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Filling the Gap: Integrating HIV Into the Counselor Education Curriculum

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Abstract

People living with HIV (PLWH) are vulnerable to mental health conditions including depression, anxiety, and substance use disorders, which in turn, often affect their health outcomes. Multiple overlapping structural and social determinants of health exacerbate the physical and mental health concerns of PLWH, presenting a need for services that are responsive to the unique implications of the illness. Professional counselors have the potential to provide such services but must be adequately prepared to do so. In response to the lack of HIV-related professional development for counselors and the minimal preparation of counselors-in-training to serve clients with HIV, this article uses the 2024 CACREP standards of accreditation to provide a framework for infusing HIV-related coursework into counselor training. By aligning HIV education with CACREP's eight core areas, the authors address a critical gap in counselor preparation, emphasizing ethical practice, cultural competence, and practical applications at the intersection of HIV and mental health.

Significance to the Public

HIV often co-occurs with mental health conditions due to the overlapping effects of stigma, homophobia, racism, and transantagonism. Addressing the compounded mental health concerns of people living with HIV is critical to federal efforts to end the epidemic, yet counselors rarely receive adequate preparation on this topic. This article provides concrete methods for counselor educators to incorporate HIV into the curriculum to prepare counselors-in-training to serve clients affected by HIV.

Keywords: HIV, graduate counseling programs, standards of accreditation, CACREP

Despite increased knowledge of human immunodeficiency virus (HIV) and medical advancements in prevention and treatment, HIV remains a critical health concern shaped by mental health and cultural factors (Remien et al., 2019). Like other chronic illnesses, HIV may co-occur with depression, anxiety, and substance use disorders, resulting in the need for mental health services. In a large cohort study of people living with HIV (PLWH) in North America, Lang et al. (2023) found that more than half of PLWH experienced one or more co-occurring mental health conditions, with 39% of PLWH diagnosed with depressive disorders and 28% diagnosed with anxiety disorders. The relationship between chronic illnesses and mental health conditions is syndemic, with each contributing to and often exacerbating the other (Carta et al., 2017; Volkow, 2023). In the case of HIV, this bidirectional relationship is dire and reveals itself in increased vulnerability to transmission, poor treatment adherence, and poor health outcomes (Lang et al., 2023; Remien et al., 2019).

Although fewer people are living with HIV than other chronic illnesses such as diabetes or cardiovascular disease, the context in which these 1.2 million individuals live, work, play, worship, and age is shaped by social norms that highly stigmatize HIV and state legislation that criminalizes the illness (CDC, 2024; Herek, 2014; U.S. Department of Health and Human Services, 2023c). In a survey of more than 4,000 PLWH, Beer et al. (2022) reported that 75% of participants endorsed the statement “I am very careful who I tell

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that I have HIV," and about half reported worrying that people who knew their status would tell others. In addition to this disclosure related stigma, PLWH also must contend with political stigma in the form of legislation. Thirty states in the country currently have HIV-specific laws and/or sentence enhancements relevant to PLWH, and 25 states have prosecuted PLWH under nonspecific HIV laws where an individual's HIV status was used in the prosecution (Center for HIV Law and Policy, 2022). These contextual factors make HIV a special case, distinct from other chronic illnesses in the way social determinants of health affect individuals living with the illness.

Federal initiatives, including the National HIV/AIDS Strategy (NHAS; The White House, 2021) and the Ending the HIV Epidemic: A Plan for America (EHE; U.S. Department of Health and Human Services, 2023a) emphasize the national priority to reduce HIV transmissions and engage and retain PLWH in care so that they can live long, healthy lives. To fulfill the aims of the NHAS and EHE, the stigma surrounding HIV and multiple social determinants of HIV, including mental health, access to care, and food and housing insecurity, must be addressed (The White House, 2021). Professional counselors can play a critical role in addressing mental health conditions, such as anxiety and depression, and supporting the sexual wellness of people vulnerable to or living with HIV, empowering them to access care and make informed, healthy choices.

