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CONFIDENTIALITY: THE ETHICAL DILEMMA FACED BY MENTAL HEALTH PROFESSIONALS WHEN WORKING WITH CLIENTS AFFLICTED WITH AIDS

TAMMY L. PARRISH

CONFIDENTIALITY: THE ETHICAL DILEMMA FACED BY MENTAL HEALTH PROFESSIONALS WHEN WORKING WITH CLIENTS AFFLICTED WITH AIDS

An Abstract

Presented to the Graduate and Research Council of

Austin Peay State University

In Partial fulfillment

of the Requirements for the Degree

Master of Science

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by

Tammy L. Parrish

June 1992

Abstract

This study investigated the impact of dangerousness and identifiability in the decision-making process of therapists faced with clients afflicted with the AIDS. This study also investigated how comfortable therapists were with the ethical guidelines available to them when making the decision to break or maintain confidentiality. Therapists were provided with a questionnaire consisting of four scenarios varying in the degrees of dangerousness and identifiability.

Results indicated that dangerousness and identifiability proved to be significant factors in the therapists decision-making process. The therapists were more likely to break confidentiality when the degree of dangerousness and identifiability were high. However, the interactional effect between dangerousness and identifiability did not prove to be significant in this study. Results also showed that therapists were more comfortable with the ethical guidelines available in the scenarios where the degree of dangerousness was low.

CONFIDENTIALITY: THE ETHICAL DILEMMA FACED BY MENTAL HEALTH PROFESSIONALS WHEN WORKING WITH CLIENTS AFFLICTED WITH AIDS

A Thesis
Presented to the Graduate Council of
Austin Peay State University

In Partial Fulfillment
of the Requirement for the Degree
Master of Science

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by
Tammy L. Parrish
June 1992

To Graduate and Research Council

I am submitting herewith a Thesis written by Tammy L. Parrish entitled "Confidentiality:The Ethical Dilemma Faced By Mental Health Professionals When Working With Clients Afflicted With AIDS." I have examined the final copy of this paper for form and content and I recommend that it be accepted in partial fulfillment of the requirements for the degree Master of Science with a major in Psychology.

Major Professor

Second Committee Member

Third Committee Member

Accepted for the
Graduate Council:

Dean of the Graduate School

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I gratefully acknowledge Dr. Douglas Lamb, Professor of Psychology, Illinois State University, for allowing me to utilize the questionnaire he developed for this particular area of research.

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Introduction

Acquired immune deficiency syndrome (AIDS) is a fatal virus that breaks down the immune system, leaving no strength to fight diseases off. The incidence of AIDS has increased steadily since the 1980s and has become one of the most serious health problems throughout the world. In 1987, 1,500,000 people tested positive for the HIV virus and it was predicted that 25-50% would develop full blown AIDS over the years that followed (Faulstich, 1987). The disease seems to pose a sort of mystery because of the unknown latency period between the time of infection and an individual actually showing signs of the disease (Kelly & St. Lawrence, 1988). The progression of the disease seems to take the following course; first an individual tests HIV positive for the antibodies of the AIDS virus. An individual may then begin to exhibit symptoms but does not meet the diagnostic criteria listed by the Center for Disease Control (CDC). An individual that has not been diagnosed with one of the opportunistic infections listed by the CDC will be classified as having AIDS Related Complex (ARC). After an individual develops one of the opportunistic infections such as Kaposi's sarcoma (a type of cancer), they will be diagnosed with the AIDS virus (Center for Disease Control, 1986).

The AIDS virus has brought many difficult issues to the mental health profession. Mental health professionals are

forced to look at their own mortality and confront their own feelings about the AIDS virus. They will also need to address their concerns regarding transmission when working with individuals with the AIDS virus (Faulstich, 1987; Morrison, 1989). AIDS education has increased, but therapists will vary in the amount of knowledge and personal exploration of their feelings concerning this issue. AIDS clients will ultimately be effected by the willingness of therapists to confront the issues they will be faced with. (Knox, Dow, & Cotten, 1989).

