

## Position Statement on HIV and Adolescents

Approved by the Board of Trustees, September 2009

Approved by the Assembly, May 2009

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – *APA Operations Manual*.

1. Psychiatrists who work with adolescents have a responsibility to educate themselves and consider consultation as needed with regard to medical, psychosocial, ethical, and legal aspects of HIV infection particularly as they relate to youth.
2. Psychiatry training programs have a responsibility to assure that HIV-related training needs are formally and appropriately addressed for all trainees and include specific information relating to HIV's effects on youth.
3. A psychiatric evaluation for adolescents should assess current level of sexual behavior and alcohol/drug use. Those deemed at risk for HIV infection should have a culturally competent, comprehensive sexual history and risk assessment covering such topics as coerced and consensual acts; unprotected oral, anal, or vaginal intercourse; reproductive planning and contraception; barrier protection, including condom usage (male and female); a history of prior STD/STIs and HIV testing; assessment of current risk for STD/STIs and HIV; and alcohol/drug-using behaviors, including alcohol/drug use during sex, injection drug use, and the sharing of injection paraphernalia. Sexual and substance use behaviors should be continually reassessed as teens' sexual and substance use behaviors evolve and change.
4. When adolescents live in families, these relationships significantly influence adolescent behavior. Thus, culturally competent family assessment needs to be a central part of the evaluation process, and education must be directed to these families as well as adolescents. Where appropriate, education should be broadly targeted to involve concurrent organizations such as schools, clubs, YMCA/YWCA, and religious organizations.
5. Youth whose behaviors put them at risk for HIV infection need individualized prevention strategies that may require a team approach (e.g., other mental health practitioners and/or larger community interventions such as teen safer sex groups). Developmentally appropriate preventive interventions should focus most intensively on those groups of adolescents identified as having the greatest risk of HIV exposure, including males who have sex with males, institutionalized youth, pregnant teens, youth with a history of sexual or physical abuse, homeless and runaway youth, youth with a history of STD/STIs, and those with multiple sexual partners. All of these youth should be evaluated for screening for HIV and other sexually transmitted diseases/infections (STD/STIs). Goals include the reduction of alcohol/substance use and unprotected intercourse as well as the treatment of any psychiatric disorders and any psychosocial and/or family problems that may influence high-risk behavior. Teenagers need to be considered within the context of their family system to determine whether dysfunctional family dynamics are contributing to high-risk behaviors. Crisis family services are frequently indicated.
6. In areas of HIV testing, sexual activity, reproductive planning, contraception, and access to medical treatment, psychiatrists should be familiar with state and local statutes regarding minor consent, age and criteria for emancipation, limits of confidentiality, notification requirements, and rights in emergent medical and psychosocial situations (e.g., acute general mental status changes or sexual trauma).
7. Before HIV testing is done, psychiatrists should be aware of notification requirements (both parental and public health), which vary widely from state to state, and take this into account when deciding how to test for HIV. Anonymous testing, the results of which are not reportable, may be advisable when disclosure of HIV status would result in harm or discrimination to the teenager. (See *Position Statement on HIV Antibody Testing*.)
8. Psychiatrists should ensure that teens understand the complex implications of an HIV test result (whether positive or negative), assist them in accessing appropriate medical and obstetrical care as needed, and support them with the complex issues surrounding disclosure of HIV infection and notifying sexual and/or drug injection partners. Psychiatrists should guide teens to the appropriate resources, including emergency hotlines and emergency mental health services. Psychiatrists should be alert to the possibility of suicidality after notification of test results, regardless of the test outcome.
9. HIV infection must not be a source of restriction in attendance at school, participation in group activities, or hospitalization. Issues of possible spread of infection should be addressed by the practice of universal precautions and appropriate educational interventions. Disclosure of diagnosis to teachers, counselors, coaches, or staff should be on a "need-to-know" basis and within the limits of applicable legal statutes.
10. Adolescents, whether themselves HIV positive or not, may be affected by HIV positive family members, peers and/or partners. Psychiatrists should, as appropriate, address issues of grief, abandonment, adoption/placement, and/or survivor guilt in individual, group, and/or family therapy.