Despite professional counselors' value in the efforts to end HIV, there is limited education focused on HIV in counselor education programs (Britton et al., 2022; Campbell et al., 2020; Joe & Foster, 2017; Rose et al., 2015) and no established professional development programming through the professional organizations for the field. In contrast, professional organizations for psychology, psychiatry, and social work have long offered HIV-related resources and professional development opportunities for their membership (Joe, 2015). Hence, counselors may not be adequately serving clients living with HIV, and counselors-in-training (CITs) may enter the field ill-prepared to provide bias-free, ethical, and culturally responsive services that address the uniqueness of the illness (Joe et al., 2019; Zeligman & Joe, 2021). For instance, counselors and CITs may have sufficient basic knowledge about HIV (e.g., prevention and transmission); however, they may lack knowledge of HIV disparities, social determinants of health that shape life with HIV, and effective theoretical approaches that are responsive to the ethical, cultural, and contextual aspects of HIV.

Program constraints may preclude counseling faculty from including specific courses in their curriculum that address HIV. Still, there are methods of integrating HIV-related content into counseling curricula that align with the 2024 Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2023) standards and address the current knowledge and skill gaps regarding HIV among CITs. Considering the gap in the counseling literature and counselor training, this article aims to identify curricular needs to address HIV in counselor education and provide methods of infusing HIV-related content in multiple master's-level counseling courses. Through this article, we have mapped HIV across the eight common core areas of the CACREP (2023) standards giving counselor educators a guide for addressing topics relevant to counseling clients living with HIV in their existing courses.

Professional Counseling Orientation and Ethical Practice

The CACREP (2023) standards regarding professional counseling orientation outline the history, roles, and functions of counselors, which include interprofessional collaboration and consultation (3.A.3). Essentially, the standards imply that professional counselors provide vital services within a system of integrated care. As a medical condition that requires individuals to seek care from a team of providers, HIV provides a case study on the integration of behavioral health with medical care. HIV-serving organizations (HSOs) often provide a range of services, including HIV

testing, preventative care, treatment, housing, substance use counseling, and peer support; hence, integrated care is not a new concept for HSOs or the people they serve. As counselor educators orient CITs to the profession, they can discuss the professional counselor's role in the administration of integrated health to clients living with HIV. This could be an opportunity to discuss funding structures that support this kind of care, such as the Ryan White HIV/AIDS Program, which has provided federal funding for medical care, medications, and essential support services for more than 30 years (U.S. Department of Health and Human Services, 2020). Additionally, as counselor educators address historical milestones in counseling (3.A.1), they can discuss the merger of CACREP and the Council on Rehabilitation Education (CORE) and its implication for preparing CITs to serve clients living with disabilities and/or chronic illnesses, such as HIV.

Along with professional counseling orientation, ethical practice is a core curriculum area for counseling programs within the CACREP (2023) standards of accreditation, and ethical strategies are identified in standards for five of the seven remaining core areas. Specifically, CACREP standard 3.A.10 establishes the expectation that CITs will obtain knowledge of ethical standards of the counseling profession and how both ethical and legal codes are applied in the counseling space. Often counselor educators use multiple teaching strategies in ethics education, including lectures, ethical dilemma discussions, and case examples (Hill, 2004; Joe & Borland, 2023; Urofsky & Sowa, 2004). Incorporating content centered around HIV, with its many legal and ethical complexities, can enrich CITs' knowledge and skills in terms of ethical reasoning and decision making.

Historically, confidentiality has been the primary topic of discourse in the scant counseling and counselor education literature focusing on HIV and ethics (Joe, 2018). Hence, counseling ethics education with respect to this particular chronic illness is likely limited, with an emphasis on standard B.2.c. of the American Counseling Association's (ACA, 2014) code of ethics regarding breach of confidentiality and contagious, life-threatening diseases. However, Joe (2018) challenged this narrow scope and discussed the ethical obligations of cultural competence, an intersectional approach, and social justice advocacy in instances where clients are living with or affected by HIV. These obligations are especially important given that PLWH report experiencing discrimination in various healthcare settings due to the stigma and stereotypes associated with HIV (Britton & Tadros, 2021). Core values of the counseling profession as stated in the preamble of the ACA (2014) code of ethics include "honoring diversity and embracing a multicultural approach" as well as "promoting social justice" (p. 3). Additionally, throughout the ethical standards, cultural self-awareness, understanding, and sensitivity appear as elements of the counseling relationship, confidentiality considerations, professional competence, evaluation, diagnosis, and research. Similarly, advocacy appears multiple times in the code, underscoring the ethical expectation that counselors advocate for the removal of barriers to care and promote change that will improve the quality of life of their clients (see ACA ethical standard A.7.a. and Section C Introduction).