Confidentiality has become a dilemma within the therapeutic community (Cohen, 1990; Erickson, 1990; Gray & Harding, 1988) as well as in the medical community (Eth, 1988; Krajeski, 1990; Ostrow & Gayle, 1986) when dealing with AIDS clients. Therapists may find themselves in the position of protecting the confidences of their clients with AIDS or having to break confidentiality to protect a third party.

Purpose of Study

Therapists faced with the confidentiality dilemma concerning AIDS clients are confronted with an ethical obligation that is not clearly understood within the therapeutic community. This study will further prove the need for therapists to have a better understanding of the appropriate actions to take (Totten, Lamb, & Reeder, 1990).

Determining when therapists are likely to break or maintain confidentiality when faced with AIDS clients will

provide therapists with information to increase their understanding of this dilemma. The assessment of how comfortable therapists are with the ethical guidelines available will reveal information that will aid in determining if there is a need for more specific guidelines.

Chapter 2

Review of Related Literature

When is it necessary, or should it ever be necessary for clients rights to be sacrificed for the good of another or society? Therapists will be faced with this ethical question more and more concerning their clients with AIDS. The principle of confidentiality is inherent within the profession of psychology and was first documented in the Hippocratic Oath. The Hippocratic Oath stated that to be true to one's profession all information must remain secret (Zipple, Langle, Spaniol, & Fisher, 1990). Confidentiality is essential within the therapeutic relationship if counselors are to stand by their professional code of ethics. The reason for creating this ethical standard was to foster an atmosphere in which clients feel free to express their concerns (Gray & Harding, 1988). The only foreseeable reason for not abiding by this ethical standard is when it is clear that the client or a third party is in "immediate" danger (American Association for Marriage and Family Therapy, 1988). A therapist is forced to ask himself or herself if the AIDS virus falls under the "immediate" danger described in the professional code of ethics. The ethical guidelines available do not make clear what kinds of responses are ethically appropriate when faced with the confidentiality dilemma concerning AIDS clients (Gray & Harding, 1988).

The Supreme Court ruling from the now famous Tarasoff v. the Regents of the University of California ruled that a physician or psychotherapist is liable (Tarasoff v. Regents of the University of California, 1976). This case stated that a therapist who has reason to believe that a client may harm another must notify potential victims, their relatives, friends, or authorities (Slovenko, 1975). The Tarasoff case has brought about a great deal of controversy in the mental health community. Researchers have stated that Tarasoff should not even be compared to a situation where a therapist is presented with the confidentiality dilemma. A direct threat is not always made in a counseling session by an AIDS client in regard to a third party and researchers consider this to be more passive than direct (Kermani & Weiss, 1989). There are those who feel that if therapists abide by this rule, it will defeat the whole foundation of the therapeutic relationship. The therapeutic relationship is one that provides clients with an environment where they are able to feel comfortable discussing their thoughts and feelings (Cohen, 1990). The Tarasoff ruling is thought by some to deny clients of this because clients may be reluctant to reveal certain information (Melton, 1988). Research has shown that individuals afflicted with the AIDS virus have improved the quality of their life after seeking assistance from some type of psychological intervention. Because many AIDS victims are faced with a lack of social support,

therapists may be able to assist them in coping with the illness (Kelly & St. Lawrence, 1988). Does the ruling from the Tarasoff case stop these individuals from seeking assistance because they are apprehensive about therapists disclosing confidential information?

Therapists are put in a very difficult situation, one where they must weigh very carefully the pros and cons of breaking the confidentiality experienced within the therapeutic relationship. Therapists are in a position where they may experience legal ramifications for either decision made. A client may bring a law suit against a therapist for breaking confidentiality and the personal suffering the client may ensue. The therapist may also be sued by a third party involved who was put in potential harm because the therapist failed to notify the individual (Winston, 1987). There are therapists who view a mandatory reporting law in regards to AIDS clients ultimately causing more people to become infected. They foresee fewer individuals coming to counseling because AIDS clients will fear their disease will not be kept confidential (Landesman, 1987). Without a court ruling that specifically deals with an AIDS client and a therapist in regard to the confidentiality dilemma therapists cannot know what the legal ramifications will be. Therapists are put in the position of placing more importance on the long term implications of society as a whole, or the short term benefit of an individual. The confidentiality dilemma

places a great deal of pressure on therapists who have no clear cut guidelines to follow (Goldberg, 1989).

