Men who have caregiving responsibilities for HIV-infected children often have difficulty accessing traditional services.
telephone has been used in a variety of clinical contexts including crisis intervention (e.g., suicide prevention hotlines), counseling (Mohr, Vella, Hart, Heckman, & Simon, 2008), treatment follow-up (Mensinger, Lynch, TenHave, & McKay, 2007), and support groups (Wiener, DuPont-Spencer, Davidson, & Fair, 1993; Nokes, Chew, & Altman, 2003). The telephone is a particularly attractive clinical tool since telephones are widely available and do not require clients to travel to a specific site for services. Individuals who live in rural areas with limited transportation or who have restricted physical mobility can benefit from in-home access to support (Lieberman et al., 2003). With the widespread use of cell phones, it is even possible for participants to “take the group with them” as they go about their daily activities.

Telephone groups can also afford participants more anonymity than face-to-face groups. This can be particularly important for men who are more reticent to share their vulnerability or when group members are dealing with potentially stigmatizing illnesses such as HIV or sensitive topics like sexual orientation (Wiener et al., 1993). With concerns over confidentiality and disclosure still important issues in families affected by HIV (Bogart et al., 2008), telephone groups may be less threatening than in-person groups.

In addition to accessibility and anonymity, research suggests that telephone support groups are effective in addressing the needs of a wide variety of client populations. Much of this literature focuses on the intersection between health concerns and the need for social support. For example, research indicates that women with metastatic breast cancer showed improved well-being and a reduction in negative emotions following participation in a telephone support group (O’Brien, Harris, King, & O’Brien, 2008). Nokes, Chew, and Altman (2003) found that a telephone group for HIV-positive individuals 50 years and over provided participants the opportunity to share concerns regarding symptom management, medication use, and coping with loss. Finlayson (2003) used a telephone support group with adults living with Multiple Sclerosis to teach strategies designed to combat fatigue.

In general, research on telephone support groups indicates positive outcomes for participants. However, several challenges were noted. First, it is not possible to interpret or address nonverbal cues (Nokes et al., 2003), making it difficult to assess the level of engagement of less talkative group members. Second, the benefit of providing services within the daily context of clients’ lives—a clear advantage of telephone support groups—is also a drawback. Participants do not have the same level of privacy when on the phone at home or at work. Additionally, anyone who has tried to hold a phone conversation with children around knows the high likelihood of interruption. Telephone group participants may be less able to focus on the conversation and feel less comfortable speaking freely since others may overhear their conversation.

### Telephone Support Groups for Fathers of Children with HIV

Battles, Wiener, Lewis, Patel, and Middleton-Grant (2003) describe a telephone support group conducted in 1996 for non-HIV-infected fathers of HIV-infected children. This group brought together individuals who were geographically diverse and whose children were receiving treatment at the National Institutes of Health. Themes covered during the group included diagnosis disclosure, coping, relationship issues, stigma, anxiety around the uncertainty of their child’s or partner’s disease course, medical care, and losses.

Members felt the group increased not only their feeling of social support, but their knowledge of sources of concrete support. Fathers reported that the most positive aspects of the group were the common bond they all shared and the opportunity to talk freely with each other. All of the participants believed the group to be a valuable resource and would recommend it to others. These findings suggest that the telephone support group is a cost-effective intervention that provides support to people who are either geographically distanced from each other or who are not emotionally ready to participate in a face-to-face group.

### Future Directions

Attention to the perspectives, needs, strengths, and stresses of fathers who are parenting a child infected with, or affected by, HIV is critical. As we now understand, most of these fathers have inadequate support, are overwhelmed with the tasks of providing emotional, medical, and financial assistance to their children, and have limited time to access psychosocial services during traditional hours of operation or attend face-to-face community-based support groups. They may not know how to access guidance, mental health counseling, childcare, or...
financial planning and can find talking to daughters about issues associated with puberty, sex, and prevention particularly challenging.

When tailoring therapeutic interventions to the specific challenges faced by these men, clinicians should consider alternative models of service delivery such as providing in-home services or care at work sites, scheduling evening/weekend hours for counseling or groups, utilizing additional male staff members, and/or offering telephone-based interventions (Bonhomme, 2007). The telephone support group is one method of addressing fathers’ limited support networks. It can provide a safe and accessible means of connecting isolated men who are faced with the demanding responsibility of raising an HIV-infected child. With increasing access to new computer technologies, similar services can be developed through online video groups, where fathers can network from their homes with professionals and other men around the world facing similar challenges.

We recognize that each father’s social history, health status, adaptation to the loss of the child’s mother, and ability to reach out for support will vary, as will the emotional and physical functioning of their children (Manne et al., 1995). Understanding the challenges these men face is essential if evidenced-based interventions are to be created. However, this will only occur when clinicians and researchers become more inclusive of fathers in both program and study designs.

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