As counselor educators address CACREP (2023) standard 3.A.10 (ethical standards) and standard 3.A.4 (advocacy), they can easily incorporate relevant HIV information and considerations into their instruction. First, counselor educators will need to ensure that the language they use to discuss HIV is accurate and nonstigmatizing. To do so, they can consult the Centers for Disease Control and Prevention's (CDC; n.d.) HIV stigma language guide, as well as Joe and Parkin's (2018) primer on HIV, which is designed specifically for counselors. Counselor educators can then guide CITs through individual and collective reflection on personally and socially held biases regarding HIV to facilitate their cultural competence and decrease the likelihood that bias will shape their interactions with clients living with HIV. Additionally, counselor educators can discuss the barriers to care that clients living with HIV might face, such as stigma, discrimination in healthcare settings, and

HIV criminalization (Center for HIV Law and Policy, 2024). While engaging in such instruction, counselor educators must be mindful that the case examples presented to CITs are factually accurate, reflective of the lived experiences of clients living with HIV, and ethically appropriate in that they do not further stigmatize HIV or people living with the virus.

Given ACA ethical standard B.2.c. regarding communicable and life-threatening diseases, counselor educators will need to instruct CITs in the nuance of confidentiality with clients living with HIV. Importantly, counselor educators should emphasize that no mandate to breach confidentiality exists within the ACA ethical code; rather, counselors "may be justified" in disclosing information to a third party. When instructing CITs about the meaning and applicability of this standard with clients living with HIV, counselor educators can engage CITs in a critical evaluation of the standard and what disclosure of a client's HIV status might mean for that client's welfare. Counselor educators can consult Joe (2018) and Chenneville and Gabbidon (2020) for in-depth discussions of ethical considerations for clients living with HIV and methods of thinking through relevant ethical scenarios.

Social and Cultural Identities and Experiences

The relevance of HIV to exploring social and cultural diversity in counseling is unequivocal. Social determinants of health shape HIV transmission and HIV-related health outcomes for various groups resulting in distinct HIV disparities (Center for HIV Identification, Prevention and Treatment Services and The Center for Strengthening Youth Prevention Paradigms, 2012). For example, HIV is more prevalent in the southern United States, in communities with higher poverty rates, and in rural communities (CDC, 2024). These disparities can be attributed to socially held beliefs about sex, sexuality, and prevention; lack of affordable healthcare; and difficulty accessing HIV prevention and treatment services due to transportation barriers or a lack of providers in close proximity to individuals in rural areas (Jeffries & Henny, 2019). Additionally, HIV has had a disproportionate effect on gay and bisexual men, communities of color, and women (both cisgender and transgender), especially women of color (CDC, 2024). Again, scripts about sex and sexuality drive these disparities as well as racism, heterosexism, homophobia, sexism, and transphobia.

Essentially all of the CACREP (2023) standards on social and cultural diversity can be taught in a manner that simultaneously increases CITs' ability to adequately serve clients living with HIV. A critical area of instruction involves standards 3.B.2, 3.B.5, and 3.B.6, which focus on the impact of attitudes and beliefs on an individual's worldviews, the effects of power and privilege for counselors and clients, and the effects of public policies and cultural values. HIV stigma persists, and research indicates that CITs hold differential and biased beliefs about PLWH (Joe & Foster, 2017). To mitigate these biases and disrupt long-standing power dynamics surrounding HIV, counselor educators can explore the conceptual framework of the multicultural and social justice counseling competencies (MSJCC; Ratts et al., 2016) with their students. By doing so, counselor educators will address standard 3.B.5 as CITs consider privilege and marginalization in the counselor–client relationship. Additionally, through an examination of this framework, CITs can gain greater self-awareness of their knowledge, beliefs, and attitudes about HIV so that they are open to the worldview of a client living with HIV.

