

Research Note**Clinical Social Work Practice with HIV/AIDS Patients**

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Objective : This article shows an effective framework for changing negative narratives of HIV/AIDS patients to improve social adaptation, using a dynamic process and systematic skills. Although a traditional narrative approach argues that a person has the power to switch from an oppressive story to an alternative story, there is a presupposition that a story exists, and the explanation of the dynamic change process of the oppressive story is incomplete. This study attempted to eliminate this deficit.

Materials & Methods : The dynamic constructing process of a client's negative story was explained using the framework of a deviance amplifying feedback loop (DAFL) between mutual Constitutive rules (cR) and Regulative rules (rR). These rules are basic concepts in Coordinated Management of Meaning theory (CMM) invented by the Calgary School. Moreover, systematized skills were used to change the client's DAFL and improve his social adaptation.

Results : To transform the client's DAFL, the higher level of context in the client's cR was replaced from Life-script to Episode using circular questions and Solution Focused Brief Psychotherapy (SFBP) questions. As a result, a new feedback loop in which the client could choose new behaviors was generated, and the feedback loop to improve his adaptation level was stabilized in his ecological system.

Conclusion : Through this case study, the dynamic processes of changing a client's negative narrative were explained. This framework, based on systems theory and CMM, was effective in solving this patient's DAFL. The use of circular questions and SFBP skills were efficacious in differentiating the elements of the sequence for changing his DAFL. This framework proved beneficial in improving the social adaptation level of this HIV/AIDS patient.

Key words : Coordinated Management of Meaning, narrative approach, deviance amplifying feedback loop, circular questions, Solution Focused Brief Psychotherapy

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Introduction

Clinical social work practice designed to transform a client's story is concerned with first defining the problem. According to White's narrative approach¹⁾, discourse has the power to negatively define a client's life-scripting. Most clients with HIV/AIDS are overwhelmed by disease discourse and develop maladaptive behaviors after diagnosis. To improve this situation with a narrative approach, it is necessary to switch from an oppressive story to an alternative positive story as the client's new story. However, authors of the narrative approach have not discussed in detail the dynamic process of switching clients' stories. Therefore, this case

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study aims to show an effective approach that explains the dynamic change process as well as systematic skills that were employed.

An effective framework in this study consisted of systems theory drawn from General Systems Theory²⁾ and Coordinated Management of Meaning (CMM) theory.³⁾ From a systems theory point of view, problematic situations are produced in deviance amplifying feedback loops (DAFL)⁴⁾ in the transactional process of the client's ecosystem. Because subsystems in the client's ecosystem are mutually involved, a change in one subsystem can transform other subsystems. On the other hand, CMM theory explains the dynamic process of a DAFL from two rules of reality construction. Reality construction rules can be divided into Constitutive rules (cR), that is, rules of meaning constructions, and Regulative rules (rR), which are rules of behavior selection. As displayed in Figure 1, Constitutive rules (cR) have four embedded components : Life-scripting

(L-S), Relationship (R), Episode (Ep), and Speech Act (SpAct). These components are not fixed in a hierarchy, and the relation between cR and rR is mutual. Using this framework, the expression of a client's maladaptive behaviors is defined as elements that create the deviance amplifying process in an ecological system. For example, when a negative life-scripting is at a higher level of context in a client's cR, the client's meaning of the episode is constructed negatively, and the client's behavior selection (rR) might be problematic. According to CMM, the construction of reality can be changed by transforming the higher level of context in cR. Changing the level of context in cR created between significant other people and the client is one of the important trigger points in reconstructing clients' oppressive stories to alternative subjective stories. If the higher level of context in cR changes from life-scripting to a positive episode meaning, a differentiated meaning of life-scripting will be able to emerge. In addition, the meaning of the speech act and the relationship will be transformed mutually. This change of cR can create change in rR in the transaction process. Therefore, to change problematic behavior, reducing the power of the cR related to the deviance amplifying process and reconstructing a new feedback loop with two rules is needed.