Is it the therapists' position to medically diagnose clients afflicted with AIDS? The literature brings forth this question and further points out the mystery behind the disease. Some say that not all seropositive individuals are actually producing the virus, while other seropositive individuals may be infectious (Curran, 1985; VandeCreek & Knapp, 1989). Therapists have not been medically trained and should not be expected to know exactly where their AIDS clients are in the progression of the disease (Melton, 1988). The Tarasoff ruling states that a therapist must exercise his or her knowledge of their clients' mental condition in order to make a diagnosis of the dangerousness involved. Some view therapists in the position of stepping outside of their expertise when reporting to a third party that their clients are afflicted with AIDS. The therapist faced with the confidentiality dilemma with an AIDS client is receiving information second hand, without any confirmation from the medical professional that originally diagnosed the disease. Initially, it is not the therapist that the individual goes to for a diagnosis and treatment. Is it not the medical professional who originally makes the diagnosis of the disease who has the obligation to report (Giriardi, Keese, Traver, & Cooksey, 1988)?

The gay community has suffered a great deal because of the AIDS epidemic. Literature reveals that homosexual men seem to be looked at more harshly than AIDS clients who are heterosexual in orientation (Herek & Glunt, 1988; Scheerhorn, 1990). Reactive adjustment disorders such as depression, insomnia and memory loss occur in 75% of those who test positive for the HIV virus. The homosexual male who has not revealed his sexual orientation may experience these symptoms to a greater degree than those who have already disclosed their sexual preference (Kelly & St. Lawrence, 1988). Presently the gay community is considered to be one of the largest groups at risk for the fatal disease and one must consider the effects that this will have on them (Mason, 1987).

Literature has been written regarding the specific dilemmas that therapists may face when working with AIDS clients (Cohen, 1990; Erickson, 1990; Gray & Harding, 1988). The literature can be used only as a guideline for therapists and situations may be different for every client so it remains an ambiguous area (Melton, 1988). This ethical dilemma is continually associated with the Tarasoff v. Regents of University of California, 1976 case (Kermani & Drob, 1987). Although the Tarasoff case would seem to apply to this dilemma because of the fatal course of the AIDS virus, no cases have experienced litigation. Therapists do not have a clear picture of what their legal and ethical

obligations are at this time. Research has shown that therapists are concerned about their ethical obligations when presented with AIDS clients. This research shows that there is a need for therapists to have a better understanding of the appropriate actions to take (Totten, Lamb, & Reeder, 1990). Therapists have been advised to be aware of the laws within their jurisdiction so they will be able to advise their clients and themselves appropriately (Hopkins & Anderson, 1990).

Research concerning the therapist's dilemma of breaking confidentiality with an AIDS client is still in the early stages. The majority of the literature makes reference to the Tarasoff case (Cohen, 1990; Eth, 1988; Gray & Harding, 1988; Lamb, Clark, Drumheller, Frizzell, & Surrey, 1989; Totten et al., 1990) to aid in better understanding the confidentiality dilemma. The legalities and ethical obligations regarding this dilemma need to be clarified to enable therapists to have a better understanding of their responsibilities. Several states have presented this dilemma within their legislature and mandates have been enacted (Illinois Department of Public Health, 1987). However for those states where no legislation has been mandated there is a great deal of ambiguity surrounding this issue. Professionals are concerned more and more with malpractice suits and the legal ramifications they may need to face if

confidentiality is breached (Knapp, 1980; Vandecreek, Knapp & Herzog, 1987).

