Children and youth with serious and persistent emotional disturbances are becoming increasingly more at risk for HIV transmission, particularly when considering the high incidence of child sexual abuse by infected adults among the impoverished, urban population. Brief psychiatric hospitalization affords an opportunity to empower the child victims and reduce risk behaviors in general. An inpatient program for youth is described with an emphasis on "taking care of yourself." High impact teaching methods such as role playing, competency training and raising self efficacy are discussed as critical elements of brief therapeutic interventions.

Not too long ago, fatality associated with psychiatric illness in children and young adults was mostly limited to suicidal ideation and behavior, including eating disorders such as anorexia nervosa. Now that is not true. The risk of acquiring the HIV virus and the fatal consequences of AIDS now expands the list of terminal risk behaviors. Serious and persistent emotional illness in the juvenile population presents a high risk for contracting this deadly virus.

William J. Di Scipio, Ph.D. is Associate Clinical Professor of Psychiatry (Psychology) and Director of Child & Adolescent Psychology at Albert Einstein College of Medicine, Bronx, NY.

Address reprint requests to William J. Di Scipio, Ph.D., Chief Psychologist, Bronx Children's Psychiatric Center, Bronx, NY 10461.
because they collectively represent the highest known risk groups. These risk factors include: minority status, inner city residence, exposure to the drug culture and sexual promiscuity and sexual victimization.(1) In addition, intellectual and affective problems contribute further to their vulnerability. More specifically, poor self-esteem, impulsive behavior, (2) absence of healthy adult role models, passive-unassertive personalities ("followers") and impaired judgement with relation to taking care of themselves, comprise some of the predisposing factors resulting in high prevalence of HIV risk behaviors.

It is not known precisely what percentage of emotionally disturbed children and adolescents already have the HIV virus, although data is becoming available for inpatient populations.(3) However, among the normal adolescent population, the Center for Disease Control established in 1987 that persons 20 to 29 years of age accounted for 21% of all reported cases. Given the incubation delay of the virus, most of this group must have contracted the virus in their teens. Normal teenagers also face unique developmental challenges which often impede the acquisition of preventive HIV behaviors. Some of these common barriers include feeling invulnerable and learning maladaptive behavior from peers with little to no adult supervision.

 Seriously emotionally impaired youngsters are not likely to initiate or sustain mature and adaptive social relationships, and are usually more susceptible to exploitation by aggressive and manipulative peers or abusive adults in their environment. Therefore early sexual abuse, not IV drug use (sharing needles) is more likely to be a primary risk factor, while peer influences such as promiscuity with unprotected sex or i.v. needle sharing may only appear later in the developmental cycle of the psychiatric youngster.(4) In the cases of youngsters affected in-utero by an HIV positive mother, many do not survive into adolescence, (5,6) although new pharmacotherapy is becoming more promising for this group.

The problem of engaging in unprotected sex for seriously emotional disturbed kids is twofold: promiscuity (poor judgement) and forced acts (victimization of the youngster). If these children find their way to a psychiatric care facility, the opportunity for intervening with a preventive program may offer advantages over public school programs which may not be equipped to deal with special needs of these youngsters. The most effective approach to