AETC-NMC
AIDS Education and Training Center
National Multicultural Center
HOWARD UNIVERSITY COLLEGE OF MEDICINE

**Case Study Adapted from Addressing HIV Care and African American Model**

James Smith, a 32-year-old patient of African descent diagnosed with AIDS, presents to an outpatient clinic for management of his condition. Mr. Smith, who prefers to be called "Jimmy," was initially seen by a social worker. After engaging in an introductory conversation with the patient, the social worker obtained a social history assessment by integrating Kleinman's eight cultural questions. When asked what he thought caused his illness, Jimmy readily explained, "It's how I lived my life . . . sex, drugs, stealing, and all the other crazy things I did to get drugs."

When asked why he thought he got AIDS, when Jimmy responded, "I really don't know. I didn't know I was seropositive until some years into my illness. In fact, it was when I decided to straighten out my life and stop drug using that I found out about my diagnosis of AIDS."

Jimmy was then asked what he thinks AIDS does to him. He stated that it has enhanced his relationship with God. He added, "It makes me want to live and accomplish my goal of going back to college, before He (referring to God) takes me." The social worker then asked how severe Jimmy thought his sickness was. He stated that, at times, he becomes angry and depressed because he doesn't know what's going to happen next. But he added, "I try to focus on my relationship with God to heal this area."

The social worker then asked what kind of treatments he thought he should receive. Jimmy stated that he had a strong belief in herbs (herbal teas) and vitamins as well as a strong spiritual belief system. When asked what were the most important results he hoped to achieve from these treatments Jimmy stated that he hoped to maintain good health and hopefully not have to take any antiretroviral medications. He further explained his reluctance in taking any medication that the physician may give him because, "It affects other organs within your body." Jimmy also reported the chief problem in having AIDS was increased stress. When the social worker asked Jimmy what he feared most about his illness, he responded, "Physical deformities, if I'd ever succumb to taking medications in the future. I've seen some people with HIV/AIDS who have physically deteriorated that frighten me. I guess most people are afraid of dying. Death isn't a fear for me; I've made preparation for it."

This case study clearly demonstrates the valuable information that can be gained by conducting a cultural assessment using Kleinman's eight questions. In formulating a culturally responsive treatment plan for Jimmy, it is important for the social worker to incorporate a mutually agreeable plan that includes:

1. Jimmy's belief in using herbal teas and vitamins
2. Respect for and acceptance of his initial reluctance to take antiretroviral medication
3. Increasing his knowledge base of antiretroviral medications
4. Building on his spiritual belief in God
5. Identifying strategies to manage his increased stress level
6. Providing culturally specific approaches (i.e., spiritually) to cope with his anger and depression
7. Discussing and exploring further his fear of possible physical deformity
8. Offering him hope in his quest to maintain a healthy life and return to college

- *Discuss other Cultural Competence issues that may impact retention into care and treatment.*