endured some of the most horrific trauma imaginable, including childhood sexual abuse, depression, a crack cocaine addiction and an HIV diagnosis. Gratefully, I was able to beat all the odds to become an award winning journalist, a dream I’ve had since childhood. I’ll base my presentation on my new autobiography, Peeling Back the Layers. It demonstrates how I was able to persevere during times of immense struggles.

My story has captivated and inspired audiences across the country over the past year. A few of them are listed below.
1. Birmingham AIDS Outreach 30th Anniversary Gala
2. Mississippi, Florida and Louisiana HIV/Health Disparities Conference

Presenters:
Combs, T.
Johnson, K.

Contact:
Robin Kelley
rkelley@nmac.org

Title:
Equipping and Empowering Change Workforce Leaders

Abstract:
Join this content rich leadership development session, which will provide attendees with definitions, tools and an awareness of the skills needed for leading change. There will also be information regarding types of organizational change management. Specifically, the session will include an overview of the various types of organizational changes and the differences that exist among each type. It will allow attendees to dive deeper into the various roles and responsibilities that can arise during times of change and help attendees understand what is foundational in terms of leadership and followship. This session will focus on the following:
- Gaining an understanding of the foundation for leadership
- Defining various types of organizational changes
- Understanding the value and meaning of followship and the importance of position in an organization
- Equipping attendees with how to implement change within an organization
- Empowering attendees on ways to positively influence others around them, including superiors, peers, and direct reports.

Presenters:
Combs, T.
Johnson, K.

Contact:
Robin Kelley
rkelley@nmac.org

Title:
Learn Your Management Style and how to Communicate in the 21st Century

Abstract:
Through tools such as the DiSC, attendees will be equipped and empowered to be better leaders. They will gain knowledge of their own management style as well as the styles of their colleagues. They will learn communication techniques that increase the effectiveness of their leadership styles and bolster their interpersonal skills. Specifically, the session will include content on leading change efforts through a review of their management and communication styles while helping attendees understand the best way to relate to others around them to accomplish their goals. This session will focus on the following:
- Learning the foundation for leadership
- Understanding one’s own management style
- Communicating effectively with senior and junior staff
- Receiving free coaching and capacity building assistance related to organizational needs

Presenters:
Cook-Ginn, K.
Fanucci, S.

Contact:
Sarah Fanucci
sarahf@lifelong.org

Title:
Acuity Model of Case Management: Moving Away from a ‘One-Sized Fits All’ Approach

Abstract:
In any resource limited system it behooves us to manage those resources in ways that best promote our intended or hoped for outcomes. However, not each service consumer requires the same level of intervention to achieve their identified hoped for outcomes. In order to maximize positive outcomes, utilize resources most responsibly and attempt to provide value to each and every one of our clients across the continuum of needs observed, we developed an acuity model of case management that tailors the type of services and interventions received to the needs of the client, rather than the client having to fit themselves into a one-size-fits-all approach to their services.

In this workshop, we will articulate the specifics of our acuity model of HIV case management spanning the entire continuum of need – from the least invasive check-in-only services for our most self-efficacious, even “graduated” clients, to wellness services for those with irregular but consistent needs, traditional medical case management, and culminating with high acuity services that are inclusive of a team model of service delivery, very mobile units, small caseloads, incentive offerings and peer navigators. We will provide our acuity definitions and assessments and discuss a most important aspect of our model which approaches acuity not only around current life domain stability but also assesses the individual’s ability and capacity to cope with change and stress, resolve problems and navigate systems. We will provide lessons learned through the development of this model as well as our vision for next steps to best providing just the right service fit to each and every client with the goal of serving as many clients as possible at their level of need, promoting positive movement toward greater self-efficacy and dependence, stretching funding dollars, and encouraging all clients to remain connected and engaged.

**Presenter:**
Cordts, L.

**Contact:**
Lucy Cordts
lucy.cordts@crescentcarehealth.org

**Title:**
From the Boomers to the Millennials: Preparing our Emerging Leaders

**Abstract:**
We have all been witness to a number of shifts occurring in our practice settings—many of which have occurred over the past 2-3 years. A great many of these changes can be attributed to the rollout of the Affordable Care Act—healthcare reform in our country has been an important catalyst in awakening dialogue in the HIV social work community with respect to remaining relevant in times of uncertain HIV funding, the mainstreaming of HIV care, and infrastructure changes resulting from managed care.

In addition to significant programmatic and policy changes, we are beginning to see our 20 and 30-year social work veterans begin to plan for the ends of their careers. These members of our senior leadership teams have forged the path and built a strong foundation for social work in the field of HIV care, and it is incumbent upon front-line social workers, first-line managers and supervisors, and those in middle management to take initiative in helping to plan for smooth transitions. In order to continue advancing
social work practice as a dynamic and relevant field that is responsive to both the needs of the community as well as the current political climate, we must ensure that our emerging leaders are equipped with the skills to manage and lead successfully. Strong leadership is essential for managing through change, and many social workers do not receive sufficient formal education and training on management and leadership—often resulting in an accidental “learn as you go” type of experience. Emerging leaders will benefit greatly from purposeful dialogue and skills building around what it means to manage, lead, and participate in succession planning.

By the close of this session, attendees will be able to define and explain relevant differences between management and leadership, articulate essential personnel and program management skills, and begin to create a personal strategy for developing leadership goals as generational shifts and succession planning begin to emerge in our practice settings.

Presenters:
Corwin, M. A.

Contact:
Maria A. Corwin
maria.corwin@ucdenver.edu
303-724-0817

Title:
Relationship is *Everything*: Using Motivational Interviewing to Enhance Retention and Adherence in HIV Care

Abstract:
The mantra “treatment is prevention” makes early intervention and referral to care, regular attendance at clinic appointments, and the ability to be adherent to prescribed antiretroviral medications critical to reducing HIV-related morbidity, mortality, and transmission (Giordano et al., 2007; Mugavero, et al., 2010, 2011,2012; Christopoulos et al., 2011; Gardner, 2013; Corwin & Bradley-Springer, 2014). According to the CDC (2013), “Early treatment of infected persons substantially reduces their risk of transmitting HIV to others, and the prevention benefit of treatment can only be realized with effective treatment, which requires linkage to and retention in care, and adherence to antiretroviral therapy.” Retaining patients in treatment, however, can be a challenging task, as barriers include poverty, homelessness, discrimination, mental illness, problematic substance use, traumatic events, and stigma (Whetton, et al, 2008; Gardner et al, 2011; Kulkarni, 2012). A welcoming clinic environment (particularly to MSM and people of color), the use of Motivational Interviewing (Miller, Rollnick, Butler, 2008), skills-building, adherence tools, and a strengths-based attitude toward those we serve (Rapp et al., 2009) can build patient motivation and self-efficacy, and have demonstrated effectiveness in enhancing retention of HIV-infected patients in care and promoting medication adherence (Marks, et al., 2010; Thompson et al 2012; Corwin & Bradley-Springer, 2013; CDC “Treatment Works” campaign, 2014). Motivational Interviewing is an evidence-based, empathic, affirming, collaborative, patient-centered form of guiding to elicit and strengthen motivation for change. At the end of this session even newbies to
MI will be able to conduct some of the basic motivational interviewing skills to enhance retention and adherence.

---

**Presenters:**
Dudley, T
Mosely, A. H.

**Contact:**
Annie H. Mosely
anniehmosely@yahoo.com
annie.mosely@tmcmd.org

**Title:**
Biting as Bioterrorism: The Interplay Between HIV Criminalization and Disclosure

**Abstract:**
HIV Criminalization—What do those words mean? HIV criminalization is the practice of holding people living with HIV/AIDS legally liable for exposing an HIV- person to HIV through sexual contact, sharing needles, or even spitting or biting in some states. In 2010, an HIV+ man was charged with bioterrorism for biting his neighbor during an argument. This is just one of hundreds of cases of HIV+ individuals being arrested and charged with exposure of HIV (a felony in most states).
Historically, these laws were enacted to help stop the spread of the disease, to hold HIV-positive people accountable for intentionally trying to infect people with HIV. However, today, there are more than 30 states that have passed criminalization laws, which seem more about punishing those with HIV than about stopping the spread of the disease.
Biting as Bioterrorism: The Interplay between HIV Criminalization & Disclosure will examine the laws that criminalize exposing someone to HIV and the inconsistency between the laws and current scientific data on HIV transmission modes. This workshop will also highlight national cases of criminalization, such as the Michael Johnson case in Missouri, where a 22 year-old college wrestler was sentenced to 30.5 years for infecting one or more sex partners with HIV.
Finally, we will look at the importance of properly training Case Managers in the art and science of disclosure by looking at the benefits and barriers of disclosure and specific strategies for helping clients to disclose their status. We will discuss the ways in which criminalization laws further discourage HIV testing, reduce engagement in medical care, and increase stigma, making disclosure even more difficult.
Participants will be able to:
1. Examine ethical and legal issues surrounding HIV criminalization laws across the US.
2. Identify the benefits of and barriers to disclosing one’s HIV status.
3. Implement strategies to support clients in disclosing their HIV status.
**Presenters:**
Duggan, J.
Barnes, T.
Carter, S.
Clinton, C.
Himich, K.

**Contact:**
Katie Himich
katie.himich@utoledo.edu

**Title:**
Quality of Innovation Impacting Our HIV Care Continuum

**Abstract:**
Through 5 innovative opportunities we have shown improvement with relation to our HIV Care Continuum at the University of Toledo Medical Center Ryan White Program. Additional social work staffs were hired and all patients were assigned a case manager and we saw an increase of 59% of patients who have a service plan completed. We implemented medication adherence tracking to define areas of weakness and patients in care who are virally suppressed improved 6%. Through our 340b revenue we implemented an incentive program in 2014 for patients and we have seen a dramatic increase of 19% of patients “retained in care”. Since lack of retention can be caused by mental health and substance abuse problems we have begun the process of building our own mental health program. We estimate that >45% of our patient population will access this care. Of our patients screened in 2014 >36% scored five or higher on a PHQ-9. In the first six months of is operation >17% of our patients accessed treatment or counseling. Finally, we employ two consumer advocates and also a “Minority Outreach counselor” who engages with HIV patients from diagnosis to suppression.

---

**Presenters:**
Eaton, A.
Craig, S.
Watchorn, J.
Wallace, R.
McCullagh, J. W.
Mukandoli, C.
McCure, D.

**Contact:**
Andrew Eaton
aeaton@actoronto.ca

**Title:**
HIV, Social Work, and Brain Health: A Mixed-Methods Community Based Research Study
Abstract:
It is estimated that 50% of people living with HIV will be affected by at least an asymptomatic form of HIV-Associated Neurocognitive Disorder (HAND) (St. Michael's Hospital, 2014). As the number of people aging with HIV increases, social workers need to adapt to meet people's changing needs.

Using a Participatory Action Research (PAR) framework, a research team comprised of social workers and people living with HIV developed a mixed-methods exploratory study to understand the support service needs of people over the age of fifty who are living with HIV and concerned about HAND.

A survey (n=108) was conducted in English and French. Twenty survey respondents then participated in follow-up interviews conducted by peer researchers. An iterative data analysis process was employed whereby three independent coders used NVivo to separately identify key themes from the interviews. The peer researchers were presented with the three independent analyses and the research team collaboratively determined the project's findings. The findings speak to the existing reality of HIV-related support services and how to mitigate service barriers while enhancing client impact and engagement. This brief report will share the findings for critical self-reflection on how social workers support people aging with HIV.

________________________________________________________________________

Presenters:
Ela, R.
Guitierrez, A.

Contact:
Rebecca (Becky) Ela
rebecca.ela@sclhs.net

Title:
Screening, Brief Intervention and Referral to Treatment (SBIRT) in Integrated Care HIV Setting

Abstract:
Our workshop will provide an overview and include applied learning techniques about implementing SBIRT into a Collaborative HIV clinic. SBIRT is a model that can be incorporated into already existing FTE’s and job duties. In addition to demonstrating how to screen for substance abuse with people living with HIV/AIDS in our clinic, we will discuss how to implement the SBIRT model into an existing integrated care medical practice. Workshop will include statistical data from eight years, demonstrating the application of the SBIRT model in a rural HIV integrated care clinic.

We know that HIV patients have a higher incidence of substance abuse, affecting medication adherence, retention in care and the community viral load. In Colorado, SBIRT is defined as a best practice intervention for PLWHIV. We use the SBIRT model in our care setting, which is the only HIV clinic between Salt Lake City, Utah and Denver, Colorado. Our catchment area includes twenty-two rural counties with little access to substance abuse treatment. Using motivational interviewing techniques, participants will learn how to quickly screen, intervene and refer HIV patients with
substance abuse issues, championing the best care possible for people living with HIV/AIDS.

**Presenters:**
Ellis, W. L.

**Contact:**
Walter L. Ellis
704-216-6218
wells@livingstone.edu

**Title:**
Using the Information-Motivation-Behavioral Skill Model to Determine Mitigating Factors of HIV/AIDS Information Search Behavior Among First-Year African-American College Students

**Abstract:**
College students utilize a variety of sources to obtain information about HIV/AIDS. This study built upon the Information-Motivation-Behavioral Skills (IBM) Model to determine mitigating factors of HIV/AIDS information search behavior among 1,008 first-year students attending a Historically Black College in North Carolina. The study also determined whether or not factors that comprise the IBM model were related to any specific information source. While the students who held the perception that they were at-risk of HIV/AIDS were likely to have engaged in this behavior, they tended to rely upon the Internet for information about this disease. This medium did not motivate these students to engage in AIDS prevention, such as always using condoms or being tested for the HIV virus. The HIV testing status of students was related to the medium they utilized to obtain information about HIV/AIDS. Students who had not tested for this virus tended to cite the television as their main source of information about this disease. The fact that these students were less likely to test than students who did test suggests that the television is not a good medium for promoting HIV testing.

African-American college students have expressed the opinion that the mass media is not doing enough to inform the public about the HIV/AIDS disease with respect to media messages and content (Masoomeh et al., 2011). Furthermore, the Kaiser Family Foundation (2009) found that the percentage of African-Americans in the general United States population to have heard “a lot” about HIV/AIDS in the mass media to drop form 62% in 2004 to a third in 2009. In this study, it was concluded that because the mass media is popular among students who had not tested for the HIV virus, this medium can play a pivotal role in increasing the number of students who test for this virus by exposing the public to HIV testing campaigns and HIV/AIDS media messages with both a greater frequency and span of networks. African-Americans are not monolithic television viewers whereby they only watch networks like BET and MTV but instead they view the spectrum of networks that are available to them. In light of the fact that knowing one’s HIV status is a critical AIDS prevention strategy, it is vital that HIV testing promoters span the television networks to inform a broad audience about their campaigns.
**Presenter:**
Fanucci, S.

**Contact:**
Sarah Fanucci
sarah.fanucci@doh.wa.gov

**Title:**
Assessing Acuity Along The Axes of Life Domain Stability, Client Capacity/Ability, and Activation

**Abstract:**
In this Brief Report, we will present an acuity tool and overall assessment philosophy that approaches acuity around the axes of life domain stability, individual capacity, and client activation. Acuity of case managed clients is most frequently assessed by examining current life domain stability. This point of view is included in our tools, which look at current health needs, mental health and chemical dependency needs, housing status, and more. However, we go beyond life domain stability to include an assessment of the individual’s abilities and capacities around coping with change and stress, navigating health and social service systems, overcoming barriers, and problem solving, and we include assessments as well around client activation. The combination of these, we suggest, result in a more comprehensive assessment of acuity as well as the ability to provide more individualized service planning and more effective interventions.

**Presenter:**
Fanucci, S.

**Contact:**
Sarah Fanucci
sarah.fanucci@doh.wa.gov

**Title:**
Creating an Environment of Value -- How to Meaningfully Engage Consumers in the Care Continuum

**Abstract:**
In this Conversation on Best Practice, we will explore the important challenge of incorporating consumer voices, feedback, perspectives and actual direct involvement in the work we do across the continuum of care. We will take a look at what our State of Washington has received as feedback around consumer involvement opportunities – what we thought we were offering as providers and what our consumers actually felt like they were receiving. These two were not always in alignment! And we will share how we are making changes to improve the quality of those opportunities as well as the actual impact and influence of those consumer stakeholders on the work we do.
We will also share one agency example of how they turned things around on consumer involvement – creating a collaborative staff/consumer team that built a comprehensive client onboarding program inclusive of presentations, workshops, exercises, meet and greets, all provided by a combination of client and staff perspective - and brought it to meaningful, valued life.

**Presenters:**
Fanucci, S.
Peterson, C.
Hawk, M.

**Contact:**
Sarah Fanucci
sarah.fanucci@doh.wa.gov

**Title:**
Growth Groups: Blueprints of a Self-Sustaining Model for Support

**Abstract:**
We are living in an era where the idea of chronic conditions and HIV are not mutually exclusive. Due to the evolution of life expectancy and health outcomes for those with HIV/AIDS, it is clear that we are in a genesis of change. AIDS Service Organizations (ASO) are seeing a steady decrease in both governmental and community fiscal support. We are in a time of great change. Yet, in a time where innovative and collaborative opportunities exist when looking at the relationship between ASO and desire of clients to have an active, engaging role within the setting of their proactive, healthy living. This pilot program was created to increase services provided through peer interactions while not compromising the integrity of services that clients are accustomed to. The intention of this program is to be a coach offering guidance to help the client effectively create their own thriving avenues of support. This is a normal process of integration that can be utilized within many arenas; a specific subcategory of clientele, one-on-one or small groups. An agency can utilize trainings with a select group of clients to facilitate having these clients become leaders within their subgroups. Acknowledging that throughout the process, there will be some groups that naturally flourish and others will naturally die off. This program gives clients an opportunity for in person activities that are seen as a deliberate relationship building experience. The blueprints of this project are also a pathway for any agency to create their own style of program within their unique areas, while achieving the same outcomes. The data from the pilot program will demonstrate that HIV+ clients’ can create positive changes within their lives that produce tangible results when they are able to have positive supportive relations with other HIV+ individuals. It will nurture a sense of belonging within a community that will intrinsically enhance their own sense of self-esteem and human-relatedness. As well as, increase self-advocacy while enhancing their own self-worth to create the possibility of being actively engaged within their own healthcare.
Incorporating High Risk Negatives into the Treatment as Prevention Continuum

Abstract:
Treatment as Prevention is a now comfortable mantra in our world of HIV services. But how far have we really taken this idea? How bold are we willing to be in embracing it? In this Poster Session, we will present multiple program ideas on how to incorporate persons who are HIV negative into the traditionally HIV positive care continuum. From fourth generation antibody/assay point of care, in the field testing, to PrEP and PEP case management, to activation assessments, harm reduction and motivational interviewing with identified out of care high risk negatives, as well as innovative cross-discipline collaborations, we will share some current thinking and preliminary pilot work from our great State of Washington.

Untangling Meth, Sex, and Intimacy: The Essential Role of Social Work

Abstract:
Methamphetamine use among MSM is one of the most significant factors affecting the consistent rate of new HIV infections, as well as poor medication adherence. Extremely high-purity and highly-addictive industrially-produced meth from Mexico is attracting MSM, and increasing transgender men and women, of all ages and backgrounds. Meth is more prevalent, and users now begin injecting sooner and hit bottom faster. Because of its disinhibiting properties, meth results in high-risk behaviors and sexual compulsivity. For those living with HIV, meth is appealing because it provides a temporary boost in energy, sexuality, and feelings of worthiness.