Counselor educators can address standard 3.B.7 regarding health disparities among people with marginalized identities by discussing HIV health inequities and the sociocultural and political factors that make marginalized groups vulnerable to the virus. For example, the syndemic relationship between HIV and intimate partner violence (IPV) among Black and Latina women demonstrates the ways in which gender, race, ethnicity, religion, and citizenship status affect health outcomes (Joe et al., 2020). Relatedly, given that HIV transmission primarily involves sexual contact or intravenous

drug use, spiritual beliefs of counselors and clients are relevant topics for counselor educators seeking to address standard 3.B.11. CITs may need to explore their spiritual beliefs regarding sexual activity and drug use to address any ideological biases that could prevent them from engaging with clients around these topics.

The remaining standards on social and cultural diversity can be addressed through an analysis of help-seeking behaviors among clients living with HIV (3.B.3) that points to effective models and strategies of social justice advocacy (3.B.10) to eliminate barriers, prejudices, oppression, and discrimination (3.B.9). For example, HIV criminalization, "the reliance on a person's positive HIV status … as the foundation for criminalizing otherwise legal conduct or for increasing crimes and punishments related to solicitation or sex offenses" (Center for HIV Law and Policy, 2024, p. 1), is a social justice issue. Among those convicted under HIV laws, Black men and sex workers (mostly women) are overrepresented. Additionally, questions have been raised about the ethical and legal implications of the use of HIV surveillance data in prosecutions under HIV laws that may be outdated and based on information that is not biomedically sound (Hoppe, et al., 2022; e.g., laws that criminalize spitting on another person when saliva is not a means of transmitting HIV). Counselor educators might use this information to engage CITs in an advocacy project that explores and challenges the HIV laws in their state or region. Such an educational strategy would encapsulate many CACREP (2023) standards regarding social and cultural diversity and provide CITs with an opportunity to learn about HIV while engaging in culturally responsive advocacy.

Lifespan Development

Given the intersection of HIV with mental health, neurobiology, sexuality, and interpersonal systems, counselor educators can incorporate HIV into theories in lifespan development coursework delivered to CITs. Section 3.C. of the CACREP (2023) standards emphasizes training future counselors to understand lifespan development and promote wellness for diverse populations. In this domain, PLWH have unique experiences and needs that warrant focused attention in counselor education programs. Standard 3.C.1 requires CITs to understand individual and family development theories across the lifespan. To meet this standard, CITs can learn to apply wellness models (3.C.12) as they discuss healthy sexuality (3.C.9) within the context of a chronic illness.

Due to medical advancements in HIV treatment since the 1990s, individuals living with HIV can expect to live long, healthy lives across multiple developmental stages. Long-term survivors of HIV, (i.e., individuals diagnosed with HIV before the advent of highly active antiretroviral treatment in 1996; U.S. Department of Health and Human Services, 2023b) likely endured significant losses, stigma, and discrimination that might affect their current strategies of coping and resilience (3.C.10). Additionally, they may experience unique challenges within Erikson's psychosocial stages. Major life events and transitions, such as contracting HIV, can disrupt identity integration if they conflict with one's existing sense of self (Mitchell et al., 2021). Additionally, as the population of individuals living with HIV ages, the stages of generativity versus stagnation (ages 30–64) and integrity versus despair (ages 65 and up) become more relevant as individuals reflect upon their career, families, and contributions to society (Erikson, 1980).

Further exploration of topics related to HIV and lifespan development can include case examples that present the multifaceted psychological, social, cultural, and biological aspects of HIV. Classroom discussions and case analyses can focus directly on how HIV transmission and treatment impact clients' sexual functioning and intimate relationships over the lifespan. For example, counselor educators can have CITs examine biopsychosocial factors that influence sexual decision making and behaviors among diverse populations vulnerable to HIV transmission. By infusing examples relating to the intersections of HIV, sexuality, relationships, and

holistic identity development throughout the curriculum, CITs can gain the knowledge and clinical skills necessary to address the unique sexual health and wellness needs of clients living with or affected by HIV.