To generate such a process, social workers must have specific practice skills. These systematized skills consist of both Solution Focused Brief Psychotherapy (SFBP)⁵⁾ and circular questions (CQ).⁶⁾ By using systematized practice skills, change can be triggered in the construction rules of the DAFL related to the client's negative story. The client's new activities identified through the therapeutic interview can produce new rules of reality construction. If clients then can nar-

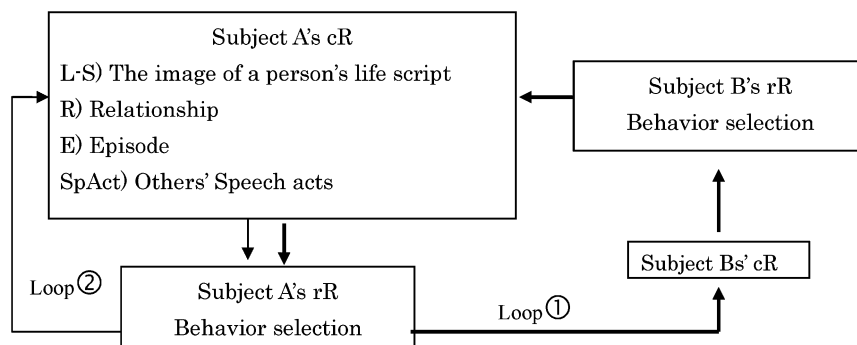
rate their new construction of reality, namely, change their rules of reality construction, they will be able to begin to deal with their problems by themselves. With the use of systematized skills, the transformational processes of a client's negative story are shown in this case study.

Methods

The clients' construction rules of the described problems were assessed using the systematized framework developed from systems theory and CMM theory. This framework is shown in Figure 1.

The feedback loop between subject A and subject B is shown in loop ①. The feedback loop between two reality construction rules of subject A is shown in loop ②. The problematic situation was created in both feedback loop ① and feedback loop ②. By systematizing systems theory and CMM theory, the dynamism of the DAFL can be explained in more detail than in White's narrative approach.

In this model, subject A's cR are constructed in the transactional process with subject B. Subject A constructs the meaning of B's behavior based on subject A's previous existing cR. After that, subject A chooses behavior toward B based on A's constructed cR. On the other hand, subject B constructs the meaning of subject A's behavior based on subject B's previous existing cR. Subject B chooses behavior toward subject A based on B's constructed cR. Therefore, B's behavior is an element that makes a pattern in A's cR and rR, and A's behavior is an element that stabilizes B's cR and rR. For example, in this transactional process, when subject A's behavior to reinforce the choice of subject B's problematic behavior happens, this feedback loop is called a DAFL.



cR: Constitutive rules, rR: Regulative rules

Loop ① is the loop of transaction between subjects A and B.

Loop ② is the loop of subject A's reality construction.

A, B: subjects

Figure 1 The assessment framework.

To change the DAFL, a sequence of concrete elements, or speech acts and meaning construction, must be clarified in the DAFL. The method of identifying each element of the DAFL was as follows. First, Subject A was encouraged to describe an episode in a problematic situation with subject B. This process was facilitated through the use of circular questions. The mechanism of the DAFL was analyzed from results clarified through an interview. Secondly, in the intervention phase, subject A was asked to reflect on A's own description about the problematic situation to explore new elements in order to change the DAFL. Systematized circular questions skills were used to generate the differentiated elements of a sequence in the DAFL. One way to change the DAFL mechanisms was to transform the embedded level of the context in the patient's cR and generate a new context using circular questions. On the other hand, reframing and solution focused skills were used to help the client to image the successful problem solving episode. In this process, new problem saving elements of a sequence were found. Finally, in the practice phase, subject A was encouraged to try to employ a new transaction with some new elements (meaning construction and/or behavior selection) in daily life. After the practice, the sequence of the transaction containing new elements was compared with the sequence of the DAFL, and change was evaluated.

Results

Case background

Y is a male in his 30s. His medical problems are HIV infection (CD4 : 10, RNA : 1.0×10^5) and esophageal candidiasis. His social adaptation level has decreased, he refuses to take his medication, and he has withdrawn from work. Y complains that he does not want to take medication because he does not want to

live long. Moreover, he insists that he would not feel lucky if he lived a long time by taking the medication. Instead of trying to look for peer friends with HIV/AIDS, he hopes to spend his limited time pursuing amusements. Medical staff assessed his refusal behaviors as appearance of depression after diagnosis of HIV/AIDS. However, he refused to see a psychiatrist and did not want counseling with a clinical psychologist. Medical treatment ended due to his noncompliance.

