



PSYCHOTHERAPEUTIC INTERVENTION IN HIV/AIDS

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GENERAL CHARACTERISTICS OF THE INFECTION

- **Chronic disease**
- **Uncertain evolution**
 - Resistance
 - Opportunistic diseases
 - Indirect effect of ARV
- **It affects young people**
 - Impairment of sexual function
 - Impact in work
 - Social stigma
 - isolation
 - Lack of support
 - Feelings of guilt
- **High prevalence of depressive and anxious symptoms**



STRESSFULL SITUATIONS RELATED TO THE INFECTION

- **Risk behavior**
- **Performing the test**
- **Waiting for the result**
- **HIV/AIDS diagnosis**
- **Notification of HIV status**
- **Stigmatization**
- **Losses due to AIDS**
- **News and comments of AIDS**
- **Beginning the ARV treatment**
- **Physical symptoms**
- **AIDS Diagnosis**
- **Buffering from signs of deterioration**
- **Death**



PSYCHOLOGICAL FACTORS

- **Coping strategies**
 - Denial of the problem
 - Stoic acceptance
- **Psychopathological reactions**
 - Anxiety
 - Depression
 - Anger
 - Guilt
 - Overconcern



PSYCHOLOGICAL FACTORS

- **Intensity of emotional reaction depends on:**
 - **The characteristics of infection**
 - **Personal psychiatric history**
 - **Presence of an adequate social support**
 - **Coping style**
 - **Co-existence of other life events**
 - **Socio-demographic characteristics : age, sex..**



PSICHOTERAPEUTICAL INTERVENTION: REASONS

- **High prevalence of depressive symptoms**
- **Psychological stress similar to what occurs in patients with cancer or chronic diseases**
- **Social stigma**
- **Effect of stress on the immune system**
- **A poor adjustment to the disease may affect compliance**



EFFICACY OF PSYCHOSOCIAL INTERVENTIONS

- **Effect on immunological parameters and disease progression**
- **Few works in HIV+ patients**
- **Interventions most commonly used: group (cognitive-behavioral and support)**
- **A good adjustment to the disease is associated with: low depressive symptoms, anxiety, reduction of risk behaviors, compliance with medical requirements**



COUNSELLING

- **Provide adequate conditions to assimilate the diagnosis**
- **Provide information on risk behaviors**
- **Help the patient to find and to receive information, medical assistance and other services**
- **Provide adequate care for couples**



PSYCHOTHERAPY: OBJETIVES

- **Improve adaptation to disease**
 - **Increase active coping strategies**
 - **Increase internal locus of control**
 - **Encourage the acquisition of control strategies of anxiety**
- **Reduce social isolation**
- **Increase activity**
- **Coping strategies in different “problem areas”**



METHODOLOGY

- **Individual intervention**
 - **When you need a personalized intervention on a particular problem**
- **Group intervention**
 - **When it requires a more general intervention**



GROUP PSYCHOTHERAPY

- **Inclusion criteria**
 - **Disorders of adaptation**
 - **Not active psychiatric disorder or substance use disorder**
 - **Regardless of age, sex, sexual orientation, stage of infection.**



GROUP PSYCHOTHERAPY

- **8-10 subjects per group**
- **Structured, cognitive-behavioral, psychoeducational, 16 weekly 2 hours sessions**



CONTENT OF THE SESSIONS

- **Start: relaxation**
- **Discussion of the topic of the day**
- **Open conversation**
- **Summary by the therapist**
- **“flash” comment**



INTERVENTION LEVELS

- **(Group Dynamics)**
- **Physiological**
- **Behavioral**
- **Cognitive**
- **Topics**



GROUP DYNAMICS OBJECTIVES

- **Understanding mutual**
- **Formulation of the rules of the group**
- **Clarify expectations**
- **Develop a plan issues**
- **Interview by couples**



GROUP DYNAMICS EXERCICES

- **Interview by couples**
- **“Secrets”**
- **“I wish”**
- **Flash comment**



PHYSIOLOGICAL LEVEL: OBJECTIVES

- **Control of anxiety**
- **Increase capacity of body signals self perception**
- **Preparation for imagery exercises**



PHYSIOLOGICAL LEVEL: EXERCICES

- **Progressive muscle relaxation**
- **Diaphragmatic breathing**
- **Focalization: “here and now”**
- **Imaginary: “inner healer”**



BEHAVIORAL LEVEL: OBJECTIVES

- **Increase self perception of the influence of behavior on mood**
- **Increase activity level**
- **Restoration of plans and projects**