Career Development

Counselor educators can address CITs' knowledge gaps in addressing career concerns for PLWH by integrating diverse case examples in their discussions of theories and models of career development, career counseling, and career decision making (3.D.1). For example, the systems theory framework (STF) is a theory that accounts for systems of influence on people's career development including individual, social, and environmental contexts (Arthur & McMahon, 2005). An STF approach is beneficial for individuals living with HIV because it addresses the social and psychological benefits of work and career (Barrio & Shoffner, 2005). With such an approach, the focus would be on empowering clients to optimize their career and work lives while proactively addressing HIV-related needs and challenges.

The standard on developing work skills and opportunities for marginalized groups (3.D.8) should especially include examples for those living with HIV, due to stigma and other barriers to employment success faced by these individuals. Additionally, CITs can engage in discussions that focus on helping clients explore disclosure decisions, reasonable accommodations, and stigma/discrimination issues related to HIV and the impact on their current or future work environment and career path. When examining legal and ethical issues in career counseling (3.D.12), counselor educators can incorporate HIV-specific examples like disability discrimination protections, maintaining health privacy, and navigating disclosure decisions in hiring processes when reasonable accommodations may be needed. Incorporating HIV concerns into career counseling will educate CITs about how to advocate for clients living with HIV who experience workplace discrimination, barriers to employment, or difficulties accessing employee benefits (U.S. Department of Health and Human Services, 2017).

Counseling Practice and Relationships

Section 3.E. of the CACREP (2023) standards outlines content that directly informs the practice of counseling for CITs in all tracks. Topics in this section include theory and case conceptualization as well as intervention and treatment techniques based on evidence from the literature. Without question, the core conditions espoused by Carl Rogers (1957) are relevant to counseling clients living with or affected by HIV. The importance of unconditional positive regard and empathy cannot be understated given the social stigma that has long been associated with HIV (Herek, 2014). Hence, as counselor educators engage CITs in self-reflection to help them develop the characteristics and behaviors that positively influence the counseling process (3.E.8), they might challenge CITs to consider the counselor dispositions that clients living with HIV find affirming. Additionally, as CITs develop their case conceptualization and counseling intervention skills, counselor educators can guide them in the selection of appropriate interventions based on a client's needs with HIV included in case examples.

Affirming Theoretical Approaches

Standards 3.E.1 and 3.E.3 require CITs to become knowledgeable about counseling theories and skilled in applying them in clinical practice. As counselor educators instruct their CITs in appropriate alignment of theory with client needs, they can incorporate discussions of and recommendations for specific populations, such as individuals living with or affected by HIV. For example, systems approaches are particularly valuable when addressing HIV in the counseling context given the relational aspects of HIV and the critical role that familial and social networks play in the psychosocial well-being of individuals living

with HIV (Joe, 2015). Additionally, relational cultural theory can be applied to challenges in romantic relationships where HIV is present, especially if other concerns, such as intimate partner violence, are also present (Joe et al., 2020). Moreover, the application of postmodern approaches, such as narrative therapy and solution-focused brief therapy, to HIV demonstrate the value of theory that is strengths-based and externalizes the problem, thus reducing HIV stigma (Garte-Wolf, 2011; Yates et al., 2020; Zeligman & Barden, 2014).

Crisis Intervention and Trauma-Informed Care

An HIV diagnosis can be traumatizing, and for many vulnerable individuals, HIV is associated with sexual trauma or intimate partner violence (Brief et al., 2004; The Well Project, 2022). Hence, the ability to utilize effective crisis intervention and trauma-informed care when serving clients affected by HIV is paramount for CITs. As counselor educators address the CACREP (2023) standards regarding suicide prevention and response (3.E.19) and crisis intervention and trauma-informed care (3.E.20), they can incorporate information regarding the elevated prevalence of suicide ideation (Tsai et al., 2022) and post-traumatic stress disorder (Tang et al., 2020) among PLWH. Additionally, counselor educators can engage CITs in case conceptualization discussions that center trauma-informed interventions for HIV such as those recommended in the toolkit developed by the National Alliance of State and Territorial AIDS Directors (NASTAD; 2022).