Meth use results in significant physiological and psychological risk, but a particularly problematic result is sexual dysfunction. When used concurrently, the brain creates a powerful bond between meth and sex, quickly resulting in a fusion of the two. When this occurs, individuals become dependent on the drug’s intoxicating effects to feel any sexual desire. Once meth and sex are fused, tolerance quickly develops, resulting in escalating drug use and the need for more intense sexual behavior.
This workshop will provide information about the bond between methamphetamine and sex, as well as social workers’ unique and valuable skill set with which to assist clients both in recovering from meth addiction and in reclaiming healthy sex and intimacy. Social workers, for example, pay particular attention to the sociocultural aspects of behavior. An understanding of the social context of meth use (and other drugs commonly used with it) in the gay community is essential, particularly its ability to numb uncomfortable emotions derived from stigma and shame and provide a form of “cognitive escapism.” Social workers acknowledge the impact of multiple systems on behaviors. Once abstinent from meth, many users describe a total lack of sexual desire, exacerbating feelings of hopelessness and depression. If they do have sexual thoughts, many meth users find that they trigger powerful drug cravings. Using social work’s biopsychosocial-spiritual perspective, this workshop will illuminate the biological and psychological basis for meth’s impact, as well as a step-by-step model for understanding the meth-sex connection and assisting clients to reclaim healthy sex and intimacy.

Presenter:
Feinberg, J.

Contact:
Jim Feinberg
JACSW98@aol.com

Title:
The Changing Face of Older Substance Abuse

Abstract:
There are approximately 78 million baby boomers nationwide and estimates are that a boomer turns 50 every seven seconds. Any many of these boomers are taking the abuse of cocaine, heroin, marijuana and other illicit drugs into their “golden years”. Although alcohol remains the top substance of choice among older adults, the aging baby boom cohort has resulted in illicit drugs accounting for a growing proportion of users and an increase in admissions into treatment facilities.

With this shift in drug use trends and HIV infections, comes increasing concern among social workers about how illicit drug use will affect elder’s physical and mental health and how these effects will impact already-strained healthcare, mental health and social service systems.

The body of research has grown in recent years about older substance users. An estimated 5 million adults aged 50 and over have used an illicit drug in the past year. Marijuana being the most common substance used, followed by nonmedical use of prescription drugs. Alcohol remained the most common primary substance and the most common reason for admission into treatment facilities.

Despite the serious and damaging effects of illicit drugs can have on older adults, recognizing such use is not often easy. In fact, it’s more difficult than recognizing use among younger users. Many signs of substance abuse among older adults such as anxiety, memory loss, disorientation, headaches, and incontinence mirror symptoms of physical and mental health conditions that affect older adults.
A related challenge is that many assessment instruments used to diagnose substance abuse are designed for younger people and do not take the experience of older adults into account. For example, one of the DSM criteria for substance abuse is “a failure to fulfill major role obligations at work, school or home.” Such a criterion may not apply to someone who is retired or has few if any familial obligations.

Social workers can play a key role in responding to illicit substance use among older adults. Social workers have a unique perspective on older substance abusers because they are in the field working with individuals. That puts us in a powerful position to educate not only patients, families and loved ones, also medical professionals that older people are using substances that lead to other risk taking behaviors including HIV infection.

The intent of this discussion is to explore the use and misuse of prescription medications, profiles of older substance users, complications and factors that contribute to use, grief/loss, trauma, barriers to treatment and challenges that clinicians face working with this population.

The presenter will help clarify perceptions on older substance users, discuss how to diagnose substance use, identify patterns, reasons why older people use substance and how this correlates with HIV infection trends, treatment options and the physical and mental effects of prolonged and increased use of substances.

**Presenters:**
Ferencic, N.
Partskhaladze, N

**Contact:**
Nina Ferencic
nferencic@unicef.org

**Title:**
UNICEF Regional Office for Central Europe and Commonwealth of Independent States

**Abstract:**
UNICEF is a leading development and humanitarian agency working globally for the rights of every child. Active in more than 190 countries and territories, UNICEF upholds the United Nations Convention on the Rights of the Child and works towards fulfilling global development goals. The UNICEF Regional Office for Central Eastern Europe and Commonwealth of Independent States has been supporting prevention, care and support programs for key populations most affected by HIV, including drug using women and their children.

These women face many obstacles in accessing quality services for the prevention of mother-to-child transmission of HIV (PMTCT), HIV testing, prevention and treatment, harm reduction programs, etc. Key barriers to accesses are both in demand and supply and include low awareness about the services, fear and experiences of stigma and discrimination, violations of rights to confidentiality, judgmental and biased attitude of the professionals. The lack of knowledge and limited capacity of healthcare and social workers largely contributes to this problem.
A clear need for capacity building of the professionals, combined with the requests from the national partners and a lack of modern reference and training tools on the management of pregnancy complicated by drug use and HIV status, led to the decision of UNICEF CEE/CIS RO to support development of a training course “Pregnancy, Substance Use and HIV,” presented at this conference. A course is designed based on the experiences of service providers working with drug using women in the region. The purpose of the training is to enhance theoretical understanding and practical skills of the healthcare and social workers about the complex medical and social needs of drug using and HIV positive women.

Development and application of a module, specifically targeting social workers is of a particular importance for the countries where, similarly to many CEE/CIS countries social work is a newly emerging profession. Presented materials highlight the areas of pregnancy, substance use and HIV, maternal and child health, women’s mental and sexual health, child protection, multidisciplinary team work and the role of outreach workers. Strengthening the knowledge of social workers on these topics will positively contribute to their work outcomes, delivery and uptake of services and outcomes for the pregnant drug dependant HIV positive women and girls.

Presenters:
Ferraris, C.
Legatt, R.
Wilder, T.
Gertz, E.
Franchi, D.

Contact:
Chris Ferraris
cferraris@chpnet.org

Title:
The Social Worker’s Role Implementing The Governor’s Plan to End AIDS in New York State: Strengths and Challenges experienced in a Large Urban Primary Care Setting

Abstract:
New York remains an epicenter of the HIV/AIDS epidemic. New York City (NYC) has one of the highest concentrations of HIV positive people in the United States. Although overall numbers remain high, in recent years NYC has seen significant drops in new infections among many key populations, and has led the nation in progressive funding, initiatives, and planning to address the epidemic. One example of these initiatives is the Governor’s Plan to End the AIDS Epidemic by 2020. The Plan combined the work of over 60 researchers, activists, medical and social service personnel, and resulted in three main objectives and a blueprint to achieve them. All were endorsed by the Governor. The three points of the Plan to End AIDS are:
- Identify persons with HIV who remain undiagnosed and link them to health care;
- Link and retain persons diagnosed with HIV to health care and get them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission;
- Facilitate access to Pre-Exposure Prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) for high-risk persons to keep them HIV-negative. The Mount Sinai Institute for Advanced Medicine (MSIAM), is the largest HIV/AIDS primary care provider in New York State and is well positioned to meet the governor’s challenge. The MSIAM uses a multidisciplinary, patient-centered, approach that combines medical, social work, mental health, and other ancillary services in one setting to enhance access to comprehensive care. Social workers are instrumental in addressing the biopsychosocial aspects of patients who are presenting for testing or seeking care after a new HIV diagnosis; social workers encourage people living with HIV to be active participants in their primary medical care, and they engage at-risk clients seeking biomedical prevention options such as PrEP. This presentation would:
  - Discuss the social worker’s role in carrying out each of the three main points of The Plan.
  - Highlight the clinical themes that arise when addressing the biopsychosocial aspects of clients seeking these services with case examples.
  - Illustrate the role of social workers as agents of change to increase access to these programs for all New Yorkers.

________________________________________________________________________

Presenters:
Fox, T.
Thompson, A.

Contact:
Theresa Fox
fox@ssw.rutgers.edu

Title:
Laying the Groundwork for a Transdisciplinary System of Care

Abstract:
This workshop seeks define a transdisciplinary system of care that is patient centered and outcome oriented. An interdisciplinary system of HIV care is defined as the simultaneous use of multiple disciplines, such as mental health, medical, substance abuse treatment, and social work with the overarching goal of improving the health outcomes of our communities. Each professional offers care within the scope of their respective discipline, parallel to the other treatment paradigms. A transdisciplinary system of care integrates these different approaches to formulate a new approach; one that is designed to meet the individualized needs of the consumer.

Care and treatment incorporates elements of each approach, which evidence shows are most likely to provide successful outcomes for consumers. Social Workers play a pivotal role in a transdisciplinary system of care as they link clients to services and advocate for access to resources. They often bridge communication gaps between other disciplines. In their work, it is not uncommon for social workers to receive unsolicited feedback about the performance of other people, agencies, and programs. Often, the same social workers may find themselves competing with these same service providers for the focus and attention of their clients. Their agencies may also be in competition with other providers in their community for funding. Still, how social workers respond to feedback
about other agencies within a system of care can have lasting impact on the consumer response to individual program expectations within the system of care. Research shows that disengaged consumers are less likely to follow service plans, they become less interested in following treatment advice and they are more likely to drop out of care. Social work’s response shapes the degree to which the system of care is competitive and complicated (multidisciplinary) or collaborative and coordinated (transdisciplinary). This workshop will include interactive elements to define and demonstrate the benefits of transdisciplinary thinking. The need to balance advocacy with transdisciplinary professionalism will be discussed. A structured process that can be used to develop a jurisdictional code of ethics wherever a social worker is practicing to guide further development of transdisciplinary thinking will be introduced.

Presenters:
Freeman, R.
Siegler, E.
Singh, H.

Contact:
Ryann N. Freeman
ryf2001@med.cornell.edu

Title:
Weill Cornell Medicine HIV and Aging Program

Abstract:
The growing population of adults over the age of 50 living with HIV now makes up half of the HIV positive population in the United States. As HIV continues to develop into a chronic yet manageable disease, older adults with HIV are an underserved population. People aging with HIV have significantly more comorbidities than their uninfected counterparts and must live with ART-related side effects. Higher rates of depression within this population may affect adherence to HIV treatment and engagement in care. Because these older adults living with HIV often view themselves as survivors, they may not have given thought to preparing for aging or disability, and are ill prepared for the early-onset aging that we continue to see in this population. In response to these issues, we are developing an Aging with HIV primary care program to improve management of geriatric syndromes and increase discussion of goals of care within the integrated health care system. This will be accomplished by establishing a geriatric clinic that is integrated within the HIV clinics at Weill Cornell Medicine and NewYork-Presbyterian Hospital. Utilizing an interdisciplinary approach, we have already provided training for the HIV social workers to help enhance preventive care for older patients living with HIV and decrease the psychosocial burden these patients are experiencing. The HIV social workers are at the front lines of this effort, as they are to become, through ongoing trainings, our champions for HIV care for older adults. Through collaboration with Services and Advocacy for LGBT Elders (SAGE), we are offering long term survivors of HIV a social support group with aims to reduce social isolationism and link patients to proactive AIDS services organizations throughout New York City. After successful
development and implementation of the program at our two Manhattan-based clinics, we plan to disseminate our development strategy and assist with program implementation at other organizations and clinics throughout the country.

**Presenters:**
Gallego-Villegas, S.
Sabatine, J.
Tomaszewski, E.

**Contact:**
Evelyn P. Tomaszewski
etomaszewski@naswdc.org

**Title:**
What’s THAT Got To Do With It: Talking With Clients About Risk Behaviors and Harm Reduction

**Abstract:**
Social workers – whether in HIV services, private practice, or a community-based health or mental health agency – are having the most amazing conversations with clients and colleagues. Whether we are assessing for risk behavior, talking with clients about sexual practices or substance use, we are working towards helping clients to reduce risk and practice harm reduction strategies. And how we approach these topics may differ based on the age of the client, the practice setting, or even our own comfort. What are the risk factors across the lifespan? What is the role of violence? What is the impact of the client’s substance use on behaviors? How do I initiate a conversation on sex and sexuality? What is the role of PrEP in bio-medical interventions and harm reduction? What role does culture and community have in discussing risk behaviors and harm reduction? And, what resources do we have in our communities to help clients practice harm reduction.

Course objectives:
1. Review risk behaviors that factors and correlates for HIV, Hepatitis, and substance use.
2. Learn the role of social worker in addressing clients’ sexual health
3. Identify the impact of the providers and client’s cultural context that can create barriers to assessment and dialog.
4. Review available harm reduction strategies, including PrEP

**Presenters:**
Granadas, G.
Thompson, J.

**Contact:**
Grissel Granadas
werestillherefilm@gmail.com
Title: Documentary Film Screening: We’re Still Here

Abstract: As of 2010, the CDC reported there were approximately 10,000 people living with perinatally-acquired HIV in the United States. The vast majority of these individuals were born in the 1980s and 1990s before advances in medicine and prevention efforts led to the dramatic reduction of vertical transmission nationwide. Since the beginning of the epidemic, the unique experiences of people born with HIV have been siloed in the world of pediatric HIV care; their stories often told by the caregivers and providers who watched them grow up. As this generation enters adulthood, it is more important than ever for those who were born with HIV to speak for themselves and to insert their stories into the history of HIV/AIDS.

We’re Still Here is a documentary film that shares the untold stories of the first generation of children who were born with HIV in the 80s and 90s. The film follows director Grissel Granados as she embarks on her own journey to seek out other people who were born with HIV and create community where it hadn’t existed before. Now as adults, these long-term survivors are telling their stories in their own words and on their own terms. We’re Still Here gives testament to those who weren’t supposed to be here, and who refuse to be forgotten in the history of HIV/AIDS.

This workshop will consist of a screening of the documentary film We’re Still Here (52 minutes), and will be followed by a discussion on best practices and policy recommendations for providing comprehensive HIV care to people living with perinatally-acquired HIV.

The objectives of this workshop are to:
1. Identify at least one psychosocial issue for people living with perinatally-acquired HIV
2. Identify at least one best practice in providing HIV care to this population
3. Identify at least one policy or program-level recommendation to meet the needs of this population

This is a beginner-level workshop but is open to all.

______________________________

Presenters:
Greene, S.
Ion, A.
Desbiens, M.
Beaver, K.
Crowson, J.

Contact:
Allyson Ion
iona@mcmaster.ca

Title: HIV Disclosure in the Context of Child Welfare
Abstract:
Researchers, service providers and mothers living with HIV in Ontario, Canada have noted a high degree of child welfare and child protection involvement of mothers and families affected by HIV. Mothers living with HIV are involved with the child welfare system because of a range of issues including housing instability, violence, substance use, mental health challenges, poverty, history of colonization, and intergenerational trauma. Despite a high level of social work involvement in the lives of mothers living with HIV, HIV-related education and training are often absent from social work education and professional development contexts in Canada and the U.S. Moreover, mothers living with HIV fear the child welfare system and believe their interactions with child welfare workers will be underpinned by HIV-related stigma if and when their HIV status is disclosed. Our vignette will illustrate a scenario where a mother’s HIV status is disclosed in the course of a child protection investigation. This vignette will ignite a critical conversation about how HIV is taken up (or not) in social work education and child welfare practice. We will raise questions about what social workers need to know about HIV and how to most effectively support mothers living with HIV who are involved with the child welfare system. The aim of this conversation is to foster dialogue between HIV and child welfare research and practice communities in order to shape collaborative and ongoing training, practice and policy initiatives.

Presenters:
Greene, S.
Ion, A.
Kwaramba, G.

Contact:
Allyson Ion
iona@mcmaster.ca

Title:
The Tensions and Challenges Providing Infant Feeding Support to Mothers Living with HIV: When Breast Isn’t Best

Abstract:
Numerous strategies have been employed to successfully decrease vertical HIV transmission rates in Canada and the U.S. including antiretroviral therapy (ART) for mother and newborn. As the risk of HIV transmission through the consumption of breast milk is not zero, breastfeeding avoidance has also been adopted as an HIV prevention strategy. In Canada and the U.S., where it is assumed women have access to formula and clean water, exclusive formula feeding is recommended regardless of viral load and ART. Minimal clinical and social science literature, policies and practice guidelines exist, however, that explore this issue in greater depth.

Social workers play a vital role in providing infant feeding education and support to mothers living with HIV. At the same time, infant feeding is a complex psychosocial issue that can lead to practice dilemmas for social workers and challenging care experiences for mothers living with HIV. The issue of infant feeding also brings to light
the tension between the social control and social support functions that social workers play in the lives of mothers living with HIV. Mothers living with HIV have shared their experiences and recommendations for effective and appropriate infant feeding support with our team of community-based researchers, frontline providers and community champions. This facilitated conversation aims to further develop these recommendations into a framework of best practices that is relevant to social workers working in hospital and child welfare/child protection contexts, and any community organizations that support mothers living with HIV.

Presenters:
Gonzalez, K.
Mosquera, A. M.
Mantaras, C.
Ibarra, J.
Medina, Y.
Martinez, R.
Tamayo, V.
Martinez, J.
Velez, C. N.
Zorrilla, C. D.

Contact:
Karolyn Gonzalez
karolyn.gonzalez@upr.edu

Title:
Are We Listening to the Men? Barriers and Motivators for HIV Testing Among Male Partners of Women Living with HIV

Abstract:
Objectives: Almost 25% of the persons infected with HIV in the USA are unaware of their sero-status. Testing of partners of people living with HIV will identified new cases. Prevention strategies such as PrEP (Pre-Exposure Prophylaxis) could be recommended for those who are HIV negative and are engage in a discordant relationship. The primary goal of this study is to determine the barriers and facilitators to HIV testing of heterosexual male partners of women living with HIV.

Methods: Male partners of women living with HIV receiving care at a longitudinal clinic were invited for HIV testing and to participate in a focus group to explore opinions about HIV testing. A group of 5 males participated in a two hour discussion. The questions included aspects that would facilitate or discourage testing.

Results: The barriers identified by this group of men were: lack of risk perception, concerns with stigma and discrimination, and lack of knowledge. These men did not consider themselves at risk since they believed that only MSM are a risk group. Concerns with confidentiality, fear of rejection and stigma were mentioned as potential barriers. Among the strategies mentioned by the group were: In-Home HIV testing, information campaigns and disclosure of HIV by the current partner. Having a partner who disclosed her HIV status was a positive influence for their acceptance of HIV testing.
Conclusions: Involving the male partners of women living with HIV provided unique information on barriers and facilitators for testing among discordant couples. Women’s disclosure of their HIV status promoted HIV testing of their partners. In-Home HIV testing was viewed as alternative to facilitate testing while keeping confidentiality and privacy. One limitation of this study is that we are listening only to the voices of men whose female partners have disclosed their HIV diagnosis.

Presenters:
Hargraves, H.
Walubengo, L.
Mousseau, H.