Assessment

Y was referred to a social worker by a nurse. The social worker assessed Y's maladaptation related to the dynamism of an amplified deviation in several subsystems in his ecosystem. That is, improving Y's maladaptational situation was started by changing the problem amplifying dynamism of one of the involved subsystems. His typical refusal behavior was assessed as related to a constructed rule in his ecosystem dynamics (Figure 2). Feedback loop ① in Figure 2 is a DAFL between others and Y in a medical setting, and feedback loop ② in Figure 2 is a DAFL of Y's typical reality construction activities based on the rule of transaction in his ecosystem. Others' behavior selected to resolve Y's refusal behavior resulted in Y's same refusal behavior, or reproduced feedback loop ①. On the other hand, Y's behavior selection toward other people based on his cR reinforced his original cR in the transaction process.

Two DAFLs were seen not only in the medical setting, but also at the office and in the friend subsystem in Y's ecosystem. Therefore, the problem was assessed as the dynamic process of maintaining two DAFLs. The feature of Y's cR in the DAFL was that the negative L-S related to disease discourse had a higher context and was fixed. By changing L-S as the higher level in the context to another, loop ② in Figure 2 would change, and Y's refusal behavior, "I don't want

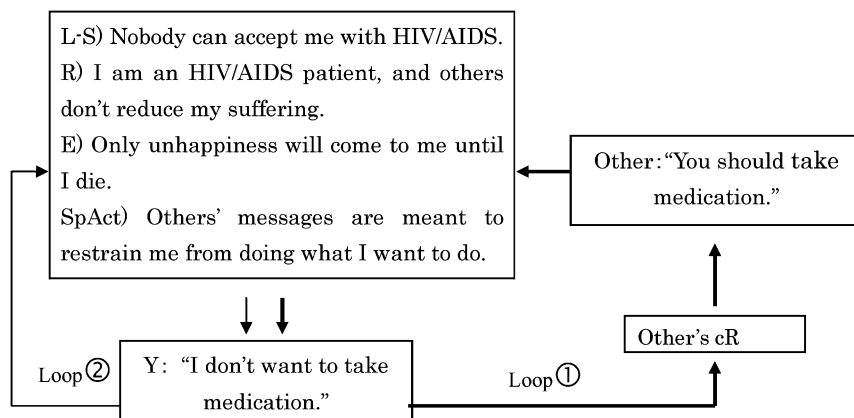


Figure 2 Y's deviance amplifying feedback loops in a medical setting.

to take medication”, would disappear as well. This change of Y’s behavior selection in loop ② would have the power to transform loop ① in Figure 2 in a medical setting. This differentiation in loops could result in generation of others’ differentiated cR and rR. That is, others’ new rules of reality construction would be effective in reinforcing the differentiation of the client’s rules of reality construction. This change in a medical setting would have the power to transform the DAFL in other subsystems in the client’s ecosystem.

Intervention Strategies

First, a particular episode related to Y’s refusal behavior in one of the subsystems was selected by using circular questions. After that, its positive meaning was explored by reframing a refusal episode.

Second, L-S which functioned previously at a higher context level was changed to an episode level. To replace the context level, a SFBP exceptional question and circular questions (CQ) were used. Y reflected on his L-S based on the positive meaning of the episode, and his alternative behavior selection was generated.

Intervention Process

In the following process, Y explored the positive meaning of a refusal episode in his friend subsystem. Consequently, Y found positive meaning in the episode, and new construction rules of positive reality operated in that context.

- 1SW : You still want to refuse your medication, don’t you ? I wonder if your refusal might have an important meaning for you (reframing). What better things might happen if you do so ? (CQ : explorations of positive meaning of Episode and Speech act)
- 2Y : Something better ? I don’t imagine anything better.
- 3SW : Then, how will you feel better by not taking your medication ? (CQ)
- 4Y : I dare to say, I can stop feeling fear of the future. Refusing to take medication enables me to stop wondering about how I will live (generation of positive meaning of Episode and Speech act).

- 5SW : That’s a good thing. You can control the feeling of fear about your future by refusal (positive L-S). What do you think about that ? (CQ)
- 6Y : It might be so. (reflection of his L-S)

Figure 3 shows the new positive meaning of life-scripting generated by a change in the client’s context level through the above intervention process. To enlarge upon the power of constructing positive reality, the following process was continued.