Several researchers have developed questionnaires to assess mental health professionals reasons for breaking confidentiality (Totten et al., 1990) and for maintaining confidentiality (Abramson, 1990). Ethical concerns in a counseling situation have been investigated and formulations have been made in order to prove the importance of confidentiality within the therapeutic environment. The therapist's obligation to inform a third party when dealing with an AIDS client has also been investigated (Cohen, 1990). The dilemma of breaking confidentiality within the therapeutic relationship involving AIDS clients brings about moral, legal, and professional questions to therapists. More research will need to be done in order to provide a framework for professionals (Abramson, 1990; Gray & Harding, 1988; Totten et al., 1990).

The variables that were utilized within the study were dangerousness and identifiability of the victim. The variables were used to assess the effect they had on a therapist's decision to break confidentiality with a homosexual client afflicted with AIDS. The variables were also used within the study to assess how comfortable therapists were with the ethical guidelines available to them when dealing with the confidentiality dilemma.

Dangerousness can be identified operationally as the

degree of danger depicted by the therapist of his or her client who has the AIDS virus. Although it is difficult to predict danger, the Supreme Court ruling regarding the Tarasoff case stated that therapists are expected to utilize their personal skills and intellect when faced with potentially dangerous clients in a counseling situation. When assessing the degree of danger the therapist takes three factors into consideration. The first factor is the clients' medical diagnosis, whether the client is HIV positive, diagnosed as having AIDS Related Complex, (ARC), or full-blown AIDS. The second factor is the extent to which the client is involved in high risk behaviors, for example the clients' sexual promiscuity or involvement in IV drug use. The last factor is the extent of the client's precautions for the transmission of the virus. For example the therapist can look to see if the client is practicing safe sex, and if the client has disclosed to a foreseeable victim that they have the AIDS virus (Lamb et al., 1989). So therapists need to weigh different factors and make use of their professional skills to predict the degree of danger presented to them from observing their clients behaviors when making the decision to break confidentiality.

The variable of identifiability of the victim can be operationally defined as the degree that a foreseeable victim is identifiable to the therapist when counseling a client with AIDS. The amount of knowledge and information a

therapist has concerning a third party will help determine if the third party is a foreseeable victim. For example, a therapist will consider a third party highly identifiable if a client discloses within a counseling session the name of his or her partner. (Lamb et al., 1989).

The assessment of these variables in relation to the confidentiality dilemma with AIDS clients will provide information for future research, and can be used to update the guidelines already suggested (Erickson, 1990; Gray & Harding, 1988; Lamb et al., 1989).

The following hypotheses were formulated:

1. When a high degree of dangerousness is presented to therapists by homosexual clients afflicted with AIDS and a third party is highly identifiable, therapists will break confidentiality.

2. Dangerousness will be a more important factor than identifiability. When presented with a situation where there is a high degree of danger and a low degree of identifiability therapists will be more likely to break confidentiality. When there is a low degree of dangerousness and a high degree of identifiability therapists will be less likely to break confidentiality.

3. The therapists will decrease their likelihood of breaking confidentiality as the degree of danger and the degree of identifiability decrease. It is not likely that

therapists will break confidentiality when there is a low degree of danger and a low degree of identifiability.

4. The two extremes, that of a low degree of danger and identifiability and a high degree of danger and identifiability will reveal that therapists are comfortable with the ethical guidelines available.

Chapter 3

Methodology

Subjects

Subjects were taken from the mailing list of the Tennessee Association of Marriage and Family Therapists. Questionnaires were inserted in the December TAMFT newsletter. Therapists were provided with a letter stating the intent of the study and that their participation was completely voluntary (see Appendix A). The letter stated that by returning their questionnaires they would be giving their consent to be involved in the study. The participants were also informed that the results would be reported in the TAMFT newsletter upon completion. The therapists who participated in the study consisted of 59 males and 27 females.

Questionnaire

The questionnaire utilized within this study was developed from Totten, Lamb, and Reeder's questionnaire (1990). The questionnaire they developed also assessed therapists reasons for breaking confidentiality concerning AIDS clients. The section pertaining to the homosexual population from that questionnaire was utilized in this study. The questionnaire consisted of four hypothetical scenarios varying in the degree of dangerousness and identifiability presented (see Appendix B). The scenarios

varied in their degree of dangerousness and identifiability as follows: high dangerousness - high identifiability, high dangerousness - low identifiability, high identifiability - low dangerousness, and low dangerousness - low identifiability (see Appendix C).