Contact:
Heather Hargraves
hhargraves@larkinstreetyouth.org

Title:
Champions for Youth: The HIV Care Model at Larkin Street Youth Services

Abstract:
In the United States, youth ages 13-24 account for about 25% of people living with HIV. Incidence among African American, queer-identified, and gender-non-conforming youth is disproportionately high, and the risk is particularly acute for youth who are homeless or at-risk of homelessness.
Assisted Care/After Care (ACAC), a program of Larkin Street Youth Services in San Francisco, CA recognizes and aims to address the specific needs of these special populations. Larkin Street serves these youth through the continuum of care in an integrated service model that combines health, support, and housing services in a single one-stop location. ACAC’s model champions three areas: the care continuum; a one-stop program model; and a coordinated transition to adult care.
This model has proven to be highly effective in stabilizing health: as of October 2015, 80.6% of ACAC clients had an undetectable viral load compared to the national average of 54% among youth aged 13-29. It has had similar effectiveness in successfully transitioning youth to adult care – in 2015, 82% of youth aging out of services were linked with adult service providers.
Larkin Street’s Assisted Care/After Care Program was the first of its kind in the nation, and it continues to be a champion for youth HIV services and care. This workshop will detail how ACAC has achieved this success by describing how the model supports youth throughout the care continuum, from diagnosis through viral suppression and stabilization. It will describe how the one-stop program model reduces barriers to care such as stigma, housing instability, and access to services. Finally, participants will learn how ACAC’s model eases transition to what can be an overwhelming experience with adult services.
**Presenters:**
Hauck, H.
Dempsey, A.
Goldrosen, M.
Matthews, T.

**Contact:**
Heather Hauck
hhauck@hrsa.gov

**Title:**
Ryan White HIV/AIDS Program Moving Forward: An Update from HRSA

**Abstract:**
During this workshop, the HRSA HIV/AIDS Bureau will provide an update on the Ryan White HIV/AIDS Program (RWHAP) Moving Forward framework; policies related to the intersection of the RWHAP and the evolving landscape of health care coverage; and 2014 Ryan White Services Report (RSR) data on service utilization and changes in health care coverage due to the implementation of the Affordable Care. The data section of the presentation will focus on trends in the RWHAP clients, service utilization, and clinical outcomes as well as some emerging impacts of the implementation of the Affordable Care Act. The objectives are to: 1) present the RWHAP Moving Forward framework; 2) review and discuss recent and upcoming RWHAP policy notices; 3) describe trends in the RWHAP clients, service utilization, health care coverage, and clinical outcomes post-Affordable Care Act as seen in analysis of the 2014 RSR data. RSR data outcomes of interest are: demographic characteristics of RWHAP clients, health care coverage, service utilization, and clinical outcomes, e.g. retention and viral load suppression. Participants will have an opportunity to discuss RWHAP policies and to discuss the RSR data trends with HRSA staff.

**Presenter:**
Holley, L

**Contact:**
Lamont Holley
lholley@nashvillecares.org

**Title:**
No One Ever Shows Up To My Support Group! Best Practices on How to Maintain Sustainable Support Groups for People Living with HIV

**Abstract:**
HIV support groups have been a mechanism of normalizing HIV since the early 1980’s. There is still a place for HIV support groups in fighting stigma and providing a safe space for people living with HIV. In our digital world it is hard for people to connect and face
to face. HIV support groups provide an environment for people living with HIV to talk about issues of living with HIV, HIV related stigma, talking with doctors and many other medical and social subjects of living with HIV. Support groups also provides a safe space to talk about dating, friend and other relationship issues that may be affected by HIV with others who may have similar experiences. But how do you get people to attend support groups? What information should be provided? How do you get participants to engage? How do you keep participants coming back? How do you get participant buy in? This session will discuss best practices of maintaining a support group for people living with HIV as well as strategies for setting up or breathing new life into groups.

**Presenter:**
Holtby, M.

**Contact:**
Michael Holtby
Holtby@DenverPsychotherapy.net

**Title:**
Who Buys & Sells Sex and Why

**Abstract:**
Sex workers have unprotected sex an average of two hundred times a year; and the “Johns,” or prostitution customers, pay extra not to use a condom. Of those women who use crack, 36% have HIV; among meth users it is 61%; and among IV heroin users it is 57%. It is important that we understand both buyers and sellers to help curb this tide in the epidemic.

Johns have been both excused as “boys will be boys” and vilified as predators. The truth is more complex, and their underlying motivations and psychodynamics will be profiled, as well as the risks they face. For sellers, this workshop will discuss the elements of human trafficking in the United States. Video clips from the lives of the women involved will be profiled, how they become vulnerable to pimps, and their risks for abuse, STI’s and PTSD.

**Learning Objectives**
1. Get beyond the black & white stereotypes of sex buyers.
2. Understand the underlying psychodynamics & motivations of sex buyers.
3. Develop an understanding of how women come to sell their bodies.
4. Understand the risks for the women for STI’s, abuse, PTSD and ultimately disability.
5. Describe how social workers can reduce demand through a John’s School program & group therapy.

**Presenter:**
Howard, T. L.

**Contact:**
Tyriesa Howard
Title:
A Qualitative Exploration of the Mental Health Influence of Parental HIV on African American Adolescents’ Sexual Health

Abstract:
Introduction. An interpretative phenomenological analysis approach will be used to explore the sexual health of African American adolescents whose parents are living with HIV. The literature reveals inconsistencies for youth impacted by parental HIV. Some studies characterize youth to display maladaptive behaviors as a result of HIV-stigma while other studies demonstrate youth impacted by parental HIV as resilient, mature, and independent thinkers.

Problem Statement. African American adolescents’ adaptive or maladaptive behavioral responses to parental HIV have the potential to impact their overall long-term sexual health outcomes, which may result in positive sexual health (self-efficacy) or negative sexual health (self-destruction).

Purpose. The purpose of this study is to understand how exposure to parental HIV influences sexual health by: a) exploring how perceived stigma-by-association influences mental health; b) exploring how mental health influences sexual health; and c) understanding the lived experiences surrounding sexual health of youth affected by parental HIV.

Research Questions. Study questions are as follows: 1.) Does perceived stigma-by-association influence the mental health of adolescents impacted by parental HIV? 2.) What are the mental health influences of parental HIV on adolescents’ sexual health? 3.) What are the lived sexual health experiences of adolescents impacted by parental HIV? 4.) How do youth impacted by parental HIV develop sexual health? 5.) How do youth impacted by parental HIV perceive their sexual health?

Methods. Twenty African American adolescents ages 15-17 years with at least one parent living with HIV will be recruited to participate in semi-structured interviews to allow the researcher to understand holistic accounts of their experiences.

Significance. This study is significant for: demonstrating how adolescents conceptualize sexuality and decision-making behaviors; behavioral health and HIV prevention for youth; clinical social work practice concerning HIV; understanding community and intergenerational HIV infection; and building resilient families through the experiences of youth affected by parental HIV.

Results. Preliminary findings surrounding the experiences of youth affected by parental HIV will be discussed.
Contact:
John Rojas
jrojas@health.nyc.gov

Title:
Using Clinical Approached to Leverage Resources and Address Homelessness and Housing Instability Among PLWH

Abstract:
Homelessness and housing instability are associated with decreased access and maintenance to primary medical care and viral suppression. Several federal, state, and local programs (e.g., HOPWA, Ryan White, etc.) exist to provide housing and support services to combat homelessness and housing instability among PLWH. However, many of these programs struggle with covering program expenses that use client rental payments. Through a vignette, Harlem United (HU), a community based nonprofit organization, and the New York City Department of Health and Mental Hygiene (DOHMH) will discuss how they took a collaborative, innovative, and holistic approach to improving client rental payments by first addressing clients’ clinical and behavioral health needs. This presentation addresses how utilizing clinical approaches can be cost-effective while increasing organizations’ financial resources. A clinical approach can improve service delivery that positively impact housing stability and health outcomes among PLWH. Three main questions will be addressed in the session:
1. How can structural barriers such as resident non-payment of rent and inability to integrate into the community be addressed as a clinical issue?
2. What types of clinical approaches can best support homeless and unstably housed PLWH in obtaining and maintaining permanent housing?
3. How can clinicians inform policymakers in designing housing and social service programs that support and enhance health and housing stability among PLWH?

Presenter:
Hudson, C.

Contact:
Christy Hudson
christy.j.hudson@state.or.us

Title:
Implementing Trauma Informed Ryan White and HOPWA Funded Services

Abstract:
The experience of trauma, both historical and recent, is very common among PLWH. People who have experienced trauma are more likely to be non-adherent to medications, have poorer health outcomes, and engage in risky transmission behavior. The HIV Care and Treatment Program of the Oregon Health Authority utilizes Ryan White Part B funding to provide ADAP and HIV Case Management services, and HOPWA funding to provide permanent supportive housing. Since 2014, the program has been working towards trauma informed services across the continuum through training, review of
standards, services and forms, development and sharing of resources, support of staff, and ongoing assessment. This poster presentation will provide an overview of the integrated planning process we have used, outcomes to date, lessons learned, barriers and challenges, and recommendations for the future.

Presenters:
Ion, A.
Greene, S.

Contact:
Allyson Ion
iona@mcmaster.ca

Title:
Supporting Mothers in Ways that Work: Introducing a Resource Toolkit for Service Providers Working with Mothers Living with HIV in Ontario, Canada

Abstract:
The HIV Mothering Study was an observational study that followed women living with HIV from across Ontario, Canada from their 3rd trimester of pregnancy to 12 months postpartum. Through narrative interviews, participants highlighted their psychosocial needs and experiences throughout the perinatal period and offered suggestions to strengthen services and support mothers in ways that work. Although we used a range of methods to collect our data, it was important to always put women’s voices at the center of the research and dissemination activities. The HIV Mothering Study team is currently partnering with an Ontario-wide education and outreach strategy to disseminate and translate study findings into a resource toolkit that will support community development practice. The toolkit makes recommendations for appropriate and effective health and social care during the perinatal period; these recommendations are grounded in the unique perinatal care experiences of mothers living with HIV including infant feeding, surveillance and HIV-related stigma. The toolkit is geared towards all health and social care providers who may interact with women living with HIV during pregnancy, childbirth and postpartum. This brief report will provide an overview of the toolkit including its content and our participatory approach to development and implementation.

Presenter:
Jacobs, A.

Contact:
Amy Jacobs
akjacobs@med.umich.edu

Title:
Healthy Consensual Non-Monogamy, and Its Role In Treatment and Preventative Care
Abstract:
While most social workers have received training in couple’s dynamics, few have received instruction on assisting clients who are in other forms of romantic relationship structures. In the world of HIV prevention and treatment, it may be particularly important to assess for different relationship types, and be able to advocate for prevention and treatment methods that are inclusive of alternative relationship and familial configurations.

Presenters of “Beyond the Familiar” will begin by providing an overview of Consensual Non-Monogamy (CNM) and the terminology used to describe non-monogamous relationship structures, ideas and concepts. What is “Polyamory?” What do people in open-relationships do? Isn’t this really just cheating?!!

Next, it is important that we promote inclusive and comprehensive assessments so we are best able to assist our clients of not only all sexual orientations and gender identities, but also those in different relationship structures. What should you be including in your assessments to make sure you capture the entire picture client’s relationships? Then, once identified, how do you provide the support and skills they will need to practice happy and healthy relationships? Negotiation strategies, empowerment, and tackling jealousy are just a few topics to be discussed.

What about prevention? Could encouraging CNM relationships in certain segments of the HIV-positive population help reduce transmission? Can polyamory be a viable option on the “buffet” for risk-reduction? Special interest will be paid to the role of HIV status within non-monogamous relationships, both in sero-same and sero-discordant variations. Information on current polyamory advocacy will also be provided. Are rights for multi-partner relationships the next “marriage debate?” And why might the gay marriage movement choose to distance itself from the idea of CNM? Will more people in CNM relationships be “coming out of the closet?”

Finally, participants will have the opportunity to ask questions, as well as explore and discuss their personal beliefs and the possible ethical considerations of non-monogamy. Personal experiences with polyamorous situations and practice-related applications will be. CNM and polyamory resources will be provided.

Content primarily geared towards intermediate level practitioners, but is open to all levels of familiarity with concepts of consensual non-monogamy.

Presenter:
Kamya, H.

Contact:
Hugo Kamya
hugo.kamya@simmons.edu

Title:
Challenges in Addressing HIV/AIDS Among Immigrant Populations: A Case Study

Abstract:
Immigrant populations are faced with several challenges and opportunities related to HIV/AIDS. They include immigrant cultural practices and barriers that affect them in addressing HIV/AIDS. The knowledge and attitudes are also affected by cultural issues.
and adjusting to a new culture in the United States. Stigma, language barriers and access to information are major problems. This presentation will discuss one case study toward best practices in addressing community efforts, negotiating power relationships and capacity building among one immigrant group.

Presenters:
Kamya, H.
Haworth, K.

Contact:
Hugo Kamya
hugo.kamya@simmons.edu

Title:
Responsible Citizenship: HIV/AIDS and South Africa

Abstract:
African nations have responded in disparate ways to the HIV/AIDS epidemic. South Africa emerged from an initial response of denial to a response which embraces responsible citizenship. Using a qualitative inquiry approach, the presentation will report on a study that examined the experiences of South Africans following the post-denial period around HIV/AIDS. The presentation will address the progress that South Africa has made. It will also examine the challenges that lie ahead. Policy, practice and research implications toward best practices will be discussed.

 Presenter:
Kanyesige, K.

Contact:
Kellen Kanyesige
k.kenyesige@gmail.com

Title:
The Multiple Hats of a Nurse in Combating HIV/AIDS in Uganda

Abstract:
Uganda is estimated to have more than 1.6 million people living with HIV/AIDS and this does not include the children who are born infected with the disease. As a diploma nurse in Fort Portal Uganda (rural hilly part of Uganda), I get to work with people infected and affected by HIV/AIDS. A nurse's role is diverse from being a care taker, a counselor of those are stigmatized and ashamed by HIV, a spiritual guide, a nutritionist, and medical specialist to mention but a few. It's through this experience that I have come to learn that my clients need an empathic and supportive relationship during this difficult time of their life. This paper intends to discuss and explore experiences of the nursing role in Uganda and also come up with solutions to reducing or eliminating HIV/AIDS.
Presenters:
Kay, E. S.
Kirkpatrick, B. D.
Almeda-Lawson, T.
Yeamans, S.
Smith, B.

Contact:
Emma Sophia Kay
Ekdeanl@crimson.us.edu

Title:
Expanding HIV/AIDS Outreach Services to the Latino Community: A Model of Organizational Change

Abstract:
According to the Centers for Disease Control and Prevention (CDC), HIV infection rates are three times higher for Latinos than for Whites. While a variety of structural, cultural, and socioeconomic barriers limit Latinos’ access to HIV prevention and care, AIDS Service Organizations (ASOs) can attenuate these obstacles through targeted outreach efforts. West Alabama AIDS Outreach (WAAO), located in Tuscaloosa, Alabama, is one ASO that has recently increased its outreach efforts to Latinos. WAAO’s impetus for change stemmed from a staggering statistical disparity: though data from the 2010 U.S. Census revealed that Alabama’s state Latino population growth was the second highest in the nation, WAAO had served only one Latino client in its 27 years of existence. Using a community based participatory research approach (CBPR), WAAO partnered with the University of Alabama and local health services organizations to develop an HIV/AIDS outreach services model for Latinos living in West Alabama. This presentation details WAAO’s process of organizational change from the perspective of a social work doctoral student and CBPR research participant. By highlighting the successes, limitations, and lessons learned, the hope is that WAAO’s experience can serve as a model for other ASOs who want to expand their outreach efforts to the Latino community.

Presenter:
Kieffer, R.
Pier, T.

Contact:
J. Russell Kieffer
russell.kieffer@providence.org

Title:
30 Years of AIDS- a Multimedia Examination of the AIDS Epidemic
Abstract:
There is no question that AIDS has been one of the most destructive diseases of the century, taking countless numbers of lives, devastating families and communities, and exposing intolerance and prejudice. But AIDS has also been a disease of transformation – it fueled a national gay civil rights movement, altered medical research and federal drug testing, upset our politics, changed the way we care for one another, and inspired a cultural outpouring.
This experiential presentation will examine the impact of 30+ years of AIDS on the LGBT community, (from the coming-out revelry of the 1970s to the post-AIDS gay community of the 1990s) and will explore specific ways in which the epidemic has influenced the field of medicine and end-of-life care.

Presenter:
Knight, D.

Contact:
David Knight
david.knight@usdoj.gov

Title:
Combating Discrimination Against People with HIV/AIDS

Abstract:
The Department of Justice, Civil Rights Division, enforces Federal civil rights laws, which make illegal discrimination against persons with HIV/AIDS in employment, housing, and the provision of public and private services. Learn frequent forms of discrimination, what to do if someone has been illegally discriminated against, and where to get additional information to empower clients with HIV to advocate for themselves or to get recourse when faced with discrimination.

Presenters:
Kramer, S. A,
Driskell, J.

Contact:
Scott A. Kramer
scott@scottkramer.com

Title:
An Early Frost: A Film and Discussion

Abstract:
A young lawyer hasn't told his parents about his homosexuality. Now he must tell them--at a time when the diagnosis was still a death sentence--that he has AIDS. – IMDB. This
1985 film was the first television movie about AIDS and the first time many people were able to see what living with AIDS looked like. As the theme of this year’s conference is This Is What We Are All About: Champions for HIV Care we wanted to dive into the past. In the face of a new era of PrEP and more effective treatment options, we would like to explore feelings, reactions, and thoughts about this extremely difficult time of the epidemic where there were few options available. Let’s see what we can take from that time and apply to social work today. Please join us for this special screening and discussion.

Presenter:
Larrabee, S.

Contact:
Susan Larrabee
slarrabee@partners.org

Title:
Training HIV Medical Providers in Motivational Interviewing to Improve Adherence to ART in Patients and Prevent Burn-out in Providers; A Research Project

Abstract:
As HIV has become a chronic disease in the US, medical providers and the social workers who practice alongside them have moved from managing only HIV/AIDS to a host of other health care issues including, obesity, smoking related illness, drug addiction and other chronic diseases like diabetes and high blood pressure. It has become necessary to become experts in supporting behavior change in patients over the life time. Evidenced based interventions must be taught to providers which support this goal and nurture their continued devotion to this complicated population.

In February 2012 a multidisciplinary team, the MI Working Group, gathered to develop a research project which would approach this challenge. Brought to the table was the enormous number of studies and mega analyses showing the effectiveness of using Motivational Interviewing (MI) to promote long term behavior change in patients, including studies showing its effectiveness at addressing medication non-adherence, the primary concern of all medical providers in the HIV clinic. Over the next six months, a proposal was submitted to the IRB, micro funding was obtained and the MI Working Group began planning the intervention; a four hour MI training for all members of the HIV Treatment Team which serves 750 HIV+ people in a large inner-city academic hospital clinic. Surveys were written to measure pre-training skills, post-training skill development and a survey measuring skill use six months post-training. Surveys were coded and interpreted for MI consistency. Post intervention, MI strategy building was incorporated into weekly team meetings, reinforcing training material. The HIV social worker in the clinic offered on-site MI consultation to all providers including live demonstrations with clinic patients who consented. An MI booster session was well attended one year after the initial training.

Motivational Interviewing has become the cornerstone of a successful adherence program in the HIV clinic as well as an education program promoting life saving behavior change in patients. It has further become a self-care and capacity building strategy for medical
providers who previously struggled to maintain a sense of commitment to patients following years of unhealthy life choices. Social work leadership was integral to the success of this research project and the positive results it inspired.