Group Counseling and Group Work

Section 3.F. of the CACREP (2023) standards addresses group counseling and group work, with topics including the facilitation of specific group types and the development of group dynamics. Additionally, the standards in this section include cultural competencies in group formation, and the ethical and legal considerations of group work. Group work is widely used with PLWH, with implications for quality of life and retention in care (Bateganya et al., 2015). The need to have a working knowledge of HIV, an understanding of the stigma related to it, and how to manage sensitive topics related to risk-taking behaviors can prove beneficial to CITs as these topics may affect members in treatment groups directly or indirectly (3.F.2 and 3.F.7). Building trust and group cohesion is instrumental to group success. For PLWH, group counseling can be therapeutic, improving psychosocial functioning and well-being (Leszcz, 2020). Therefore, it is important for CITs to learn how to facilitate a group that respects confidentiality yet invites open, honest discussions where clients are safe to share thoughts without judgment (ACA, 2014, Section B.4.a.).

The screening and recruiting process for groups should be inclusive (ACA, 2014, Section A.9.a.–b.). When instructing CITs on the different approaches to group formation, strategies to create a nondiscriminatory screening process that respects the confidentiality of possible participants should be addressed (3.F.5). As mentioned previously, the intersection of HIV and mental health, sexuality, and culture should also be infused at this stage and throughout the group counseling process. To do this effectively, counselor educators can introduce CITs to group materials that use up-to-date, nonstigmatizing language around HIV and related sensitive topics (3.F.8). While educating CITs on the ethics of group counseling (3.F.9), counselor educators can use HIV-focused case examples and role-plays so that CITs can apply ethical reasoning to group processes and practice their facilitation skills within the context of HIV (Hill, 2004; Joe & Borland, 2023; Urofsky & Sowa, 2004).

Assessment, Research, and Program Evaluation

In the core areas of assessment, testing, research, and program evaluation, counselor educators can easily incorporate specific areas of assessment and ethical considerations that are relevant to HIV into their instruction. Standards 3.G.11–14 address

differential diagnosis as well as assessments for addictions, co-occurring disorders, self-harm and suicide, and trauma. A case example that engages CITs in proper diagnostic processes with a client living with HIV would simultaneously address these standards and provide an opportunity for CITs to consider the complexities inherent in counseling such clients. Additionally, as mentioned previously, properly assessing and addressing suicide and experiences of trauma are skills required of CITs, and the experience of living with HIV has the potential to touch these areas, providing opportunities for counselor educators to incorporate HIV into their instruction.

The ethical aspects of assessment, research, and program evaluation have relevance to HIV given the stigma associated with the virus and the critical importance of confidentiality. Standards 3.G.6 and 3.H.10 both emphasize knowledge of ethical and legal considerations for assessment and research. The ethical considerations are presented in detail in Sections E and G of the ACA Code of Ethics with declarations that counselors respect the rights of individuals, maintain cultural competence and objectivity in assessment and research, and prioritize the maintenance of confidentiality throughout assessment and research processes. When addressing these standards, counselor educators can challenge CITs to consider the ramifications for PLWH if bias were present during assessment rather than objectivity, or if client information for someone living with HIV were handled carelessly and divulged to others. The gravity of these ethical breaches can demonstrate to CITs the stakes involved in ethically sound assessment and research.

Conclusion

CITs receive little to no preparation to serve clients living with or affected by HIV in their graduate programs despite the well-documented co-occurrence of multiple mental health conditions with HIV. Curricular restraints might complicate the inclusion of a stand-alone course on HIV, or any other chronic condition, in graduate counseling programs; however, the CACREP (2023) standards of accreditation provide a framework for infusing HIV-related coursework into counselor training. By incorporating the curricular recommendations from this article into their instruction, counselor educators can address the critical gap in counselor training that leaves CITs unprepared to meet the mental health and wellness needs of clients affected by HIV.

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