The therapists were asked to rate each scenario by stating their likelihood to break confidentiality on a 7-point Likert scale, 1=maintain confidentiality, to 7=break confidentiality. Therapists were also asked to rate how comfortable they were with the ethical guidelines available to them when faced with this type of dilemma.

Procedure

In December of 1991, two hundred questionnaires were inserted in the Tennessee Association for Marriage and Family Therapy newsletter. Approximately 90 questionnaires were returned. However, four questionnaires were returned incomplete, thus 86 questionnaires were used for analyzing the results.

Chapter 4

Results

The repeated measures analysis was used to analyze the data collected from the questionnaires. Results indicated that there was an overall significant difference among the four scenarios ($F=277.806$, $p<0.000$) when measuring the likelihood of breaking confidentiality (see Table 1).

Table 1

Mean differences of four scenarios when measuring likelihood of breaking confidentiality

Scenario	Mean
X	1.419
Z	2.128
Y	4.244
W	5.081

Note: $F=277.806$, $p<0.000$.

There existed a greater likelihood to break confidentiality in Scenario W ($\overline{X}=5.081$), where the degree of dangerousness and identifiability were high. The likelihood of therapists breaking confidentiality decreased as the degree of dangerousness and identifiability decreased (Scenario Y, $\overline{X}=4.244$, Scenario Z, $\overline{X}=2.128$, Scenario X, $\overline{X}=1.419$). Table 2 shows the significant differences between the four scenarios.

TABLE 2

Repeated Measure Analysis comparing the four scenarios when measuring likelihood of breaking confidentiality

Scenario	F	P
X vs. Z	20.928	0.000
X vs. Y	169.469	0.000
X vs. W	313.106	0.000
Z vs. Y	82.917	0.000
Z vs. W	157.131	0.000
Y vs. W	12.691	0.001

Even though it was not hypothesized, the variable of gender was included in the analysis. However results revealed that there was no significant main effect of gender differences.

Results indicated that dangerousness was a significant factor in the decision-making process of the therapists faced with the confidentiality dilemma ($F=241.986$, $p<0.000$). The therapists were more likely to break confidentiality when there was a high degree of dangerousness ($\overline{X}=4.6625$) than if there were a low degree of dangerousness ($\overline{X}=1.7735$) depicted in the scenario. Identifiability also proved to be an important factor in the decision-making process of the therapists ($F=27.084$, $p<0.000$). Therapists were more likely to break confidentiality when there was a high degree of

identifiability ($\overline{X}$ =3.6045) than a low degree of identifiability ($\overline{X}$ =2.8315) depicted within the scenarios (see Table 3).

Table 3

Mean likelihood of breaking confidentiality when using the variables of dangerousness and identifiability of the victim

	Low	High	F	P
Dangerousness	1.7735	4.6625	241.986	0.000
Identifiability	2.8315	3.6045	27.084	0.000

However, the interactional effect of dangerousness and identifiability was only significant at $p<0.917$ level ($F=0.011$). Results showed that there was significance found between the four scenarios ($F=27.011$, $p<0.000$) when measuring how comfortable therapists were with the ethical guidelines available to them (see Table 4). The therapists reported to be most comfortable with the ethical guidelines available to them in Scenario X, then Z, Y, and W. When all scenarios were compared with one another, significant results were found in all combinations except for scenarios X and Z, and Y and W (see Table 5).

Table 4

Mean differences of therapists ratings of ethical guidelines available when faced with the confidentiality dilemma

Scenario	Mean
X	5.174
Z	5.081
Y	4.151
W	4.023

Note: $F=27.011$, $p<0.000$.

