Preface

After three decades of confronting the HIV epidemic, we finally have a National HIV/AIDS Strategy based on three primary goals to which President Obama is committed. They are: (1) reducing the number of people who become infected with HIV, (2) increasing access to care and optimizing health outcomes for people living with HIV, and (3) reducing HIV-related health disparities. This book brings together the results of a research effort supported by the National Institute of Mental Health (NIMH) and Centers for Disease Control and Prevention (CDC) and provides guidance to address all these goals.

The book Working with Families in the Era of AIDS (Pequegnat and Szapocznik 2000) presented the interventions being tested in NIMH-supported studies but no results were available. Now there are so much data that we have 15 chapters describing what is known about the context and culture of families addressing the challenge of HIV infection and presenting the findings from efficacious interventions. The authors of these chapters are experts in prevention research and provide guidance on interventions with a range of family configurations.

The recent 2009 Institute of Medicine’s Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities highlights the explosion of randomized controlled trials demonstrating that prevention and health promotion are viable options to improve the public health of US citizens (National Research Council and Institute of Medicine 2009).

Together these two documents provide the impetus for the recommendations in this book. The purpose of this book is to encourage researchers and service providers to become more involved in family-oriented approaches that can prevent the spread of HIV infection and its negative consequences and promote good health. We hope that these interventions will be used in effectiveness studies and that large community public health agencies and nongovernment organizations will find the evidence-based programs compelling enough to offer to their clients.
Community Collaboration

Because this group of researchers is committed to community-based research and to collaborating with members of the community, we feel that these interventions can be successfully adopted in public health agencies and clinics. Because of this collaborative approach, the interventions are community friendly and culturally appropriate. Without this community engagement in these research programs, the findings in this book would not have been possible.

Focus of Book

This book focuses on families confronting HIV infection and provides a review of findings about these families and efficacious prevention programs that can be adapted for different populations. These HIV prevention programs engage families and support their resolve to help their family members to prevent HIV transmission by encouraging healthier lifestyles with respect to drug use and sexual behavior among family members.

The book focuses heavily, but not exclusively, on African American women and their daughters because most of the studies have been conducted with these populations. We have made an effort to also focus on men and boys; Hispanic families and their children; and lesbian, gay, and bisexual youth and their families.

There are three chapters in the first section which presents a context for the rest of the book. Dr. Pequegnat provides a comprehensive overview of the family systems research that has been conducted over the last 15 years. Drs. Bell and McBride advocate for using the family as model of prevention of mental and physical health problems; they argue that the causes of behavior are multidetermined, and without a model of health behavior change that involves multiple levels of culture, society, social class, ethnicity, family dynamics, developmental stages, and personality and biologic dynamics, our programs to address HIV risk factors in families will fail. Dr. Brown and his colleagues admonish us not to forget the contextual issues (e.g., home, school, neighborhood, church, substance abuse treatment clinics, and mental health settings) that are determinant of behaviors in families.

The next section of the book has seven chapters and examines the role of family members in preventing and adapting to HIV. Parents are teachers and we need to help them understand their responsibility to educate themselves and their children about risks to their children’s well-being. Drs. Krauss and Miller make the case that parents can be effective HIV/AIDS educators for their children. Drs. Dancy and DiRrio document the fact that mothers are influential in preventing HIV/STD risk behaviors, such as early sexual debut. Fathers have often been overlooked as important AIDS educators in their children’s lives but Dr. Icard and his colleagues make the case for their important role. The couple is the bedrock of families and Drs. El-bassel and Remien describe important strategies to implement effective
couple-based HIV prevention and treatment. Dr. Alison examines the major concerns about orphans and vulnerable children and their families in sub-Saharan Africa. Dr. McKay and her colleagues explore the way that families are embedded in communities that can be supportive in helping families in preventing and adapting to HIV. If investigators and service providers do not gain the support of communities, our public health work to prevent HIV infection from spreading will not be effective. As effective HIV medical treatment comes on line, adherence is a major concern and Dr. Simoni and colleagues describe how families can play a role with members who are struggling with a complex treatment regimen.

In the third section, there are three chapters that explore the ethnic, cultural, and gender issues associated with families. Dr. Murry and colleagues examine the ethnic and cultural issues in developing effective family-based prevention programs with African American and Hispanic youth. While we often hear about the estrangement between gay, lesbian, and bisexual youth from their families, Drs. Mustanski and Hunter provide evidence that parents are participants in their HIV prevention. A population that has a double risk is adolescents who are experiencing mental problems and Dr. Donenberg and her colleagues describe how family-based HIV prevention programs can reach them.

There are two chapters in the fourth section which are focused on the important topic of ensuring that efficacious family-based programs are implemented in frontline HIV/AIDS care where they can benefit the greatest number of affected families. Dr. Rotheram and her colleagues provide a model of how to translate family-focused evidence-based practice into HIV/AIDS care. Drs. Rapkin and Mellins discuss some of the facilitators and barriers to implementing family-based efficacious programs into clinics and provide a successful model that indicates the multiple health and mental health benefits to families addressing HIV.

**Bridging Research and Practice**

We hope that the synthesis of research focused on different family configurations will be useful to service providers in public health agencies and NGOs that are on the front line of mounting combination behavioral and biomedical approaches. Moving beyond the individual and recognizing that a client is embedded in a system can ensure implementation of recommendations of health care providers.

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