**Presenters:**
Larsson, M.
Chuc, N.
Thanh, T. C.

**Contact:**
Tran Chi Thanh
trchithanh@yahoo.com

**Title:**
Challenging in Adherence Support for HIV-Infected Children Under ART in Vietnam

**Abstract:**
In Vietnam, HIV-infected children’s caretakers could not play the role of peer-supporters due to lack of time and lack of social skills. Social workers are being used to support children’s caretakers with the aim of improving the ART adherence in children. The challenging in adherence support includes:
* Most Social workers:
  1) Deliver support indirectly to caretakers only
  2) Deliver support via telephone mainly
  3) HIV-positive social workers less than 100%
  4) Young social workers
* Most Caretakers:
  1) Old caretakers, grandpa/grandma
  2) Low or lack of education
  3) Family with many financial difficulties
  4) Living far from the clinic
  5) Well-cooperation with social workers less than 100%
* Most Children:
  1) In stable health status: malnutrition, low T CD4 and often-acquired OIs.
  2) Drop of school
  3) Undisclosed HIV status yet
The mixed intervention in enhancing adherence support is being done:
  1) Supporting caretakers via telephone and occasionally in person at the clinic
  2) Providing group discussion for caretakers in term of health education caring children with HIV (general health care, HIV, ARV, adherence) every 3 months
  3) Monitoring HIV viral load for children every 6 months
  4) Meeting and refresher training for social workers monthly
Presenter:
Lee, M.

Contact:
Michael Lee
leex5298@umn.edu

Title:
Blending New Technologies With Members’ Grassroots Perspectives: Case Study Findings From One ASO’s Strategic Change Efforts

Abstract:
How does a community-based HIV/AIDS service organization (ASO), founded by activists in the 1980s, experience change in response to Affordable Care Act reforms and the National HIV/AIDS Strategy? ASOs have undergone numerous transformations over three decades; in many communities, they sustain vital links between consumers and healthcare providers (Andriote, 2011). While federal policy offers several emerging opportunities, its influence on HIV-affected populations, who face persistent socioeconomic barriers, remains context-dependent and unclear. This session presents findings from a qualitative case study examining the experiences of one ASO in an urban Midwestern setting, whose members undertook an extensive systemic change effort in 2013 – 2014.

Data collection followed strategic planning implementation over 13 months and included document analysis (n=40), meeting observations (n=10), and semi-structured interviews with 20 Board and staff members. The study’s questions focused on members’ experiences with the current change initiative; the technological changes they considered (i.e., interventions selected to carry out its mission); the influence of members’ familiarity with HIV-affected constituencies on the change process; and the influence of the organization’s history and service values on the change process.

Findings revealed ten unique themes. Members identified external factors, including uncertainty and changing perceptions, and viewed change as necessary for survival and positioning within the sector. Technological considerations included measurable outcomes, expansion opportunities, and barriers to growth. Members described longstanding personal familiarity with consumers, characterizing their needs as medically and psychosocially complex. Organizational characteristics included nonjudgmental services and longevity, but perceptions of workplace culture were unsettled. Although enthusiastic for change in principle, members cited competing desires for quick, decisive action and cautious, collaborative deliberation. As the study concluded, interviewees expressed waning confidence in leaders’ decisionmaking and communication, and staff departures sharply increased.

This study offers valuable insights into the depth and complexity of change in a community-based ASO setting. The presentation will conclude with a discussion of implications for policy and practice, including the influence of shared historical trauma in organizational settings and conceptually reframing community-level viral suppression efforts around contributing social service factors.
Presenters:
Lee, M.
Rowles, D.
Rushfeldt, C.
Toburen, M.
Mickelson, L.
Mulder, T.

Contact:
Michael G. Lee
leex5298@umn.edu

Title:
Transformation Dialogues: Lessons Learned From One ASO’s Experiences With Change

Abstract:
In 2013-2014, the Minnesota AIDS Project (MAP) undertook an ambitious systemic change effort to define its relevance in the post-Affordable Care Act era. Its planning work caught the attention of a former employee and social work Ph.D. candidate (the panel moderator), who wished to study the intersection of top-down systems change with MAP’s grassroots history and values. The ensuing collaboration provided valuable insights for research and practice. This panel conversation will include the researcher, Board, and key staff members who experienced a process that began with bold intentions, but eventually resulted in significant staff departures and turnover of nearly every member of MAP’s senior leadership. What happened? MAP seemed to be an especially suitable model, owing to its origins in local gay activist communities, its continuous operation since 1983, its experience delivering government-funded services, and its efforts to reconfigure its mission to match the emerging healthcare landscape. MAP was also unique among ASOs nationally due to Minnesota’s accomplishments as the first state to fully implement the ACA’s Medicaid expansion, its online insurance exchange, and a state-run basic health program.

Case study findings, presented separately, only tell part of the story. For the first time, an assembled panel of organization stakeholders will publicly discuss the changes they experienced, the concurrent experience of participating in formal research, and lessons learned from the challenge of reconciling history and values with new and emerging technologies. Vignettes will focus on what ASOs facing similar dilemmas around future relevance and viability can learn from these experiences.
**Title:**
No Job is Finished Until The Paperwork is Done: Guidelines and Strategies For Documentation Compliance

**Abstract:**
Case workers providing HIV care are front line ambassadors of HIV treatment but are frequently not provided with the tools, guidance and support to accomplish their myriad tasks and responsibilities. A major part of being champions of HIV care is not only providing the direct clinical intervention but also effectively documenting the intervention. In our role as clinicians, the importance of proper documentation of client encounters is paramount, not only for clinical reasons, but also for the fiscal health of the agency.

To illustrate, one of the most cumbersome and overwhelming challenges is to provide quality care with limited time and strained resources. Clinicians often feel compelled to choose between addressing the client’s varied needs and having the time to record all of the efforts that are made. The conundrum of care is often resolved by agencies exhorting the need to satisfy the funder’s demands – even if it presents ethical and practical quandaries for the case worker. The worker’s implicit care for the client who needs food, housing and transportation is often diminished and disregarded if there is not adequate documentation that denotes education on health literacy, risk prevention and education and treatment adherence.

While the strain between funders demands, agency protocol and worker commitment are intrinsically linked that do not need to be diametrically opposed. This presentation will utilize a HASTA (DC Department of Health’s HIV/AIDS, Hepatitis, STD and TB Administration) approved quality measurement instrument to facilitate discussion on strategies to strengthen clinical documentation that empowers the case worker, the client and satisfies the criteria the needs of the funders.

---

**Presenters:**
Lopez, J.
Barney, E.

**Contact:**
Juan Jose Lopez
j.lopez@tpan.com

**Title:**
Prevention to Care: Bridging the Gap on an Agency, City, and State Level

**Abstract:**
The champions for HIV Care are the outreach workers, HIV tester/counselors, case managers, retention specialists, doctors, & nurses. Each champion must collaborate with the other to assist the client to move through the HIV Treatment Cascade, ultimately reaching the end goal of becoming virally suppressed.

Many of these providers must collaborate with administrators, insurance providers, policy makers, which all can impede the care that is to be provided to the client. Each champion must find ways to work with these administrative providers to secure that the client gets the best care possible.
Navigating the HIV Treatment cascade can be a difficult and a discouraging experience for the client. This can occur when providers and administrators concentrate more on the presenting problem, (HIV diagnosis, co-morbidity) than the overall well-being and or the needs and concerns of the client. This may make it more difficult for the client to become virally suppressed. This is where the champions must work together to get the client through the cascade. When the champions stumble over obstacles that are created from the administrative requirements of programs, that can impede the quality of services provided to clients, how can it be expected that our clients remain engaged in their care? These are the gaps that we as the providers/champions need to close by collaborating more, becoming more client centered, and finding new ways to assist the client in remaining engaged in their care.

**Presenter:**
Lowery, S.

**Contact:**
Selena Lowery
lowerysl@dhec.sc.gov

**Title:**
What is Missing from the HIV Care Continuum?

**Abstract:**
The purpose of this presentation is to introduce South Carolina’s Peer Adherence Program and explain how it addresses enhancing the HIV Care Continuum. In 2010, President Obama signed the National HIV AIDS Strategy (NHAS). Out of NHAS, came the HIV Care Continuum Initiative in 2013. The purpose of the HIV Care Continuum is to show where improvements are needed as it outlines steps that should be taken from an HIV positive diagnosis until viral suppression.

According to the HIV Care Continuum, there are drop-offs (improvement areas) along the continuum as people move from diagnosis to viral suppression. The South Carolina AIDS Drug Assistance Program (SC ADAP) has created a model for a Peer Adherence Program using a Peer Institute that not only looks at the continuum and addressing the drop-offs to help consumers obtain viral suppression, but expands the continuum through peer-driven interventions that address what happens after obtaining viral suppression. The Peer Institute is a credentialed program with curricula that optimizes entry into and retention in HIV care and antiretroviral adherence for People Living With HIV/AIDS (PLWHA). It will provide service consistency across the state of South Carolina. By using the Peer Institute to credential peers, South Carolina seeks to ensure continuity of care across the state.
Presenter:
Manganello, L.

Contact:
Lisa Manganello
207-807-4586
lmanganello@peabodycenter.org

Title:
Beyond the Pill Box-Engaging Clients in Adherence

Abstract:
Adherence to HIV medication is crucial to the health and survival of people living with HIV as well as the future of preventing new infections. The WHO recognizes this and recommends that all persons diagnosed with HIV be given ARVs regardless of CD4 count, and their newest guidelines reflect this. Social workers have worked with people toward adherence goals for many years, but in order to continue to be effective champions of HIV care we need to understand why people are adverse to taking HIV medications, even when they know the potential risks of being untreated. The introduction of the integrase class of drugs in recent years and drugs in the current pipeline for future use, has created a revolution in HIV treatment. Concerns about convenience and tolerability have lessened, and now people have improved treatment options and access to care. Even so, data shows that adherence to medication is still far from where it should be. Global, national, and local campaigns are announcing initiatives for “Ending AIDS” and the suggestion that this is possible even without a cure is firmly predicated on the consistent use of antiretroviral treatment. Yet HIV positive individuals continue to struggle with medication adherence. Since the use of medication is the bedrock of these proposals, case managers and clinicians who work with HIV positive populations need to gain a better understanding of these drugs and how they work. Due to the technical nature of these medications, AIDS Service Organizations aren’t always able to stay abreast of the latest advances. I have created some learning tools that I want to share with providers and their patients/clients that the agency that I work for has incorporated and are proving very useful in getting to the root of what keeps someone from taking medication consistently or not at all and how to help change that.

Learning objective:
1) Why medication adherence is particularly important in HIV treatment- how it works-old thoughts versus new realities.
2) Working with pharmacy to make sure client's get meds as prescribed.
2) Best ways to use: pill boxes, literature, pill charts, lab keepers, notebooks to promote better adherence
3) Tools created to initiate conversations with clients- regarding stigma related to taking meds, getting, storing meds and ways to get community support around these issues.
4) Educating on how having an undetectable VL works as prevention. The use of PrEP and ways to access this for client partners.
Presenters:
Marr, C.
Mauntel-Medici, C.
Lin, J.

Contact:
Cammeo Mauntel-Medici
cmedic2@uic.edu

Title:
Falling Out of Care: A Social Worker-led Initiative to Improve HIV Re-Engagement and Retention for HIV Positive Patients in an Urban Academic Emergency Department

Abstract:
Background: Only 50% of diagnosed HIV positive patients are retained in care¹. Patients’ lack of engagement or retention in HIV care is often due to a variety of barriers and life stressors², and hospital social workers may often be better-equipped to address those patient barriers and needs than other medical providers³.

Purpose: This initiative aims to ensure that HIV positive patients who seek care at the University of Illinois Hospital (UI Health) Emergency Department (ED) are linked to HIV care, and/or provided resources and referrals for supportive services to help them remain in care.

Methods/Practice: When known HIV positive patients are identified in the ED, social workers complete an HIV Care Assessment to determine care status, barriers to care, and psychosocial needs. Social workers prioritize the most pressing needs and barriers to care, and provide the interventions or referrals necessary to address said need/s.

Results: Between August 15, 2015, and December 15, 2015, 50 HIV positive patients were identified in the UI Health ED, 48 of whom were provided the HIV Care Assessment. Of the 48 patients assessed, 11 (22.9%) were found to be out of care or loosely in care, and the majority of patients assessed were at risk of falling out of care due to life stressors. The most common stressors reported were loss or change of insurance, transportation issues, mental health needs, and housing needs. In total, the ED social worker provided 38 patients with 71 different interventions or referrals and linked 73% of patients identified as out of care to HIV care.

Implications for Practice: Re-engagement models that utilize social workers have the potential to not only re-engage patients into care, but also help address barriers and stressors that could use patients to fall out of care in the future.

Presenter:
Mawedi, S. A.

Contact:
Mr. Ssessanga Asadu Mawedi
mawedisisco@gmail.com
Title:
Ending Discrimination, Stigmatization and Denial (DSD) of People Living With HIV/AIDS

Abstract:
The proposal seeks to analyze the different forms of HIV/AIDS-related discrimination, stigmatization, and denial in contrasting sites globally discussing in details the different forms of HIV/AIDS-related DSD and how these forms are defined in various cultural, economic, and social contexts and also see how different stages of the epidemic influence the forms of DSD and also how these different forms manifested at the individual, family, and policy levels.

To establish which factors influence different forms of HIV/AIDS-related discrimination, stigmatization, and denial with the major focus on the origins of HIV/AIDS-related DSD, the specific factors responsible for enhancing these forms, the relative impact of these factors influencing DSD and their impact vary across different cultural, social, and economic settings. To assess the various responses to which HIV/AIDS-related discrimination, stigmatization, and denial give rise for example what has been the response of people living with HIV/AIDS to DSD, the response of affected families and communities, the response of institutions such as education, health care, and employment systems?, and How has the Legal and judicial system addressed issues related to DSD?

Presenter:
Melton, P.
Sims, O.

Contact:
Pamela Melton
pamelton@sw.ua.edu

Title:
PTSD and Poor Antiretroviral Adherence Among HIV-INfected African American Patients: A Comprehensive Review

Abstract:
Purpose: The purpose of this paper was to conduct a literature review to estimate the prevalence of posttraumatic stress disorder (PTSD) among HIV-infected African Americans receiving antiretroviral therapy in clinical settings, and to identify commonly reported causes of PTSD. Methods: Electronic database searches were conducted utilizing the Campbell Collection, Cochrane Collaboration, EBSCOhost and PubMed to identify relevant articles. Boolean operators in combination with the following keywords were employed: African American, black, HIV or HIV/AIDS, PTSD or posttraumatic stress disorder, HIV treatment adherence and discrimination. Using database limiters, articles were limited to English language, peer-reviewed and publications dated between 2010 through November 2015. Results: The prevalence of PTSD ranged from 40%-93% in clinic samples of HIV-infected African American patients. Intimate partner violence, witnessing HIV-related death, experiencing racial discrimination, and receiving a HIV or AIDS diagnosis were
commonly reported contributing factors of PTSD that negatively influenced antiretroviral adherence.

**Discussion:** To improve antiretroviral adherence among HIV-infected African Americans, it is important for clinicians to acknowledge and address contributing factors of PTSD as a part of clinical care. It is plausible acknowledgement and treatment of these prior traumatic life experiences will engender a positive patient-provider relationship, enhance medication adherence, improve viral suppression, and facilitate engagement in HIV clinical care.

---

**Presenters:**
Minor, M.
Foster, E.

**Contact:**
Emily Foster
efoster@chicagohouse.org

**Title:**
Championing Retention in HIV Medical Care for PLWHA Utilizing the Emergency Department: A Community Based Approach

**Abstract:**
To address gaps in linking and retaining People Living with HIV/AIDS to HIV medical care, a community based organization, Chicago House & Social Service Agency, has been offering a unique program, Connect 2 Care (C2C). C2C is comprised of care coordinators providing one on one support over the period of 6 months to those initially entering or re-engaging in HIV medical care. Program data demonstrates a higher retention rate in HIV medical care than available data for the Chicago area on the treatment cascade, evidencing 86% of participants attending at least two HIV medical appointments in 12 months. In addition to increasing retention in care, program data also reveals a majority of participants achieving viral load suppression; meeting a dual goal of decreasing the probability of transmission of HIV. Program data also demonstrates a decrease in Emergency Department (ED) utilization. At baseline, 60 percent of participants had been to the ED in the past 12 months, averaging 3.25 visits. Whereas at 18 months, 43 percent of participants had been to the ED in the past 12 months, averaging 1.96 visits. Such outcomes contributed to the initiation of a targeted approach to linkage and retention in partnership with EDs.

This workshop will discuss our program’s successes and challenges in linkage and retention work with PLWHA, with a focus on referrals generated from Emergency Departments, which may lend to adapting such approaches in other settings. Successful practice-derived strategies and approaches include a trauma informed approach, such as linking participants to medical providers by preferred gender, providing medical appointment or clinic accompaniment, as well as providing appointment reminders; a strategy that has especially promoted retention in care for newly diagnosed participants. Additionally, utilization of a harm reduction approach in conjunction with Motivational Interviewing has also yielded benefits to increasing retention in HIV medical care.
Client-centered approaches such as meeting with participants in the community, holding drop-in hours, and utilizing text messaging have also been strengths of the program. Employing a myriad of approaches drawn from social work practice can assist in closing the gap in linkage to and retention in HIV medical care.

**Presenters:**
Moncada, D.
Cox, L.
Tomaszewski, E.

**Contact:**
Evelyn Tomaszewski
etomaszewski@naswdc.org

**Title:**
Ethics of Disclosure

**Abstract:**
Scarcе resources, confidentiality protections, criminalization laws, end of life issues, reporting requirements challenge helping professional. Additionally, clients present with issues such as homelessness, substance use and abuse, and non-adherence behaviors that compound effective decision-making. Combined, these issues may raise ethical questions or dilemmas for micro or macro level practitioners. These ethical questions and dilemmas can emerge amidst multiple client related issues that include, the role of consent, the implications of disclosure and mandatory reporting laws and the overlay of client self-determination and confidentiality.

By using a framework for ethical decision making, the workshop explores clinical and systemic issues, as well as individual and institutional attitudes and policies, which affect social work practice. Using disclosure issues as the basis for conversation, participants will identify clinical issues (micro and macro level), guiding principles rooted in social work values, and discuss the intersection of ethics, the law, agency policies, and culturally competent practice.

During this workshop, participants will have the opportunity to address the following objectives:
1. Explore and discuss HIV/AIDS and relevant disclosure issues.
2. Review social work guiding principles, NASW’s Code of Ethics, and laws that create or address ethical dilemmas.
3. Understand culturally competent practice throughout the process.
4. How to use consultation and documentation.