Table 5

Repeated Measures Analysis comparing the four scenarios when measuring how comfortable therapists are with ethical guidelines available

Scenario	F	P
X vs. Z	0.283	0.596
X vs. Y	16.356	0.000
X vs. W	23.340	0.000
Z vs. Y	16.842	0.000
Z vs. W	21.386	0.000
Y vs. W	0.487	0.487

The variable of gender was also included in the analysis of how comfortable the therapists were with the ethical

guidelines available to them when faced with the confidentiality dilemma. However the results did not indicate any significant effect of gender.

Table 6 shows that dangerousness proved to be a significant factor for therapists when reporting how comfortable they were with the ethical guidelines available to them ($F=28.720$, $p<0.000$). When there was a low degree of dangerousness therapists were more comfortable with the ethical guidelines, than in the scenarios where there was a high degree of dangerousness. Identifiability was significant only at $p<0.113$ level ($F=2.572$). The interactional effect between dangerousness and identifiability also did not prove to be significant when pertaining to how comfortable therapists were with the ethical guidelines available.

Table 6

Mean values of therapists ratings of ethical guidelines available when faced with the confidentiality dilemma

	Low	High	F	P
Dangerousness	5.1275	4.087	28.720	0.000
Identifiability	4.6625	4.552	2.572	0.113

Chapter 5

Discussion

A major purpose of this study was to investigate how important the factors of dangerousness and identifiability were to therapists confronted with the confidentiality dilemma with AIDS clients. Both dangerousness and identifiability proved to be significant factors within this study when determining the therapist's likelihood to break confidentiality. The hypothesis that therapists would make the decision to break confidentiality when there was a high degree of dangerousness and a high degree of identifiability was supported. These results substantiate previous research focusing on this dilemma (Totten, Lamb, & Reeder, 1990). As the degree of dangerousness and identifiability decreased the therapists reported being less likely to break confidentiality.

Even though identifiability proved to be a significant factor when making the decision to break confidentiality it was only an important factor when dangerousness was high (Scenario W and Y). In scenario Z (low dangerousness-high identifiability), therapists were not as likely to break confidentiality. Even though therapists would have reason to be suspicious of danger to an identified victim because of the past promiscuous behavior of the client depicted within

the scenario. This again identifies the importance that confidentiality has within the therapeutic environment.

Mental health professionals have a code of ethics available to them when faced with ethical dilemmas. Within this study the therapists were able to refer to the American Association for Marriage and Family Therapy professional code of ethics. The only foreseeable reason for breaking confidentiality with a client within this code is if there is immediate danger that is determined by the therapist to their client or a third party (American Association of Marriage and Family Therapy, 1988). Although it is not clear within the AAMFT guidelines what constitutes danger when dealing with an AIDS client, guidelines were established within this study. Because a definition was provided it may have made it easier for the therapists to assess the situation and make the decision to break confidentiality. Because dangerousness was defined in regard to an AIDS-infected client it was not as ambiguous to the therapists what their ethical responsibility was concerning this dilemma.

Therapists reported to be more comfortable with the ethical guidelines available to them when the degree of dangerousness was low. Therapists were least comfortable with the ethical guidelines when the degree of dangerousness was high. The therapists' ratings indicated that they remain neutral in this area, which may indicate that they were unclear of their ethical responsibility except when dangerousness was low. The therapists reported that they

were more likely to break confidentiality in Scenario W (high dangerousness-high identifiability) and Scenario Y (high dangerousness-low identifiability). It was assumed that the therapists were not as comfortable when making the decision to break confidentiality as they were when maintaining confidentiality based on the ethical guidelines available.

It is interesting to note in past research, results revealed dangerousness as the most important factor in the therapists' decision-making process. The second factor listed by therapists when faced with the confidentiality dilemma with AIDS clients was ethical considerations (Totten, Lamb, Reeder, 1990). The present study supports the concept of dangerousness being the most important factor in the decision-making process of a therapist faced with the confidentiality dilemma. This research also supports the need for the ethical guidelines to be further defined as indicated in the study conducted by Totten, Lamb, & Reeder (1990).