- 7SW : By the way, what kind of fear ?
- 8Y : Well, I don’t want to live until I’m old. Refusing to take medication can shorten my life. Also, for example, even if I can’t have a partner from now until I die, I can deal with my loneliness by reasoning that I won’t live long anyway (positive L-S).
- 9SW : Could you tell me in detail about a situation where you might feel loneliness ? (CQ)
- 10Y : I will love someone someday. He doesn’t have HIV infection. We will fall in love. Then, I’m sure that he will refuse me ; in fact, he will leave me when I tell him that I have HIV. How could he accept me ? If I were him, I couldn’t accept it. If my partner told me that, I’m sure that it would be necessary for me to leave him. It’s natural, isn’t it ? He might say angrily to me, “Why didn’t you tell me from the beginning ?” I think he would be right to say that. However, it would be a difficult experience for me.
- 11SW : I see. What do you imagine his response would be when you tell him you have HIV if he were an HIV patient ? (miracle question)
- 12Y : Well,, I think,, at least, he would not reject me because I have HIV (Finding a positive episode in his subsystem with friends and an acceptable self definition). ($\frac{L-S}{R}$)
- 13SW : Would you have someone who can talk about your disease ?
- 14Y : Yes. I have. I’ll try. ($\frac{R}{SpActl}$)

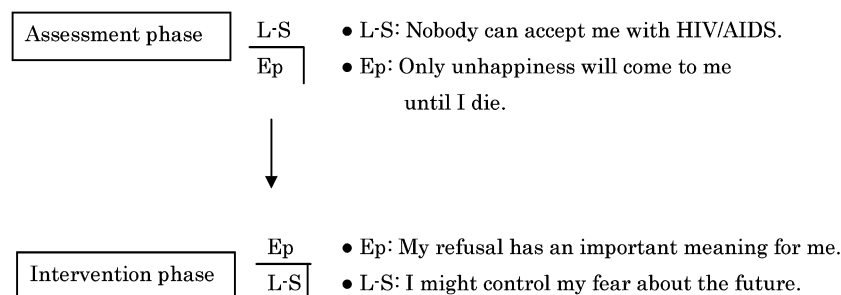


Figure 3 Replacement of the context level.

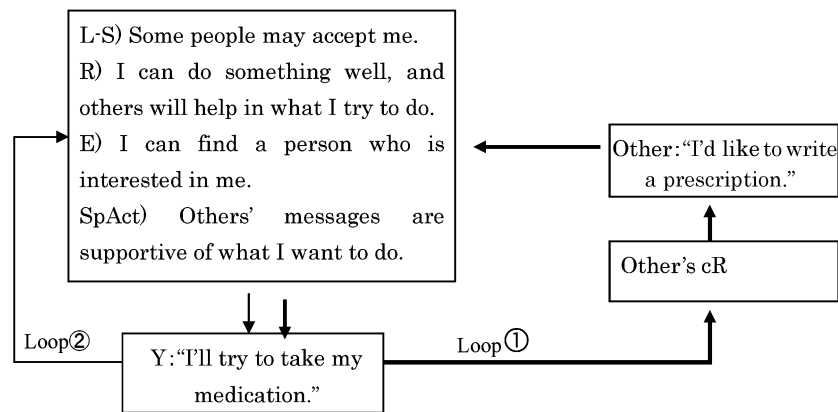


Figure 4 New feedback loops in a medical setting.

As the result of this minimal intervention, Y's cR was changed. The negative L-S that was a higher level of context in Y's cR changed to a positive L-S through the intervention process.

Summary of Subsequent Sessions

With the change in Y's cR in his friend subsystem, he began to look for new friends who live with HIV/AIDS. Some people approached him out of sexual attraction, whether or not he was infected. This had the power to transform Y's negative L-S. In the new feedback loops in subsystems between friends, Y started choosing positive meanings and behaviors in his ecosystem to improve his social adaptation. This change of cR extended Y's new behavior selection to the medical setting (Figure 4).

Therefore, this change in a medical setting reinforced the creation of new rules in his friend subsystem, and Y's adaptation levels gradually increased. As Y's social condition improved, he also returned to his job.

Conclusions

In this article, according to the framework based on systems theory and CMM theory, the intervention process in Y's ecosystem was discussed. The use of circular questions and SFBP skills were effective in differentiating a meaning of an episode and its elements. Through the use of systematized skills, a transformation in one subsystem occurred and had the power to change other subsystems. Consequently, minimum intervention was successful to recreate the feedback loops in Y's ecological system. Although this article does not ad-

dress skills that interconnect powerful changes among subsystems in an ecosystem, the framework used was beneficial in improving the social adaptation level of this HIV/AIDS patient.

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