**Presenter:**
Nandaula, S.
Contact:
Sarah Nandaula
nandaulasarah@yahoo.co.uk

Title:
Case Study: “A Child We Cared For Since Eighteen Years with HIV”

Abstract:
Marvin has been on program me for over 10 yrs with HIV/AIDS and on the pediatric clinic always presented himself with his sibling every after 3days .These children were total orphans and being supported by a good neighbor who was a friend to their mother. These children had many issues ranging from physical, psychological, social spiritual and emotional, we managed to take them on for our project to become champions. PHYSICALLY. Since he had physical pain we assessed and used all the medications available to make him comfortable the skin that looked unpleasant was treated. Encouragement to take their ARVS also helped the project to become the champions. SOCIAALLY. Both Marvin and his sibling had a lot of social needs and this was because they had no parents to help not even buying basic needs a child would deserve. Because we work as a multidisciplinary team we discussed all these challenges faced by these children and were solved. These children were supported taken to school since its one of the essentials for a child growing. SPIRITUALLY. The questions for why no parents and the terminal illness were also dealt with since Marvin was a catholic when he was very ill a religious person came and attended to his spiritual needs. The team made sure that it’s continuous even to others and e managed to have a spiritual person. PSYCHOLOGICAL. Many children presents with these issues and at our centers we have been pioneers after handling many psychological issues especially for children. EMOTIONAL. After the death of their parents , with all the stigma around the community these children were looked at as a curse no one loved to come near them or stay with them .but working with community based workers a neighbor decided to take on these children until they are have matured . This is through continuous counseling and education to the community about HIV. CONCLUSION. Hospice is a charitable organization and we have decided to start up a project called “GIVE A CHANCE “for the children that are infected and are orphans as well. Continuous counseling is also routine, income generating social and life skills among others.

Presenter:
Nanyonga, C.
Nazziwa, A.

Contact:
Claire Nanyonga
ciarenanyonga2015@gmail.com

Title:
Women, LGBTQ, Violence and HIV: Policy and Practice Implications For Women in Uganda
Abstract:
Women in most part of the underdeveloped world are increasingly facing domestic violence and abuse, yet the problem is often overlooked, excused, or denied. This is especially true when the abuse is psychological, rather than physical. Many factors can be attributed to rampant violence including social dynamics within a household in places like Uganda.

This paper attempts to discuss violence in Uganda where two out of three women are abused and affected by violence in their relationships by their partners with debilitating consequences, such as psychological and social impact on children who are growing up exposed to violence. The situation is even more devastating in the case of LGBTQ women. Unfortunately, in the midst of all this most of these women have no recourse to talk about these issues due to the strong cultural prohibitions partly because of overstretched family systems. No one has been available to assist these women. The arguments of this paper are rooted in gender analysis framework regarding sexual and reproductive issues, particularly vulnerability and susceptibility to HIV and AIDS and other sexually transmissible infections (STIs). In many situations, these women contract HIV from their partners during violent sexual encounters. Most contract HIV. This presentation will present policy and practice implications in addressing these issues for women in Uganda.

Presenters:
Ndayala, P.
Ondigi, A.
Ngige, L.

Contact:
Alice Ondigi
Ondigi.alice@ku.ac.ke

Title:
Nature and Extent of HIV Self Disclosure By Seropositive Adults in HIV Support Groups in Nairobi County, Kenya

Abstract:
New treatment regimens in HIV management have led to the rapid growth in the numbers of People living with HIV (PLWHIV). Disclosure rates among this group remains low which limits their ability to access necessary support resulting in early progression to death and increased risk of infection and low uptake of protection among sexual partners. Understanding the predictors of sero-positive disclosure to sexual partners can be a step toward devising targeted strategies aimed at promoting HIV testing and disclosure thus enhancing HIV prevention and risk reduction efforts. This study was a descriptive survey involving 232 PLWHIV drawn from HIV support groups in the area selected through non-proportionate systematic random sampling. Study results showed that the general HIV disclosure rates were high (92.2%), but only 50.5% had disclosed to a sexual partner. Generally, Results point to high levels of anticipated stigma and discrimination from all support structures by PLWHIV. It was concluded that PLWHIV anticipated high
levels of enacted stigma and discrimination from their social networks after disclosure. This acted as a barrier to HIV self disclosure. However, these fears did not translate into high levels of actual enacted stigma and discrimination. The study recommended that initiating income generating activities for the PLWHIV, consistent training and counseling on the management of self stigma and promotion of strategies of living positively with the disease can promote effective self disclosure of sero-positive status to sexual partners.

**Presenters:**
Nguyen, H,
Nguyen, H.
Nguyen, Q.
Vu, A.
Chu, T.

**Contact:**
Hiep T. Nguyen
xbl2@cdc.gov

**Title:**
Peer Driven Intervention to Increase HIV/AIDS Case Finding in Mai Son District, Son La Province (50 Minute Oral Report)

**Abstract:**
People who inject drugs (PWID) account for 75% of HIV infections in Son La province; 95% of PWID are male and > 80% of them are married; HIV prevalence among PWID in 2014 was 6.3%. We implemented an outreach approach called “peer driven intervention” (PDI) to identify people at risk for HIV and connect them to voluntary counseling and testing (VCT) and HIV/AIDS care and treatment services.

Beginning January 2014, outreach workers recruited PWID and people living with HIV (PLHIV) in Mai Son district, Son La province to provide coupons to refer target clients—key populations (PWID, sex workers or men who have sex with men) or sex partners of key populations or PLHIV — to Mai Son VCT site for testing. We analyzed records of VCT clients tested during 2014. PDI clients were identified by coupons, and risk groups, by the outreach worker logbooks.

During 2014, of 419 clients from 504 coupons distributed, 259 (61.8%) were male; 284 (75.7%) reported not previously testing for HIV; 186 (44.4%) reported drug injection, 230 (54.9%) sex partners of PLHIV or PWID, and 3 (0.7%) sex workers. Among PDI clients, 43 (10.3%) had positive test results. In bivariate analysis, HIV positivity was greater among PDI clients compared with 2208 clients not referred by PDI (Odds ratio [OR] = 4.2, 95% CI=2.81-6.37). HIV positivity was higher among PDI clients compared with other VCT clients. Replication of this model could be considered in areas with concentrated but hard-to-reach KP and their sex partners.

**Presenter:**
Abstract:
The paradigm, impetus and landscape of personal finance and philanthropy for non-profits have dramatically changed over the last few decades. Traditional investment portfolios assumed investors are only concerned with return on investment (ROI) and risk. For the most part, this way of thinking was correct, investors aimed to become wealthy first then become philanthropic later. Small and large non-profits depended on successful investors who turned into philanthropists – then give large endowments/donations to organizations that address values/issues they cared about. This approach, stratified investors almost as self-centered first and only considering broader values such as philanthropy at a later stage in life. However, a new and growing generation of investors are starting early to seek more than ROI – they are including other values such as charity, environment and public health in their investment strategies. They are “blended value investors.” This creates a challenge especially for small and medium size non-profits who traditionally depended on large donations from successful investors. If these small and medium size non-profits are to be sustainable, they need to blend their own values, mission impact and financial sustainability. This research discusses how these non-profits can create partnerships with the blended value investors - who aim to achieve wealth and be philanthropic simultaneously - leading to sustainability and more connected value-based communities.
combination prevention approach (Minimum Prevention Package Intervention- MPPI). An HIV/AIDS social worker should be able to help patients navigate the complicated issues and link them to available services within their locality.

Cluster model is the national standard implementation approach with the goal of ensuring effective management of service delivery. It ensures that in every locality the Social Workers and other stakeholders identify and know the “cluster” of comprehensive health and psycho-social services and could therefore have robust linkages between facility and community-based services. Stakeholders are provided with hands-on technical support for its development by generating a list of hot spots which includes CBOs providing Prevention services, friendly police station, security operatives and other providers. Hotspots and intervention service delivery sites in the LGA is linked to a secondary and a number of PHCs offering HIV testing, STI, PMTCT and ART. There has been an increase in the number of referrals made to service centers using the cluster approach. More people are able to access service in Nigerian communities which helps in the prevention of HIV scourge and reaching the unreached through the use of the cluster model.

**Presenter:**
Pier, T.

**Contact:**
Thomas J. Pier
TPier@mednet.ucla.edu

**Title:**
Mindfulness: Anchor In Storm

**Abstract:**
Mind-body interventions to manage stress-related health problems are of widespread interest. One of the best known methods is Mindfulness-Based Stress Reduction (MBSR), and MBSR courses are now offered by health services, as well as in social and welfare settings (de Vibe et al, 2012). Mindfulness, or "paying deliberate attention to present moment experiences with openness, curiosity and willingness to be with what is," (Winston, 2012), has been shown not only to reduce stress and stress-related medical symptoms but also to enhance positive emotions and quality of life. Mindfulness meditation as a treatment modality can affect the mind, brain, body, and behaviors in ways that promote whole-person health (Greeson, 2008) and has been studies showing efficacy in treatment for those living with HIV. A small randomized control trial indicated that treatment adherence to the mindfulness meditation program, as measured by class attendance, mediated the effects of mindfulness meditation training on buffering CD4+ T lymphocyte declines. These findings provide an initial indication that mindfulness meditation training can buffer CD4 in HIV-1 infected adults. (Cresswell et al., 2009). This dynamic discussion would define the practice of mindfulness (intentional state) and principles of everyday awareness (dispositional trait) exploring application of mindfulness principles and practices in HIV settings with patients and families.

Participants will learn about mindfulness, experience a guided mindfulness meditation and leave with tools and resources empowering both those experienced with and those
new to mindfulness to explore the applications of mindfulness in their own lives, in their clinical interventions and work settings, providing calm despite HIV’s rising and passing storms.

 Presenter:  
 Palilonis, A.

 Contact:  
 Amy Palilonis  
 Amy.L.Palilonis@hud.gov

 Title:  
 HUD’s Use of Housing as a Structural Intervention to End the AIDS Epidemic

 Abstract:  
 Research shows that housing status is a more significant predictor of health care access and HIV outcomes than individual characteristics, behavioral health issues or access to other services. HUD’s Office of HIV/AIDS Housing manages the Housing Opportunities for Persons With AIDS (HOPWA) Program, the only Federal program dedicated to the housing needs of persons living with HIV/AIDS. Under the HOPWA program, HUD makes grants to cities, states, and nonprofit organizations for projects that provide housing and supportive services to low-income persons living with HIV/AIDS (PLWHA) and their families. In addition to managing the HOPWA program, the Office of HIV/AIDS Housing is responsible for ensuring that HUD’s programs and policies are responsive to the National HIV/AIDS Strategy and other Federal cross-cutting initiatives and to the housing and service needs of PLWHA.

 This poster presentation will provide an overview of the connection between housing and improved HIV treatment and prevention outcomes; discuss the outcomes of the HOPWA program regarding housing stability, risk of homelessness, and access to care; and highlight  
 - HUD’s policy goals and major initiatives regarding HIV/AIDS housing. These include:  
 - The Department’s action items under the National HIV/AIDS Strategy;  
 - HUD’s efforts to modernize the HOPWA program, including the HOPWA formula;  
 - The HUD/National AIDS Housing Coalition (NAHC) jointly-sponsored HIV Housing are Continuum Initiative; and  
 - HUD’s collaboration with the Department of Justice’s Office on Violence Against Women (OVW) on the VAWA/HOPWA Project Demonstration Initiative
**Presenter:**
Pompa, R.
Vega, E.

**Contact:**
Robert Pompa
robert.pompa@lvhn.org

**Title:**
“This is what we are about: Champions for HIV Care”: HIV/AIDS Stigma in the MSM Community

**Abstract:**
Stigma continues to impact HIV/AIDS in regards to all aspects of the National HIV Strategy and the HIV treatment cascade: Prevent Test, Link, and Treat (and retention). This presentation focuses on how stigma is enacted within the MSM community through thought, word, and deed.

- Stigma defined.
- Real life scenarios voiced by patients in clinic setting.
- Video segments that express PLWHA opinion’s on how stigma impacts their lives.
- Discusses stigma’s impact on access to prevention, testing, treatment, and retention in care.
- Opportunity for discussion on how to address and combat stigma in order to combat its impact on the implementation of the national strategy.

---

**Presenters:**
Pratt, S.
Gallagher, S.

**Contact:**
Sharon Pratt
Sharon@mclarenhousing.org

**Title:**
Housing Specialization Located in HIV Health Care

**Abstract:**
Founded in 1987 McLaren was the first HIV/AIDS housing provider in Canada. From a private residence offering accommodation to five people the organization has expanded to provide a variety of innovative affordable housing options in British Columbia. McLaren Housing Society aims to provide housing and support services for individuals and families living with HIV/AIDS and to increase the opportunity for improved health, wellness, independent living and sense of community.

This initial year-long project was envisioned by McLaren Housing Society (MHS) who identified a need from the Social Workers at the Immuno Deficiency Clinic (IDC) St. Paul’s Hospital Vancouver, Canada which is a one stop shop for HIV care (Doctors:
Psychiatrist; Nurses; Pharmacists; Dietician) to address a range of housing concerns affecting the well-being of patients. The proposal of MHS was to place a housing specialist within the healthcare system and join the social work team. Patients accessing the health system could access the housing specialist who for the first time would link them into the very intricate social housing & market rental landscape and help them navigate the complexities of getting a roof over their heads. We use the Housing Continuum as an assessment tool to guide with our interventions.

**Lessons learned: A brief description of the results of the project**
In the year this project has been running we saw over 100 patients. The most important lesson that we learnt was having a housing specialist on site made a huge difference in directing patients to various housing options. The social workers together with the housing specialist were able to offer a greater service to patients of the IDC, St. Paul’s Hospital.

The funding for this project is now on-going.

---

**Presenters:**
Prock, K. A.
Cummings, C. E.
DeNuccio, A.
Hindes, K. L.
Hughes, A. K.

**Contact:**
Kristen A. Prock
prockkri@msu.edu

**Title:**
Social Workers’ Perceptions of Working with People Who Have HIV/AIDS

**Abstract:**
**Background:** In competent client practice, social workers must maintain awareness of personally held attitudes. Research indicates that prejudice towards individuals living with HIV/AIDS continues to interfere with social workers’ ability to provide unbiased services. The goals of this study are to (1) survey social workers regarding their attitudes towards working with people with HIV/AIDS, and to (2) explore the personal, professional, and educational factors that may contribute to those attitudes.

**Methods** This study uses a cross-sectional research design to examine the attitudes of licensed social workers towards people with HIV/AIDS. The instrument included demographics, the AIDS Attitudes Scale, the HIV Knowledge Questionnaire, the Modern Homonegativity Scale and the Marlow-Crowne Social Desirability Scale. A random sample of 2,054 licensed social workers was sent an email invitation and link to an anonymous online survey, with follow-up 2 weeks later. Of the potential respondents, there were 885 unique e-mail opens, and 194 survey opens. Post-eligibility screening, the number of licensed full-time social worker respondents working in direct practice was 119. SPSS 22 was used to generate descriptives and frequencies. Data were further analyzed via Pearson’s correlation, independent t-tests, and ANOVA.
**Results** Factors related to knowledge, education, and training were explored. Findings indicate that knowledge about HIV/AIDS is a statistically significant predictor of a decreased score on the avoidance subscale of the AAS ($r = -0.208, p = .05$). Additionally, there are statistically significant positive associations between the avoidance subscale of the AAS and the MHS-L ($r = 0.451, p < .001$) and the MHS-G ($r = 0.440, p < .001$).

**Conclusion** This study adds to the current literature regarding impact of social worker’s attitudes and beliefs regarding individuals with HIV/AIDS. Discussion will include implications of attitudes/bias on practice, and proposal for additional research that examines the causes of the bias.

---

**Presenter:**
Ramos, M.

**Contact:**
Michael Ramos
michaeltylerramos@gmail.com

**Title:**
PREP and the Role of Clinicians in Private Practice

**Abstract:**
Approximately 50,000 Americans are newly infected with HIV every year. In Philadelphia, 50% of new infections were among men who have sex with men, while 40% were within the heterosexual community. 79% of these infections were men. When broken down by race, 10% were white, 74% African American, and 12% Hispanic/Latino. Untreated or undiagnosed mental illness may increase an individual’s risk for HIV acquisition. Research has found that, compared to other men, gay and bisexual men are at increased risk of: major depression during adolescence and adulthood, bipolar disorder, and generalized anxiety disorder during adolescence and adulthood. PrEP, or Pre Exposure Prophylaxis is a proven HIV intervention that has shown to protect individuals from acquiring HIV, irrespective of their risk. Clinicians in private practice are in a unique position to assess their patients’ readiness and adherence for PrEP. Clinical objectives for this program are:

1. Define PrEP and describe how it works
2. The use of motivational interviewing and harm reduction psychotherapy to assess readiness and adherence to PrEP
3. Discuss how clinicians in private practice could integrate PrEP dialogue into sessions
4. Discuss how clinicians in private practice can screen and identify patients who may benefit from PrEP
5. Identify ways clinicians can support individuals already on PrEP.

Objectives will be met through didactic segments, interactive discourse, and an in-depth case discussion.

Michael Tyler Ramos is a Licensed Social Worker and Certified Advanced Alcohol and Drug counselor. He obtained his masters degree from New York University and has completed postgraduate work at Bryn Mawr College. He is currently completing EMDR training and will soon be certified as an EMDR therapist. He is bilingual in Spanish. Prior
to his relocation to the Philadelphia area, he was the Program Manager for the Men’s Sexual Health Project that focused on clinical care for gay and bi-sexual men. He is currently affiliated with the Walnut Psychotherapy Center and maintains a private practice in Philadelphia and provides in-home therapy for Autistic children and adolescents in South Jersey.

**Presenter:**
Rice, A.

**Contact:**
Alan Rice
alan.rice@vnsny.org

**Title:**
Caring for Ourselves: An Experiential Group Meeting

**Abstract:**
Come and join us as we informally think about the stresses, strains, and rewards of AIDS social work practice. We will share strategies for coping and burnout and also ways we can take better care of ourselves as we continue to do this important work. The group will be facilitated by a highly experienced AIDS social worker who will provide his own story and invite others to do the same. Hope to see you there.

**Presenters:**
Rice, A.
Camhi, E.

**Contact:**
Alan Rice
alan.rice@vnsny.org

**Title:**
“It’s Not Your Parents’ Manage Care Plan Any Longer” One Plan’s Strategy to Have All Their Members Virally Suppressed

**Abstract:**
On June 29, 2014, Governor Andrew M. Cuomo detailed a three-point plan to move us closer to the end of the AIDS epidemic in New York State. The goal is to reduce the number of new HIV infections to just 750 (from an estimated 3,000) by 2020 and achieve the first ever decrease in HIV prevalence in New York State. Although ambitious, we know that one of the significant interventions towards this goal is Viral Load Suppression (VLS) therefore making the risk of transmission very low if at all. Established in 2003, the idea of developing a special needs plan for HIV is having an insurance plan expert in the care of HIV who can contract with HIV specialist in the community and therefore provide the member the best care for their illness. VNSNY
CHOICE-Select Health is one of three New York State Medicaid Manage Care Special Needs Plan for HIV Infected Persons. This poster examines how VNSNY Select Health developed and implemented strategies along with their partners in the community to reach an 82% viral load suppression rate among its approximately 4,000 members. It will also examine our strategy to help the 18% not suppressed to achieve 100% VLS in Select Health’s membership as well as identifying the barriers that our members might encounter to achieve this goal. Lastly we will look at the role a social worker can have in this process utilizing the skills our existing skill set including engagement, partialization and building relationships all to meet the needs of the client.