Limitations

The results of this study must be interpreted with some caution because of the 43% return rate of the questionnaires. Out of the 86 therapists that returned the questionnaire, 41 therapists had contact with AIDS clients in the past which may have affected the results of the study.

The definitions of the variables of dangerousness and identifiability that were developed for this study were fictitious in nature. The results can not be applied to

therapists currently practicing, but can be used as guidelines for therapists and for future research.

The definition of identifiability formulated for this study implied that a relationship needed to be in place for a third party to be identified. Therapists would not only be affecting the therapeutic relationship with their clients, but also their clients' personal relationships if they were to make the decision to break confidentiality. The therapists within this study may have placed more emphasis on the consequences of breaking confidentiality. This may be an indication why the factor of identifiability did not prove to be significant in regard to how comfortable therapists were with the ethical guidelines available. Research has concluded that the factor of relationship may not be a good predictor but may have more weight when looking at consequences (Fung, 1991).

The homosexual population was utilized without comparison to other groups afflicted with AIDS which may have affected the therapists' decisions.

Suggestions for Future Research and Practice

The following is suggested for further research:

1. Continue research to see if different groups, such as the heterosexual population or the I.V. drug user population result in different responses in the decision-making process of therapists.

2. Investigate in greater detail the amount of contact therapists have had with AIDS clients to see if it affects

their decision to break or maintain confidentiality with AIDS clients.

3. Continue to investigate different factors, such as legal ramifications and the effects on the therapeutic relationship to study their weight in the decision-making process of therapists.

4. Continue to investigate the need for clarifying the ethical guidelines available to therapists working with AIDS clients.

5. Investigate therapists' responses from other geographical areas.

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Appendix A

Dear TAMFT member, 11-15-91

I am a graduate student in counseling psychology at Austin Peay State University in Clarksville, Tennessee. The topic I have chosen for my thesis is the confidentiality dilemma faced by mental health professionals when working with a homosexual client afflicted with the AIDS virus. The confidentiality dilemma is when a therapist is put in the position of making the decision of protecting the confidences of their client with the AIDS virus or having to break confidentiality with their client in order to prevent another from being infected with the disease. Availability of appropriate guidelines for making the decision will also be addressed in the study.

Your responses are confidential. At no time will you be identified nor will anyone other than the investigators have access to your responses. The demographic information collected will be utilized as information for purposes of analysis. Your participation is completely voluntary.

The results of this study will be reported in the Tennessee Association for Family Therapy Newsletter upon completion.

It would be greatly appreciated if you would take the time to read the attached questionnaire, rate your answers on the 7-point Likert scale, and return it in the self-addressed stamped envelope provided by December 20, 1991. Informed consent will be acknowledged by returning the questionnaire. This study is being conducted under the supervision of faculty members of the Department of Psychology at Austin Peay State University. Thank you for your cooperation.

Sincerely,

Tammy L. Parrish

Appendix B

A. Demographic Information (Please circle or fill in the appropriate response.)

1. What is your gender? a) male b) female

2. What is your age? _____

3. Have you ever known anyone who has been afflicted with the AIDS virus or any of the stages that occur preceding the diagnosis of AIDS (e.g. ARC (AIDS Related Complex, or HIV positive status)? No___ Yes____ If yes, how many____

B. On the following pages are four hypothetical scenarios involving a homosexual client. The scenarios involve the issue of AIDS and breaking confidentiality. For each scenario please read it, and evaluate it as if it is currently a client you are seeing in therapy, and answer the questions that follow.

Dangerousness can be defined as containing the following three factors: the client's medical diagnosis, (whether they have been diagnosed HIV positive, AIDS Related Complex, (ARC), or full-blown AIDS), the second factor to be looked at is the extent to which the client is involved in high risk behaviors (for example, are they sexually promiscuous, or involved in IV drug use), and the last factor is the extent of their precautions for the transmission of the virus, (is the client practicing safer sex, has the client told a potential lover or their current partner that they have the AIDS virus).

Identifiability can be defined as the degree that a foreseeable victim is identifiable to the therapist, the amount of knowledge and information the therapist has concerning a third party will help them determine if the third party is a forseeable victim.

Client X reveals one homosexual encounter which took place three years previously. The client engaged in mutual masturbation with an individual met at a gay bar. The client refuses to be tested for AIDS or to tell subsequent lovers about the encounter. The client does utilize safer sex practices available.

Given the above situation, please circle the number which corresponds to the likelihood of you breaking confidentiality with your client (1=not likely to break confidentiality, 7=extremely likely to break confidentiality)

Maintain Confidentiality 1 2 3 Undecided 4 5 6 Break Confidentiality 7

Are you comfortable with the ethical guidelines available for making the decision in the above scenario?

Uncomfortable 1 2 3 Undecided 4 5 6 Very Comfortable 7

Client W previously led a promiscuous lifestyle. He frequented gay bars and had many sexual experiences without utilizing safer sex procedures. The client has since stopped his past promiscuous behavior and has been involved in a monogamous relationship for the past six months. The client has tested HIV positive and stated in therapy that he refuses to inform his current partner of the test results or to engage in "safer sex" practices.

Given the above situation, please circle the number which corresponds to the likelihood of you breaking confidentiality (1=not likely to break confidentiality, 7=extremely likely to break confidentiality)

Maintain Confidentiality			Undecided			Break Confidentiality
1	2	3	4	5	6	7

Are you comfortable with the ethical guidelines available for making the decision in the above scenario?

Uncomfortable			Undecided			Very Comfortable
1	2	3	4	5	6	7

Client Y, has been diagnosed as having AIDS Related Complex. While the symptoms are not severe the patient plans to continue his promiscuous behavior while purposely not warning any sexual partners of the condition or using any of the "safer sex" procedures available. The client lives alone and reports no significant social relationships.

Given the above situation, please circle the number which corresponds to the likelihood of you breaking confidentiality (1=not likely to break confidentiality, 7=extremely likely to break confidentiality)

Maintain Confidentiality			Undecided			Break Confidentiality
1	2	3	4	5	6	7

Are you comfortable with the ethical guidelines available for making the decision in the above scenario?

Uncomfortable			Undecided			Very Comfortable
1	2	3	4	5	6	7

One year ago, client Z spent the night with an individual whom the patient met for the first time at a homosexual bar. They engaged in various sexual acts while using the safer sex procedures available. The client stated in therapy that he refuses to tell his current partner with whom a ten year monogamous relationship been maintained.

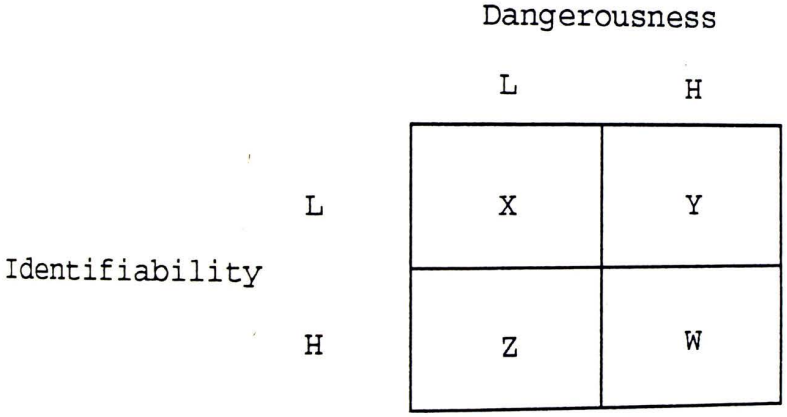
Given the above situation, please circle the number which corresponds to the likelihood of you breaking confidentiality (1=not likely to break confidentiality, 7=extremely likely to break confidentiality)

Maintain Confidentiality			Undecided			Break Confidentiality
1	2	3	4	5	6	7

Are you comfortable with the ethical guidelines available for making the decision in the above scenario?

Uncomfortable			Undecided			Very Comfortable
1	2	3	4	5	6	7

Appendix C


Dangerousness
L
H
L
H
Identifiability
X
Y
Z
W