**Presenter:**
Ristau, S.

**Contact:**
Shannon Ristau
ristaus@ohsu.edu

**Title:**
The Ambivalent Client

**Abstract:**
Angel is a 25 year old, African American male who was diagnosed when he was 19. He struggles with an active heroin addiction and a somewhat unstable family/home life. His grandmother is his champion and his stability. Angel currently lives with his grandmother since losing his housing. His mother lives in another state, his father comes in and out of Angel’s life, and Angel does not seem to have consistent, supportive friends or partners. Angel has been on and off meds since his diagnosis and has developed resistance to multiple ARVs. In the past year, Angel has had at least 8 hospitalizations/ED visits just within the hospital system where his care team is located. He is currently dealing with MAC, The team (provider, pharmacist, counselor, MA, nurse, and medical case manager) have struggled with Angel around his adherence and his indecision about whether to choose to die comfortably or fight to live.
- What are the impacts to care for clashes among the interdisciplinary care team?
- What happens when your (the social worker) credibility is questioned due to the client constant lack of follow up on referrals for services? How does that impact your work with this client and others?
- What are the best practices around working with an ambivalent client, particularly balancing respecting a client’s wishes about their care and honoring the need for medical intervention?

**Presenter:**
Robinson, T.
Contact:
Tay D. A. Robinson
tda.robinson09@gmail.com

Title:
HIV Integrated Care: Integrating Mental Health, Substance Abuse Screening, Brief Assessment, and Referral to Treatment into HIV Prevention

Abstract:
HIV/AIDS remains a persistent problem both nationally and internationally. In the U.S., nearly 50,000 people are infected annually. According to AIDSVu, at the end of 2012, 154 of 100,000 persons in Kentucky were living with HI; Men who have sex with Men accounted for 77% of the prevalence rate. While Kentucky currently has a low prevalence rate of binge drinking, proximately 97,000 individuals aged 12 or older were dependent on or abused illicit drugs in 2013. Since substance use is a risk factor for acquiring HIV and other STIs, it is imperative to screen individuals who report substance use for HIV and link these individuals to care. Methods: In 2015, an evaluation of services for a practicum project was conducted at Volunteers of Kentucky’s Addiction Recovery Services which provided services to individuals in recovery for substance abuse issues. Many of the clients were also infected with Hepatitis C. Hepatitis C is a virus that can be transmitted via needle exchange and through sexual contact much like HIV. However, services were segmented and providing holistic care. The evaluation of HIV service uptake was done by conducting a brief risk screener and referring individuals for HIV testing. Results: Starting with a baseline of zero, because there were zero clients taking advantage of this readily available resource there was quantitative study done to determine if the number of HIV tests being given to clients in residential treatment would increase. In order to ensure this was done we had to improve communication between the HIV Services staff as well as the Addiction Recovery staff, inform every client upon entrance into the programs, and assist clients in making appointments to get tested. Out of the 48 male clients 15 (less than 50%) of them agreed to being tested. The low numbers are thought to be due to clients preferring to go on their smoke break and pass for the day. Conclusion: The results showed us that there were less than 50% of the clients who were informed of the HIV Services giving free HIV tests that actually agreed to being tested. Since the numbers were so low there should be more research done on more effective ways to get more clients to agree to being tested. It is important that our clients who have used needles for drug use are being tested, especially if they have shared needles with others. With the current outbreak in Southern Indiana and it being so close to home there is a chance that some of the clients in KY could have been infected with HIV. It is also important for these clients to be tested at least 2-3 times a year. If a client was to test positive the HIV Services department has the resources available to connect them with a medical case manager who will ensure all of their basic needs (food, housing, transportation, medical appointments, etc.) are being met. The case manager will also ensure that the client is linked with a primary care physician to look after their care. If the client’s basics needs are fully met they are more likely to stay on top of their health which will allow them to live a healthy life.
Presenters:
Rodriguez-Escobar, Y.
Gloria, M.

Contact:
Yolanda Rodriguez-Escobar
yrodriguez-escobar@lake.ollusa.edu

Title:
Como Han Pasado Los Años (How the Years Have Passed Us By): Long-Time Survivors-Latinas Living with HIV/AIDS post 20 years or more

Abstract:
This session will discuss the current state of Latinas who have become known as long-time survivors of HIV/AIDS and who have entered older adulthood. Specifically, the session will explore the current needs of this sub-population of people living with HIV/AIDS as they age. What are their specific needs? How are they coping? What is their participation in community efforts to educate the younger population at risk for acquiring HIV? What lessons learned can they offer as mentors to others facing struggles related to HIV? Are there any culturally competent services needed for this group of women? In addition, a long-time member of Mujeres Unidas Contra el SIDA (Women United Against AIDS) will give her personal testimony on how she has entered the phase of older adulthood living with HIV and she will speak about her involvement in the HIV/AIDS community and how she evolved as a leader. By having personal testimony from a long-time HIV activist who is living with HIV will demonstrate how some of our Champions of HIV Care have become long-time survivors as they are oftentimes the most effective individuals in reaching out to someone who is newly diagnosed, scared, and not knowing what to do. They can assist in encouraging a newly diagnosed individual to adhere to medical treatment, to practice safe-sex, to practice self-care, etc. Many of those who survived decades while HIV positive have become Champions of HIV care in the fight for heightened awareness, prevention, and a cure.

June 5, 2016 will be recognized as the Third Annual Long-Time Survivors Awareness Day (NHALTSAD). The Long-Term Survivors Declaration states: “With courage and compassion long-term survivors of HIV strive not only to survive but also to thrive into full, meaningful, productive, independent and connected lives, free from stigma, ageism and discrimination regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socioeconomic circumstance.” This session will be geared at intermediate and advanced social work practitioners.
Presenter: 
Ropp, A.

Contact: 
Andrea Ropp
andrearopp@arcohio.org

Title: 
Engaging Clients in Wraparound Services Using Motivational Interviewing Techniques

Abstract: 
This discussion will target how to engage a difficult to engage client using experience from direct client care. The individual needing engaged has experienced multiple traumas in a short period of time, has multiple health issues in addition to HIV, is at risk of homelessness and has no family or social supports. He is mistrustful of medical professionals, including social workers, because he is experiencing hoarding issues in his home and during a recent hospitalization, he was told that there was question whether his home was safe to return to or not. The client has fallen out of Case Management care in both medical and housing and is in need of re-engagement. The group will be given a detailed summary of the case and posed with the following questions for discussion:

a. What is the most important first step in working with this individual? Where would you focus your first efforts?

b. How would you go about engaging him in Medical and/or Housing Case Management services? Which is first? Or should you do both at the same time?

c. What Motivational Interviewing techniques would you incorporate first into your work with this individual?

Presenters: 
Rothman, Z.
Sparks, M. A.
Ferraris, C.
Ventuneac, A.
Gurung, S.
Spacek, L.
Rendina, J.
Parsons, J. T.

Contact: 
Zlatka Rothman
zrothman@chpnet.org

Title: 
The Role of the Social Worker in a Comparative Effectiveness Trial for HIV+ Hazardous Drinkers
**Abstract:**
Alcohol use among people living with HIV/AIDS (PLWHA) can contribute to poor HIV treatment adherence and may reduce the efficacy of anti-retroviral (ARV) treatment and speed HIV progression. Interventions are needed to address substance use and increase medication adherence for PLWHA. One of the few psychosocial programs shown to affect HIV laboratory values is Positive Living through Understanding and Support (Project PLUS), an 8-session Motivational Interviewing (MI) and Cognitive-Behavioral Skills Training (CBST) intervention developed to reduce risky drinking and improve ARV adherence among PLWHA who engage in hazardous drinking and have detectable HIV viral loads. In a randomized controlled trial, participants assigned to PLUS (compared to an education /attentional control condition) significantly reduced HIV viral load, increased CD-4 count, self-reported significant decreases in the number of drinks and self-reported significant increase in adherence to anti-retroviral (ARV) medications. Project Plus was evaluated in tightly controlled research environment with numerous inclusion and exclusion criteria, and findings need confirmation in a real-world clinical setting. This poster will describe the early phases of implementing a comparative effectiveness trial of PLUS in a large urban HIV primary care center. Social workers play an integral role in assessment, intervention, and project management.

This poster will highlight:
1. The research design of the intervention with three clinics (one assigned to immediate intervention, one assigned to assessment only with a delayed intervention, and one to historical control conditions).
2. The baseline demographics and characteristics of patients enrolled in the current PLUS trial.
3. The role of social workers in the implementation of the PLUS trial in clinical setting.
4. The adaptations made to the PLUS intervention, based on lessons learned by participants and clinicians.

---

**Presenter:**
Rountree, M. A.

**Contact:**
Michele A. Rountree

**Title:**
Holistic, Integrated Treatment Model of Care for Persons Living with HIV/AIDS: "Treated me like I was an absolute basket case—it upset me more than it helped me"
with effective treatment, which requires linkage to and retention in care, and adherence to
antiretroviral therapy.” Retaining patients in treatment, however, can be a challenging
task, as barriers include poverty, homelessness, discrimination, mental illness,
problematic substance use, traumatic events, and stigma (Whetton, et al., 2008; Gardner
et al., 2011; Kulkarni, 2012). A welcoming clinic environment (particularly to MSM and
people of color), the use of Motivational Interviewing (Miller, Rollnick, Butler, 2008),
skills-building, adherence tools, and a strengths-based attitude toward those we serve
(Rapp et al., 2009) can build patient motivation and self-efficacy, and have demonstrated
effectiveness in enhancing retention of HIV-infected patients in care and promoting
medication adherence (Marks, et al., 2010; Thompson et al. 2012; Corwin & Bradley-
Springer, 2013; CDC “Treatment Works” campaign, 2014). Motivational Interviewing is
an evidence-based, empathic, affirming, collaborative, patient-centered form of guiding
to elicit and strengthen motivation for change. At the end of this session even newbies to
MI will be able to conduct some of the basic motivational interviewing skills to enhance
retention and adherence.

**Presenter:**
Runnels, R.

**Contact:**
Ratonia C. Runnels
rrunnels1@mail.twu.edu

**Title:**
Examining Mental Health Care and Social Support Needs of HIV Positive Women in Texas

**Abstract:**
Texas has the third-highest rate of diagnosed HIV infections in the nation behind
California and Florida (CDC, 2012) and ranks third highest for the number of women and
girls estimated to be living with HIV (Kaiser Foundation, 20154). Epidemiological data
indicate that the groups most vulnerable to HIV in Texas are gay men, African American
and Hispanic men who have sex with men (MSM), youth, and African American women
(Texas Department of State Health Services, 2014). In 2013, an estimated 15,500 persons
were living with HIV in Dallas County, representing an increase of 69% since 2003.
Specific aims of the study are to 1) reduce stigma, decrease anxiety, and improve quality
of life in HIV positive women; 2) to examine relationships between socioeconomic
status, depression and anxiety levels, and perceived social support among HIV positive
women; 3) identify variables determining participation in support groups and social
networks; and 4) identify mechanisms for continued exchange of information and
resources for HIV/AIDS peer education and support. To date, 42 women completed
demographic questionnaires and the BAI/FAHI pretest, posttest, and follow-up measures.
At pretest, all participants completed the Beck Anxiety Inventory (BAI) with an average
score of 22.38. Using a cut-off score of 22, we determined that 50% of the participants
scored above the clinical cut-off for the BAI, indicating clinical levels of anxiety and
symptoms characteristic of Panic Disorder as defined in Diagnostic and Statistical
Manual 5 (American Psychiatric Association, 2013). The PI conducted another study of
HIV positive women in the Dallas/Ft. Worth area (n=98). Preliminary analysis found that
34% of the participants scored above the clinical cut-off for the Beck Anxiety Inventory, indicating clinical levels of anxiety and symptoms characteristic of Panic Disorder as defined in Diagnostic and Statistical Manual 5 (American Psychiatric Association, 2013). Additionally, 43% of the participants scored above the clinical cut-off on the Beck Depression Inventory-II, indicating that the level of depressive symptoms warranted seeking clinical attention (Runnels, 2015). Study participants also participated in key informant focus groups to share thoughts and ideas regarding social support and mental health services provided in their area.

**Presenter:**
Rushfeldt, C.

**Contact:**
Christy M. Rushfeldt
christy.rushfeldt@mnaidsproject.org

**Title:**
A Closer Look At Injection Drug Users, from HIV Risk Reduction to Treatment Linkage

**Abstract:**
It’s no secret that Injection drug use is on the rise. In 2013 there were 56 reported heroin overdose related deaths in Minnesota’s Hennepin County alone. Needle and syringe exchange programs are a type of harm reduction program that provide clean equipment to people who inject drugs. It is well documented that Syringe Exchange Programs significantly and cost effectively reduce the number of HIV infections without evidence that the programs exacerbate injection drug use at either an individual or societal level. There is also significant evidence to show that a person who injects drugs and participates in a syringe exchange is far more likely to seek treatment than their non-exchange using peer.

As the largest syringe exchange program in Minnesota, the Minnesota AIDS Project has direct access to many of the individuals that are injecting drugs and are often at the highest risk for HIV infection and/or opiate overdose. The Good Samaritan Law went into effect in Minnesota in August of 2014. It is commonly known as Steve’s Law and provides protections for injection drug users around overdose prevention. This workshop will provide a closer look at the injection drug using epidemic including who has been impacted, the causes for this and what we have done in Minnesota to fight back. By empowering clients to understand the laws that protect them, and the recovery resources available to them, we not only provide a safer way to inject drugs, but to improve the quality of client’s lives when and if they are ready to seek treatment.

**Presenters:**
Seidel, L.
Crisostomo, V.
Brennan-Ing, M.
Abstract:
The success of anti-retroviral therapies have transformed HIV/AIDS into a manageable, although serious, chronic disease. The CDC estimates that 70% of those living with HIV will be age 50 or older by 2020 with the cities of San Francisco and New York projected to reach that mark earlier. In addition to long-term survivors, this population is growing because people 50 and older are sexually active and engage in behaviors placing them at risk for HIV; approximately 1 in 5 (21%) HIV infections are diagnosed in this age group, and 2 in 5 (42%) have a concurrent HIV and AIDS diagnosis. Research on Older Adults with HIV (ROAH) is a comprehensive assessment of the health status, characteristics and needs of older adults with HIV, to provide an evidence base to inform and prioritize health care and social service supports. An overview of the findings will be presented. Older adults with HIV, whose median age in 2013 was 58, are exhibiting rates of multimorbidity typically seen in the 7th-9th decades of life. One-third are socially isolated and over half are depressed. As most HIV services are geared towards younger adults, this presentation will focus on essential program components for older adults living with HIV, including reducing isolation, promoting sexual health and assisting clients in finding meanings and purpose in their lives. The New York City based ACRIA, recognized as an international leader on the issue of older adults and HIV, and the San Francisco AIDS Foundation home to PLWHA led Elizabeth Taylor 50-Plus Network will come together in this session to offer strategies to locate resources specific to the older adult population, adapt best practices to attendee’s locale and present case studies on advocacy efforts resulting in collaborations between HIV & Aging providers based on research, experience and observation.

Presenter:
Shephard, J.

Contact:
James (“Jim”) K. Shephard
jshephard@christiancare.org

Title:
35 Years in the Octagon - The Fight Against HIV

Abstract:
1981 – The bell sounded. The combatants had entered the ring. In one corner, an unknown and rare pneumonia with no name that was affecting gay men in Los Angeles. In the other corner, the health care system. How would this fight play out? How many rounds would it be? Is there any interest in this fight? What is the price of admission to see this fight? Who would win the early rounds? Did the length of the fight encourage
more onlookers and supporters for the health care system? After 35 years, is there still any serious and sustained interest in this fight? For the new onlookers, supporters and participants in the health care system, is there an appreciation for the history of the early rounds and the sacrifices made by so many?

This presentation will focus on the history of the HIV fight, specifically in the United States. Special attention will focus on the early struggles, defeats, and sacrifices made by so many. A review of brown-breaking therapies, The Ryan White Program, and now a national strategy will be reviewed. The significance of not seeing this fight to the final bell will be discussed. For the younger HIV/AIDS Social Workers entering this realm of health care, this presentation will be a primer for the struggles and successes they will now face. As former President Dwight D. Eisenhower stated, “Neither a wise man nor a brave man lies down on the tracks of history to wait for the train of the future to run over him.” Hopefully by reviewing the history of the fight against HIV/AIDS we can all become more focused on seeing and contributing to the eventual and of this fight. In summary, this workshop will focus on where we were, where we are, and where we need to be through the lens of history.

**Presenters:**
Shipman-Negrete, A. J.
Wilkerson, T
Wolff, N.

**Contact:**
Aaron J. Shipman-Negrete
aaron.shipman@state.co.us

**Title:**
“Do I (still) have to?”: HIV Status Discussions in the Era of Medical Interventions

**Abstract:**

**Objectives:** Recognize the important relationship between interpersonal HIV discussions, the HIV Care Continuum and prevention; describe the tenets and the psychological science of the Disclosure Processes Model; understand the model’s translation into the Disclosure Spectrum clinical tool; and apply this clinical tool for assessment and goal-setting to implement strategies to increase HIV awareness and empathy while improving utilization of health services.

**Relevance to Social Work:** In a new era of HIV prevention focused on Treatment as Prevention (TasP), Post-exposure prophylaxis (PEP) and Pre-exposure prophylaxis (PrEP), risk reduction and interpersonal HIV status discussions may be perceived as no longer necessary. However, according to research, People living with HIV (PLHIV) in the US who avoid HIV status discussions are most likely to experience mental health decline, social isolation and substance abuse and are ambivalent about medical care and TasP. Medical interventions significantly decrease HIV transmission, but adherence errors and other health challenges cause gaps in medical protection and not everyone is engaged in comprehensive ‘wrap around services’. Social workers (and other health service providers) play an important role in normalizing HIV status discussions with clients. They can be a resource for clients regarding talking with potential sex partners.
and other supports while navigating the complexities of local HIV criminalization and the risk of interpersonal violence. In particular, HIV status discussions invite participants to take personal responsibility, manage anxiety, educate partners, and share resources to decrease stigma, social isolation and HIV transmission.

**Content:** Workshop facilitators introduce the Disclosure Processes Model—a psychological model that can be used to understand the how HIV discussion goals impact health, behavior and discussion outcomes. We provide the Disclosure Spectrum—a visual clinical tool demonstrating client demographics with regards to HIV discussion patterns and medical outcomes. Participants will also receive HIV discussion skill assessment questions and ways to facilitate check-ins, model HIV status discussions and help eliminate social barriers to utilizing HIV care and services.

**Presenter:**
Sierra, G.

**Contact:**
Gloria A. Sierra
GASierra@texaschildrens.org

**Title:**
No, I Don’t Want To Go!! HIV+ Youth Transitioning into Adult Care

**Abstract:**
Summary: The improved reductions in HIV related morbidity has led to the requirement of HIV+ Youth transitioning into adult care. This identifies perinatal-infected youth with a lifetime of chronic disease experiences attached to the pediatric care system and the high-risk behaviorally infected youth with poor support systems and disengagement from the system. Today, transition planning must address the cognitive development, mental health, medication adherence, sexuality, reproductive, gender identify, as well as the socioeconomic, health insurance status, stigma and disclosure. Although safety-net systems exist for HIV healthcare, they are often difficult for youth to navigate. This leads to failure in the successful transfer into adult care. This may lead to treatment interruption and negatively impact disease control and prognosis, leading to illness, hospitalization, and a resistant HIV virus. Texas Children's Hospital HIV multidisciplinary team consisting of pediatricians, nurses, and case managers who are currently using a generalized EMR Transition Tool to assist with addressing these challenges. Additional transition planning is required for the HIV+ youth that will include communication between adolescent and adult health care settings. It will address the resistance from patient and family during this process. The team also targets the importance of preparing the youth for life skills development (e.g., appointment management, symptom recognition, reporting, medication management, and insurance). Case studies will be used in presentation to address topics used in transitioning HIV+ youth into adult care.
Title:
Behavioral Interventions to Reduce Alcohol Use Among Hepatitis C (HCV) Patients: A Systematic Review

Abstract:

Background and Purpose: Alcohol consumption accelerates hepatitis C virus (HCV) cellular replication, the natural history of HCV infection, and has a synergistic effect on the progression of liver disease. The American Association for the Study of Liver Diseases recommends complete abstinence from any level of alcohol consumption for HCV-infected patients. Despite this warning, continued alcohol use among HCV-infected patients is prevalent in clinical settings. Nearly 60% of patients presenting at liver clinics continue to consume alcohol despite the harmful effects of continued use. The purpose of this paper was to identify and describe studies that designed and implemented behavioral interventions to reduce alcohol use among HCV patients in clinical settings.

Methods: This systematic review was conducted using the PRISMA Statement guidelines. PubMed, Psych Info, Web of Science, and Cochrane library databases were used to perform an exhaustive search of peer-reviewed articles published by March 15, 2015. The search strategy used Boolean operators in combination with the following keywords: hepatitis C, HCV, intervention, treatment, and alcohol. Three studies met inclusion criteria.

Results: More than 50% of patients who received Cognitive Behavioral Therapy in combination with Motivational Enhancement Therapy achieved abstinence or significant reductions in alcohol use over time (Dieperink et al. 2010). Motivational Enhancement Therapy significantly increased the percentage of days abstinent from baseline to 6 months compared to the control condition (35% to 73%) (Dieperink et al. 2014). Twenty-seven percent of patients reduced alcohol use and 44% achieved abstinence with Motivational Interviewing in combination with Cognitive Behavioral Therapy (Preseschold-Bell et al. 2012).

Discussion: Clinicians should consider translation, integration, and delivery of motivational interventions coupled with psychoeducation in HCV clinics to reduce alcohol use and to increase the pool of medically eligible candidates for HCV treatment. More research is needed to evaluate and support the clinical utility and benefit of brief behavioral interventions in HCV clinical settings to modify alcohol using behaviors.
Presenters:
Smith, K.
Byrd, G.
Somerville, K.
Younge, M.
Kennedy, B.
Miles, S.
Noto, B.
Angerame, M.
Magnani, N.
Johnson, MC.
Miller, J.
Canizzaro, F.
Sienk, K.

Contact:
Gregory Byrd
gbyrd@jordanhealth.org

Title:
Cross-sector Collaborations to Improve Linkage Rates of HIV Infected Residents in Monroe County within New York State

Abstract:
People living with diagnoses of HIV infection (PLWDHI) that are out-of-care often lose motivation to attend appointments. Conducting partner service activities outside of a structured environment usually results in less than optimal conditions for providing positive results and linking patient to care. To address both of these barriers, Monroe County Department of Public Health (MCDPH) focused on creating strategic partnerships to accelerate linkage.

In 2014, MCDPH received over 350 PLWDHI in need of Linkage and re-engagement services. MCDPH reached out to Anthony L. Jordan Health Corporation (JH), a Federally Qualified Health Center. The collaboration lead to the development of the Comprehensive Access Point using Team based Approach for Individual Navigation (CAPTAIN) model. The CAPTAIN model allows PLWDHI who accept care at JH to attend an appointment within 24 to 48 hours, and offers MCDPH a confidential environment to provide results and linkage services. The CAPTAIN model proved effective during a six-month pilot, and served as a template for Strong Memorial Hospital Infectious Disease Clinic to create a similar model: Social Work Access Team (SWAT).

This cross-section collaboration has proven itself very effective in Monroe County. Within 24 to 48 hours, MCDPH patient referrals (100%) to either the CAPTAIN or the SWAT models receive linkage to medical care, or re-engaged services. MCDPH has expanded their efforts to include an additional HIV Specialty Provider, two non-clinical community based organization, and one substance abuse service organization.
Linkage and re-engagement is highly successful when organizations work together to create client centered processes. This collaborative support team works on behalf of PLWDHI to improve the health of the community. The CAPTAIN and the SWAT models are replicable across sectors. Policies and procedures from these models can be used as a template for others jurisdictions that focus on linkage to care and re-engagement of PLWDHI.

**Presenter:**
Sparks, D.

**Contact:**
Darrell Sparks
dsparks@christiancare.org

**Title:**
Integrating Substance Abuse Services Into the Clinical Setting

**Abstract:**
Substance abuse is perhaps one of the greatest barriers to care that our patients present. As social workers we are challenged to work from a harm reduction perspective in order to guide our clients through the recovery process. It can be daunting at times to find evidence based practices regarding substance use disorders that we can easily integrate into our clinical practices. The SBIRT model is a tool that fits well into many clinical settings. SBIRT, an acronym for Screening, Brief Intervention and Referral to Treatment, provides an evidence based framework for assisting our clients who are struggling with substance use disorders. SBIRT provides an easy to use screening tool which can be followed up with more comprehensive tools such as AUDIT (Alcohol Use Disorders Identification Test) and DAST (Drug Abuse Screening Test). If a client has a positive score on the screening tools, then SBIRT provides a framework for a brief intervention and guidance on the referral to treatment. The Christiana Care HIV Program has adopted the SBIRT model in order to better serve our patients who struggle with substance use disorders. We have also worked to establish a nested Outpatient Based Opiate Treatment (OBOT) program which provides Suboxone treatment to eligible opiate dependent patients. This presentation will focus on the mechanics of the SBIRT program and discuss some of the benefits and challenges of integrating substance abuse services into a clinical practice.

**Presenters:**
Stauff, L.
Shamo, F.
Chambers, L. A. B.

**Contact:**
Lynne Stauff
staufffl@michigan.gov
517-335-1818
Title:

Abstract:
People Living with HIV/AIDS (PLWHA) in Michigan smoke cigarettes at a rate of 50%, more than 2 ½ times that of the general (non-HIV positive) population (21.4%) and are dying 12 years sooner from tobacco related illness than from AIDS complications. Learning of these dramatic health disparities, the Michigan Tobacco Control Program (TCP) approached the State Office of HIV Care with a project concept and a funding request. The request was granted to fund the TCP for three years at $1.3 Million/year to contract with 14 AIDS Service Organizations (ASO) to improve health outcomes in their client population. Learn about the new Tobacco Reduction in PLWHA Pilot Project, project lessons learned and tips for tobacco dependence treatment in the HIV-infected population.

HIV has changed for many from a terminal illness to a manageable chronic disease due to advances in medical treatment. PLWHA are now finding that diseases such as cancer, heart disease and diabetes are a greater threat to their health and wellbeing than HIV. Smoking is among the most prevalent problems affecting PLWHA as it negatively affects medication efficacy, increases medication complications, and increases both the likelihood and rate of reaching an AIDS diagnosis. The HIV-positive population smoke at a higher rate than any other special population in Michigan - including American Indians, LGBTQ individuals, persons living with a mental illness, and individuals of lower socio-economic status. A better knowledge and understanding of tobacco use among PLWHA and their providers will help guide more appropriate and specific interventions to improve health outcomes. The project goal is to increase the number of tobacco quit attempts using evidence-based tobacco clinical practice guidelines through a health system change. The first phase is focused on assessing the HIV staff and client’s knowledge, attitude and behaviors on tobacco use; training and educating the ASO employees to build internal agency capacity and; to use HIV client focus group results to better target tobacco dependence treatment messages. This project is the first of its kind nationally and an anticipated “promising practice”. The second phase is providing evidence-based tobacco dependence treatment to the HIV-positive tobacco user.

Presenter:
Stem, A.

Contact:
Amanda Stem
astem@wncap.org

Title:
#HireAChampion: Why and How the Millennial Generation Should be Seen as Champions of HIV/AIDS Care
Abstract:
Champions are advocates, defenders, and winners. Despite being new to the field of HIV/AIDS social work, Millennials are “Champions of Care” in many ways with their fresh perspectives and values of individuality, independence, and the desire for success. “Millennials” working in the field are often seen as disconnected from the beginnings of the HIV/AIDS epidemic. As the HIV/AIDS social work field has shifted from care giving for the dying, Millennial Generation social workers are entering a field where medical advancements have created the opportunity for “viral suppression” and People Living With HIV/AIDS can start their journeys in self-sufficiency. This 50-minute presentation and discussion, facilitated by a Millennial HIV/AIDS Case Manager, invites all generations working in the field of HIV/AIDS social work to come together to break down the negative perceptions of the Millennial Generation and drawn on the strengths of Millennials. As our society evolves, the HIV/AIDS culture also evolves. This vignette will discuss how working in the field as a Millennial has an impact on the client and case manager therapeutic relationship with the aging population and the younger generation of clients, as well as the difficulties gaining respect from seasoned colleagues. Attendees will leave the session with new ideas for creating cross-generation cohesion in their organization.

Presenter:
Streimikes, J.

Contact:
John Streimikes
johns@lifelong.org

Title:
Have A HART?

Abstract:
At Lifelong, we've always experienced that 80% of our time goes to 20% of our clients. These complex clients, often with multiple and significant barriers to viral suppression, often need interventions beyond what typical case management staff can provide. Part of our agency’s initiative to tailor our services depending on client need was to create a High Acuity Response Team. The team was designed to be nimble and flexible, and to provide the sorts of intensive staffing that can help those 20% clients stabilize. Smaller caseload was a major component of creating a successful team. But program design was just as crucial.

The first challenge was assembling the right team. Our Seattle-based team included a program manager and a case manager with significant mental health case management and crisis response experience. It also included two peer counselors. We looked for staff with histories of recovery from mental health and substance abuse as well as having stabilized their HIV.

Secondly, we created a referral system that encouraged case managers to consult with HART and work out a High Acuity Service Plan collaboratively. HART negotiated with medical case management on who would be responsible for working on each service goal. After the first wave of referrals, we were able to sort our client list by viral load and
ask the case managers about every client with a detectable viral load… if HART might be right for them too. The third priority was ongoing training and case consultation. HART programs can become pressure cookers with multiple crises occurring each day. We created a supportive atmosphere with weekly group client review, weekly individual supervision, and a monthly review of every HART client. Each team member knows what is happening with each client, so clients referred into HART gain the benefit of an entire care team with specialized roles... not just another duplicative case manager.

**Presenter:**
Sullivan, G.

**Contact:**
Gary Sullivan
Sull99@juno.com

**Title:**
Be A “Champion” Case Manager: Some Do’s...and Don’t’s

**Abstract:**
Talk about “Being a Champion for HIV Care” (this year’s Conference theme), both medical and non-medical Case Managers (CM’s) are the frontline professionals. They provide an array of services. CM’s assist families and individuals with complicated socioeconomic, health and medical situations, thereby achieving a better quality of life for their patients/clients. They help patients/clients identify goals, needs, and resources. This workshop demonstrates how to be effective in identifying client strengths and meeting their goals. In this workshop, HIV/AIDS case management operations are addressed generally. Yet, particular focus will showcase the differences across genders, cultures/ethnicities in ways that are both culturally sensitive and developmentally appropriate. The CM’s motivational role/techniques similarity to “Sports and other Coaching” will be highlighted. Methods of knowledge transfer in this workshop include: PowerPoint, handouts, three short videos, case study, and a 25-min “mock interview” where the presenter blindly plays the role of the CM and the workshop participants secretly select/assign the “mock client’s” psychosocial, demographic, medical, and behavioral health issues.

Workshop Learning points: (Handouts provided)
* List the roles and responsibilities for ALL medical and non-medical CM’s.
* Demonstrate how to build the helping relationship; the use of open-ended questions, paraphrases, and reflections in interviewing clients.
* Identify the components of an effective advocate.
* Define measurable ways for evaluating case management effectiveness. And Discharge timing!
**Presenter:**  
Sumpter, K.

**Contact:**  
Kialeah Sumpter  
ksumpter@schivaidscouncil.org

**Title:**  
Bridging The Gaps: Utilizing The Satir Growth Model to Enhance Coping Mechanisms with PLWHA

**Abstract:**  
Coping with HIV/AIDS is a traumatic event for individuals’ diagnosed positive (PLWHA). Although few studies are available, HIV diagnosis severely impacts dynamics among family, friends, and social networks. The Virginia Satir Change Model has been well documented to be beneficial in enhancing personal communication skills to help assist one’s ability to disclose, heal past hurts and confront childhood trauma. The proposed workshop will a) increase the participants knowledge of the Virginia Satir Change Model b) Advance understanding of the Satir therapeutic intervention and its application to HIV care and support for PLWHA and c) actively engage participants in selected Satir skills building activities designed to demonstrate the impact of the model when facilitated over time. Despite advancement in HIV clinical care, HIV stigma and fear of disclosure, economic instability, concerns around health care access, and perceived loss of social support remain compelling issues facing the PLWHA upon diagnosis. This workshop will advance the “tool kit” for social workers and build participant capacity to assist PLWHA as they face future change and create self-directed behavior change.

**Presenters:**  
TeKampe, E. A.  
Batista, C.

**Contact:**  
Erica Aeed TeKampe  
erica.tekampe@aaaphx.org

**Title:**  
Ingredients for a Highly Compliant and Efficient Eligibility System

**Abstract:**  
A Centralized Eligibility system improves health outcomes and moves us closer to ending the HIV Epidemic by allowing case managers and AIDS Service Organizations staff to focus on social work rather than paperwork. Case managers are a key component for keeping clients in medical care and achieving health outcomes. But when their efforts are expended on eligibility documentation, case managers are unable to engage in direct service activities with clients to promote linkage to care and treatment adherence.
HRSA has specific eligibility requirements for Ryan White programs related to income, residency, diagnosis and other payers. Local grantees add additional layers of interpretation and policy to HRSA requirements. Maintaining high levels of eligibility compliance is a nationally known challenge for Ryan White programs. If client eligibility documentation does not meet requirements, funds for services can be removed from the community. Over the past 10 years, the Phoenix EMA has implemented a Central Eligibility system in phases. The project was designed to 1) improve the efficiency and accuracy of eligibility compliance, 2) offer centralized linkage to a range of essential services that support healthy living with HIV, and 3) support ASOs in their designated scope of work. By implementing a Central Eligibility system, Ryan White funded ASO staff are able to look up clients’ eligibility status and move forward with treatment plans, assessments and other activities supporting clients in linking to care and continuing care. Additionally, the existence of a Central Eligibility system allowed for rapid response to the Affordable Care Act and the efficient enrolling of clients in the correct health insurance system, thereby ensuring clients received needed care.

This presentation will focus on strategies and methods used in creating and implementing a Central Eligibility system and will offer templates and sample policies. Additionally, approaches to coordinating with ADAP, Ryan White Part B, Prevention and Surveillance systems will be discussed.

**Presenters:**
Tol, D.
Falvey, E. C
Duran, S.

**Contact:**
Erin C. Flavey
falvey@christiesplace.org

**Title:**
Essential Lessons in the Integration of a Trauma-Informed Approach in Social Service Provision

**Abstract:**
Trauma affects an individual’s ability to form positive relationships with social service and healthcare providers, and is now known to predict poorer overall health outcomes for women living with HIV including lower medication adherence rates, inferior health-related quality of life and higher mortality rates. Interventions that effectively address the impact of trauma on the lives of consumers must be considered an integral component of HIV healthcare and social service provision to improve outcomes. Presenters share lessons learned and a process for implementing a trauma-informed social service model that supports staff and clients alike to be “Champions for HIV Care.”

When providing trauma-informed services, the first and most essential element is intentional creation of a trauma-informed environment, which includes spatial arrangements that are welcoming and non-threatening, relationships based on mutuality and acceptance, and a concrete foundation of knowledge and values that acknowledge both the life-long effects of trauma and the potential for recovery for all. Power dynamics
and hierarchies must be acknowledged and counteracted to empower the consumer to feel control over their lives and ensure the dynamic between provider and consumer is one of collaboration and choice.

Christie’s Place, a women-led, women-focused agency that delivers comprehensive social and behavioral health services closely linked to HIV primary care for women and family members infected and affected by HIV in San Diego County, will lead a workshop providing participants with a thorough understanding of current research on the prevalence of violence, abuse and trauma for women living with HIV in the US. Presenters will discuss the impact of trauma and mental health conditions on health outcomes of women living with HIV and how trauma-related barriers impact successful engagement in healthcare. Presenters will discuss practice implications for primary care and social service settings including the importance of trauma-informed care environments and trauma-responsive behavioral health services. Participants will be provided examples of strategies employed by Christie’s Place for implementing and institutionalizing trauma-informed care including staff training on trauma-informed program application. Strategies are intended to strengthen consumer engagement, improve outcomes, and address the effects of interpersonal violence and victimization for consumers with trauma histories.

Presenters:
Vance, D.
Nicholas, N

Contact:
Nick Nicholas
iam@nick.ms

Title:
An Update on NeuroAIDS and Aging: Protective, Remediation, and Compensation Strategies

Abstract:
In the pre-HAART era, 14% of adults with HIV experienced HIV-Associated Dementia; now in the post-HAART era, such dementia is rare at 2%, yet there are concerns that as people age with this disease, they may become more vulnerable to age-related dementias. This point is particularly germane since many studies posit that: 1) adults with HIV by and large will be living normal lifespans, and 2) currently approximately 52% of adults with HIV already suffer from some level of HIV-Associated Neurocognitive Disorder (HAND). To help clients prepare for or cope with such cognitive problems, social workers must be versed in the different levels of neuroAIDS and the processes involved with increasing severity of HAND and strategies to augment cognitive functioning. As such, within the framework of cognitive reserve and neuroplasticity, this workshop will first review the Frascati criteria of how HAND is diagnosed into its distinctive levels of severity including Asymptomatic Neurocognitive Disorder, Mild Neurocognitive Disorder, and HIV-Associated Dementia. Second, biological and psychosocial causes that contribute to poorer brain health and diminished cognitive reserve will be reviewed. A particular emphasis on how HIV crosses the blood
brain barrier and creates a neurotoxic environment for neurons will be provided along with a brief discussion of HAART toxicity, oxidative and nitrosative stress, and mitochondrial damage. Likewise, other psychosocial factors such as lifestyle, substance use, medications, employment, and other contributing factors of brain health will be examined. Third, building on this background knowledge, strategies for protecting, remediating, or compensating for the effect of neuroAIDS will be provided. Protective strategies will include studies on the effects of HAART, psychostimulants and other medications, and treatment of comorbidities will be reviewed. Remediation strategies will include studies on computerized cognitive training, transcranial direct current stimulation, ketogenic diets, and cognitive prescriptions. Finally, compensation strategies from the literature will be provided in a “hands on” didactic. Such strategies will include low-tech and high-tech strategies covering topics of spaced-retrieval method, mnemonics, and external memory/thinking aids. From this, implications for practice and research will be provided throughout the workshop as one of the presenters will share his struggle with HAND.

Presenters:
Vega, E.
Pompa, R.

Contact:
Robert Pompa
Robert.Pompa@lvhn.org

Title:
WTF!?!?! I Was Just Screamed At Again!

Abstract:
A champion shakes it off and steps up! Everyday our HIV/AIDS patients rely on us to treat them with compassion. It can be challenging delivering compassionate care when clients communicate and interact from their trauma- based history. When we as professionals are experiencing compassion fatigue that service delivery often turns into an “us vs. them” power struggle. Vicarious trauma and compassionate fatigue are a strong threat to your professional development and personal wellness. This workshop is meant to provide an opportunity for sharing stories, developing ideas while creating a self-care “first aid tool kit”.

Presenter:
Wellman, S.

Contact:
Samantha Gibb Wellman
samgwell@med.umich.edu
Title: University of Michigan Peer Support Team--A Patient and Family Centered Care Model

Abstract: You have experienced it – a patient newly diagnosed with HIV is in dire need of social support, but for a variety of valid reasons is unable to turn to friends, family, scheduled support groups, or other potential networks. Without these supports, will they feel ready and able to adhere to medications, stay engaged in care, and begin coping with their new diagnosis? What untapped resources may be available to those in need? The field of social work seems to suggest a growing support for consumer-delivered services. The literature consistently shows the efficacy of peer support for people living with a mental health concerns, survivors of trauma, and those living with chronic illness such as HIV/AIDS. Research is undeniably important, but now is the time to put theory to practice. It is up to our institutions to ensure peers are adequately trained and prepared for meaningful and empathic support and that there are tools available for social workers, volunteer coordinators, and peer support team members. Our conversation will examine the evidence in support of consumer-delivered services as a best practice. We will also address the demands of peer support in practice as we review the development and implementation of the University of Michigan HIV/AIDS Treatment Program’s Peer Support Team (with support from the Patient and Family Centered Care program). These guidelines are intended to assist in the development and operation of consumer-delivered services. Ideally, it will aid community members in pursuit of their own peer support program.

Presenter: West, S.

Contact: Samantha West
HIV Planning Manager at Suncoast Health Council
Administrator of the West Central Florida Ryan White Care Council
St. Petersburg, Florida

Title: The Use of Community Planning Bodies to Combat the Increasing Rate of HIV Infections in West Central Florida

Abstract: The Tampa/ St. Petersburg area (Hillsborough, Hernando, Pinellas and Pasco counties) continues to experience an increase in the number of new HIV infections at an alarming rate. From 2012-2014 the rate of infections increased 8.1%, from 11,252 to 12,158 persons living with HIV in the area.1 New infections disproportionately impact populations who experience a variety of complex intersectionalities such as age, gender, ethnicity, socioeconomic status and sexual orientation. According to the Department of Health, HIV prevalence rates for Hispanic men who have sex with men increased 20.3% and the rate of Black men who have sex with men living with HIV increased 16.1% in the
Tampa/St. Petersburg area from 2012-2014. During the same time, the rate of HIV infection increased among female youth, homeless men and persons over 50. Substance abuse, mental illness, stigma and discrimination make caring for individuals living with HIV increasingly difficult. How can the community best care for the complex needs of individuals living with HIV utilizing limited resources?

Questions for Consideration:
How can planning bodies outreach to engage more community members in the planning process?
How can community planners incorporate intersectional theory into the planning process?

Presenter: Willinger, B.

Contact: Barbara I. Willinger
Westend73@aol.com

Title: A Conversation About Clinical Supervision

Abstract: Why is this an important conversation? At one time in the history of Social Work, supervision was part and parcel of what jobs offered. In many areas of the country the notion of consistent regular clinical supervision has become a dinosaur, replaced by administrative supervision or as needed consultation. Like other specialties within social work, providing assistance to clients/families with HIV/AIDS presents many challenges, some of which we are not prepared to handle. Co-occurring struggles with substance use and mental health frequently fuel client-provider interactions that result in client non-adherence to medical care and/or medications. In response, agencies often fall back on sending or providing trainings on specialized topics. While trainings of any type provide a basis for expansion of knowledge, they do not necessarily result in internalized mastery. This is one way in which clinical supervision plays a vital role. This session will be an informal interactive discussion identifying the differences between administrative and clinical supervision. Experienced social work clinicians with a variety of expertise and longevity in the field and in supervising will be available for feedback and brainstorming. Vignettes from the panel will illustrate how clinical supervision can move client and families forward.
Title:
Difficult Client/Problem Behaviors: The Convergence of HIV/Substance Use and Mental Health Issues

Abstract:
Many of our HIV infected clients have long histories of substance use and other mental health issues. These co-occurring dysfunctions often result in verbally difficult interactions between client and provider—loud, disruptive, demanding, entitled. These behaviors can call out the best and worse in us.

This workshop will focus on identifying and reacting to clients’ potentially disruptive and escalating behaviors, and will present strategies how to manage these behaviors. Our own internal reactions will be highlighted as potential obstacles. We will also touch on more common client chronic behaviors, such as lack of follow-up to referrals. Come share your own experiences and best practices and learn from your colleagues.

Presenters:
Willinger, B.
Feinberg, J.

Contact:
Jim Feinberg
JAFCSW98@aol.com
Barbara Willinger
Westend73@aol.com

Title:
A Discussion Group for the over 10’s—Than is 10 or more years in the field of HIV

Abstract:
Picture this: 1996, HAART was introduced and became available to assist people living with HIV/AIDS. The work with clients then shifted dramatically due to adherence to HAART. Suddenly people were living, becoming healthier and saying to themselves and their treatment providers, “now what”? These advances in the treatment of HIV/AIDS resulted in and introduced a new set of challenges to clinicians; clients living with hope and certainty now needing to adjust to a chronic illness complicated by the development of medical and psychosocial symptoms related to aging. As clinicians we had to go from helping clients prepare for death and dying to teaching them to live. Despite this, sadly new infections occur daily, people still die, stigma continues to rear its ugly head and trauma is ever present.

This discussion group will explore what challenges exist for clinicians who have been in the field of HIV for more than 10 years. What keeps us engaged? How do we revitalize ourselves? What are our educational and clinical needs and are they being met?

For anyone in the “trenches” more than 10 years, this workshop will offer the opportunity to come together and share our struggles in a safe, supportive environment, share our best practices and discuss strategies for keeping the work alive, vital and meaningful.
Presenter:
Yurow, L.

Contact:
Larry S. Yurow
LYurow@christiancare.org

Title:
Crisis Intervention: Tools for Social Workers, Case Managers and Peers

Abstract:
Those who champion the care of HIV/AIDS clients are in a unique position to provide intervention into a client’s psychosocial crisis that are more comprehensive and more effective then what they would often obtain through the usual agencies and providers. It can also be a very challenging task for the busy professional or peer with a large caseload and multiple clients in crisis at one time. This presentation will provide the tools needed to both effectively and rapidly intervene in a client’s crisis and start the process of re-establishing equilibrium.

We will cover tools that are drawn from Psychological First Aid, Crisis Psychotherapy, Problem Solving, Cognitive Therapy and Coping Skills Therapy. There will be specific training on crisis assessment, the importance of planning, augmenting coping skills and appropriate referral. There will be an emphasis on teaching client’s to self-cure through empowerment, and how crisis intervention differs from psychotherapy.

Examples will be drawn from some of the unique challenges and stressors faced by PLWHA that often become a crisis. Discussion of relative issues is encouraged, including ways to prevent crisis and managing the stresses to the helper when dealing with multiple client crisis on a daily basis.

Presenters:
Yurow, L.
Bennett, N.

Contact:
Larry S. Yurow
LYurow@christiancare.org

Title:
Mindfulness for Your Client’s Adherence and Your Self Care

Abstract:
From the Corporate Boardrooms of fortune 500 companies, to major health care systems across America, Mindfulness has become the new buzzword to improve many of the maladies that plague our modern, connected world. In the realm of modern medicine, this simple practice is thought to contribute to the healing of cardiovascular disease, cancer, chronic pain and a host of behavioral health problems.
Mindfulness in the corporate world, in healthcare and in the toolkit of psychotherapy might be relatively new, but the practice is not. It has been around for about 2,600 years as part of the practice of Buddhism. It is billed in the modern context to our patient’s as “simple, effective and easy to learn”. But is it? Decide for yourself and join us for an interactive discussion of how Mindfulness can assist patient’s in the HIV/AIDS world to find greater illness acceptance, increased adherence to treatment and better ability to function even in the most difficult circumstances.

We will also have a discussion and experiential exercise, demonstrating how mindfulness can also be useful for the Social Worker or Health Care Provider for self-care. Mindfulness might just be able to lower your stress levels, improve working environments and help you be more present for clients. In fact, it can help you be more present in all areas of your life. The presentation will be co-led by an expert in the area of Secondary Traumatic Stress among health care providers, and a practicing Tibetan Buddhist and Psychotherapist.

Presenter:
Zacharias, J.

Contact:
Jeff Zacharias
jeffery.zacharias@gmail.com

Title:
The Intersection of HIV and Trauma Informed Care in the LGBTQ Community

Abstract:
Trauma not only manifests itself as singular one time events but perhaps more problematic are daily ongoing difficulties which can present themselves in a number of ways. Left untreated, trauma has negative outcomes on an individual and nowhere is this more present than at the intersection of persons living with HIV and identifying as LGBTQI. Trauma can be systemic and include: homophobia, transphobia, classism, ageism, oppression, violence, HIV-shaming and racism. If these issues aren’t addressed in a more thought out fashion, increased rates of addiction, worsening mental health including depression, anxiety and suicide lead to poorer outcomes for the individual and physical health complications become more prevalent. Utilizing trauma-informed care for vulnerable populations must become the standard of care in order to engage those living with HIV and identifying along the spectrum of the LGBTQI community. This presentation will look at the intersection of this complexity of issues, provide tools and resources for attendees to put into their work with these demographics and foster discussion on how to best serve those persons who most need social workers and those working in the field who can tap into their strength and resilience for best possible outcomes.
ADVERTISMENTS
THE HIV NARRATIVE: ENGAGE & THRIVE

DATE
FRIDAY, MAY 27, 2016

TIME
12:45 PM TO 2:00 PM

LOCATION
GREAT LAKES BALLROOM, LEVEL 4

JOIN US FOR A DYNAMIC DISCUSSION FEATURING

ROBERTA LAGUERRE-FREDERIQUE, MD
DIRECTOR OF PREVENTION AND OUTREACH SERVICES
DOROTHY MANN CENTER FOR PEDIATRIC & ADOLESCENT HIV
ST. CHRISTOPHER’S HOSPITAL FOR CHILDREN

GILEAD
Collaborative Solutions is a proud partner with Boston College School of Social Work for 
HIV/AIDS 2016: The Social Work Response

Like you, we want to empower vulnerable populations: 
people living with HIV/AIDS or other chronic diseases; 
people experiencing mental health and or 
substance abuse challenges; 
people experiencing homelessness or 
at risk of homelessness.

Two important principles guide our work: 
1) Housing promotes 
and sustains health; 
2) Lasting solutions 
come through 
partnership.

Working with communities and 
nonprofit organizations across the U. S., 
providing a variety of services:

- Technical assistance & training 
- Organizational capacity 
building 
- Leadership development 
- Advocacy/policy development 
- Management services 
- Evaluation/planning/research

Contact us today. Let's collaborate 
on how we might partner with you!

www.collaborative-solutions.net
follow us on Facebook and Twitter

The Change Coalition and its members have enjoyed a true 
partnership with Collaborative Solutions. Their quick and 
 thorough answers to our questions through HUD's AAQ provide 
clarity on issues and much needed technical assistance for our 
different HOPWA housing programs. The data analysis and 
reports showing the housing needs in our community help 
avocates in our community think strategically about resource 
allocations and encourages policy makers to use data to make 
decisions. We have benefited from their trainings and expertise, 
and appreciate the national perspective they bring to our work.

Alice Reiner 
Chief Legal & Policy Officer 
CrescentCare 
New Orleans, LA
Check us out!

The Professional Association of Social Workers in HIV and AIDS (PASWHA) energizes and supports social workers and other professionals providing social work services to impact the disease through education, research, policy/advocacy, networking, and professional development.

Member Benefits:

Quarterly Newsletter • Free Access to Webinars • 50% off annual subscription to the Journal of HIV/AIDS & Social Services • Discount on Registration to Boston College Annual National Conference on Social Work and HIV/AIDS • Access to Resource Library • Participate in Peer discussion/networking/Q&A • Collective voice in how the social worker in HIV & AIDS profession can gain recognition and More Benefits...

ATTN ALL
Interested in Social Work and Support Services in HIV & AIDS

Individual Memberships

Student Memberships

Organizational Memberships

Visit our table in the exhibit area, meet some of our way cool members and see what we have for you! (at least like us on Facebook)

www.paswha.org
The **Journal of HIV/AIDS & Social Services** provides a forum in which social workers and other professionals in the field of HIV/AIDS work can access the latest research and techniques in order to provide effective social, educational, and clinical services to all individuals affected by HIV/AIDS.

**SUBMIT MANUSCRIPTS** electronically at [http://mc.manuscriptcentral.com/whiv](http://mc.manuscriptcentral.com/whiv)

**Web site:** www.tandfonline.com/WHIV  
**Print ISSN** 1538-1501, **Online ISSN** 1538-151X  
**Volume 15, 2016, 4 issues per year**

**NOW AVAILABLE - SPECIAL ISSUE ——— THE IMPORTANCE OF PREVENTION**  
**Volume 15, Issue 1, 2016**

**Access online at:** [www.tandfonline.com/WHIV](http://www.tandfonline.com/WHIV)

The articles in this volume highlight the importance of primary prevention as a critical component for eliminating the spread of new HIV infections. Special attention is given to vulnerable populations, partly due to structural disadvantage, behavioral risks, and biology who are at increased vulnerability for contracting the virus. Among such populations are youth, women, substance users, urban populations, racial and sexual minorities, and persons residing in low-resourced regions, with many of these identities intersecting.

**FREE ACCESS CONTENT FROM THE ISSUE**

- **Project Life Skills:** Developing the Content of a Multidimensional HIV-prevention Curriculum for Young Transgender Women Aged 16 to 24, Christopher Cotten & Robert Garofalo
- **A Systematic Review of Best Practices in HIV Care,** Geoffrey Maina, Judy Mill, Jean Chaw-Kant & Vera Calne

**OPEN ACCESS ARTICLES**

Go to the journal’s web page and click on the **OPEN ACCESS** tab.

- **The Dog Narratives: Benefits of the Human–Animal Bond for Women With HIV,** Alison Kabel, Nidhi Khosla & Michelle Teti
- **The Extent and Nature of Fluidity in Typologies of Female Sex Work in Southern India:** Implications for HIV Prevention Programs, Anrudh K. Jain & Niranjan Saigurti

---

**SPECIAL SOCIETY RATES AVAILABLE**

To subscribe to Journal of HIV/AIDS & Social Services at these special rates, email [society@society@tandf.co.uk](mailto:society@society@tandf.co.uk).

- **SOCIAL WORK & HIV/AIDS ANNUAL CONFERENCE ATTENDEES** - An individual print and online subscription rate of US$50 is available to Attendees of the Annual National Conference on Social Work & HIV/AIDS.
- **PASWHA MEMBERS** - An individual print and online subscription rate of US$50 is available to members of the Professional Association of Social Workers in HIV and AIDS.

**JOURNALS OF RELATED INTEREST**

- African Journal of AIDS Research - www.tandfonline.com/RAAR
- AIDS Care - Psychological and Socio-medical Aspects of AIDS/HIV - www.tandfonline.com/CAIC
NASW HIV/AIDS SPECTRUM PROJECT

Congratulations to Vincent Lynch for 28 years of leadership and commitment to the social work profession.

HIV/AIDS Social Workers
Tap into the resources that make a difference

NASW HIV/AIDS SPECTRUM PROJECT
Mental Health Training and Education of Social Workers Project
SocialWorkers.org/practice/hiv_aids
Turn to the HIV/AIDS Spectrum Project for the HIV and mental health practice skills necessary for your work in the social work, mental health, and substance use fields. Choose from skills-building workshops and Internet-based continuing education.

HIV/AIDS & Mental Health Training Resource Center
The NASW HIV/AIDS Spectrum Project is now a part of the Center. The HIV/AIDS and Mental Health Training Resource Center is funded by the Substance Abuse Mental Health Services Administration (SAMHSA), the leading source of behavioral health expertise and innovation in the Nation. The Center’s goal is to expand the knowledge and capacity of mental health care providers to address the mental health and psychosocial needs of consumers affected by HIV.

To receive an announcement of the upcoming website launch, send an email to HIVmentalhealth@acrn.org

Specialty Practice Sections
SocialWorkers.org/sections
Keep up-to-date on practice-related topics, trends, and policy issues, and earn free CE credit via Sections webinars and annual bulletin. Select from 11 practice Sections, including health, mental health, private practice, and substance use. Available to NASW members only.

Visit NASW online at SocialWorkers.org for more resources.

Social Work Portal • SocialWorkPortal.org
Use this online search tool for information about social work issues, services, education, and careers—all in one place. This comprehensive gateway helps you identify a wide range of resources useful to your work.

NASW Specialty Credentials
SocialWorkers.org/credentials
Distinguish yourself as a social worker who has met the highest national standards of experience, advanced skill, ongoing professional development, and leadership. Apply for specialty certifications in hospice and palliative care, health care, and substance use.

GUIDE CLIENTS & FAMILIES
“Help Starts Here” Social Work Consumer Web Site • HelpStartsHere.org
A resource for clients and their families, this award-winning consumer website provides information about problems faced every day and offers resources for coping, including the National Social Worker Finder online directory of licensed social workers. HelpStartsHere includes insightful articles written by licensed social workers on a variety of topics.

Practice with LGBTQ Youth
www.socialworkers.org (Keyword: LGBT)
A guide for understanding, supporting, and affirming LGBTQ+ Children, Youth, and Families. A resource for service providers, educators, allies, and community members who seek to support the health and well-being of children and youth who are LGBT and their families.

SocialWorkers.org
202.408.8600 ext. 499

National Association of Social Workers
BOSTON COLLEGE
SCHOOL OF
SOCIAL WORK

WHERE TRANSFORMATION HAPPENS

MSW AND Ph.D. PROGRAMS

FULL TIME + FLEXIBLE PROGRAM OPTIONS

To learn more about our programs contact us at:

Boston College
School of Social Work
McGuinn Hall
617.552.4024
gssw@bc.edu

Or visit our website at:
www.bc.edu/socialwork

CONCENTRATIONS
- Children, Youth & Families
- Global Practice
- Health & Mental Health
- Older Adults & Families

DUAL DEGREES
- MSW/JD
- MSW/MBA
- MSW/MA (Pastoral Ministry)

VISIT OUR WEBSITE AT: www.bc.edu/socialwork
READ OUR BLOG AT: www.bcsocialworkblog.com