BEHAVIORAL LEVEL: EXERCICES

- **Mood Models : triangular, spiral**
- **List of enjoyable activities**
- **Planning activities**
- **Preparation of a project**



COGNITIVE LEVEL: OBJETIVES

- **Increase of self-perception of the influence of cognitions on mood**
- **Strengthening of a realistic explanatory style**
- **Decrease pessimistic explanatory style**



COGNITIVE LEVEL: PESSIMISTIC EXPLANATORY STYLE

- **Magnification of fatalistic acceptance strategies**
- **the events are explained as:**
 - **Caused internally**
 - **Persistent**
 - **Capable to produce global effects**



COGNITIVE LEVEL: REALISTIC EXPLANATORY STYLE

- **Rationalization and relativization of events**
- **Attribution events both to internal and to external factors**



COGNITIVE LEVEL: EXERCICES

- **Comparison with other diseases**
- **Detection of automatic thoughts**
 - **Cards**
 - **Signal**
 - **Stop thinking**
- **Modification of distortions**



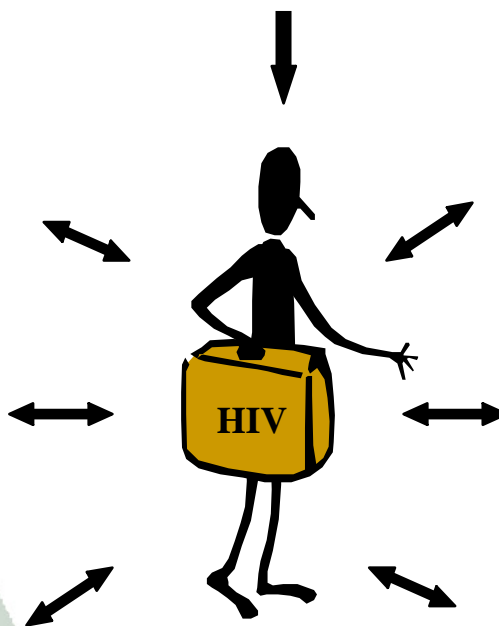
INTERVENTION ON SPECIAL TOPICS

- **Communication of diagnosis**
- **sex**
- **Adherence to treatment and medical checks**
- **Parenting**
- **Handling of uncertainty**

CONCEPTUAL MODEL



BE FUSED



BE ADAPTED



ARV TREATMENT: OBJETIVES

- **Increase adherence**
- **To promote active and collaborative approach with health professionals**



ARV TREATMENT: EXERCICES

- **Physiological level: imagery (“the inner healer”)**
- **Cognitive level: to promote realistic explanatory style**

ARV: COGNITIVE LEVEL

BE FUSED

- Arv makes me feel sick
- Many pills are harmful for my body
- Changes in medication are dangerous
- The requirements of the medication prevent a normal life

BE ADAPTED

- ARV prevents me from having diseases and strengthen my body
- The most important is the effect that ARV has on HIV. Other possible effects are treatable
- Changes in medication allow me to strengthen my body
- I can have different strategies for inserting the medication to my lifestyle and make it daily habit



DISCLOSURE : OBJECTIVES

- **Increase of social support**
- **Increase of social activities**
- **Reduce the feeling of stigmatization**



DISCLOSURE: EXERCICES

- **Behavioral level: conflict resolution (role playing)**
- **Cognitive level:**
 - **Assessment of the need to report**
 - **Determination of the time notification**
 - **Notification form**



UNCERTAINTY MANAGEMENT: OBJECTIVES

- **Understand the remaining time of life and not a time to expected death**
- **Understand one's life as important for ourselves and for others**



UNCERTAINTY MANAGEMENT: EXERCICES

- **Behavioral level: projects**
- **Cognitive level:**
 - Encourage realistic explanatory style
 - Registration of the assessment of the own life

UNCERTAINTY: COGNITIVE LEVEL

BE FUSED

- Not worth continuing to fight why I'm going to die
- It makes no sense in the future or start or continue long-term projects
- Or, I do important things or it's not worth doing anything
- It's not worth doing an effort to improve
- I have to hurry to do many things, my time is finishing
- I'll not able to stand the pain or physical discomfort that may come

BE ADAPTED

- Life is a fight, we all going to die
- Tomorrow I'll regret not having done
- Wasting time on some little things can produce pleasure
- Any effort to improve is rewarding
- Everything takes time; going fast doesn't permit to enjoy things
- If they come, I will face as i have dealt with everything; I've shown I'm strong



SEXUAL FUNCTIONING: OBJETIVES

- **Satisfactory sexuality**
- **Use of a successful preventive strategy**
- **Reduced fear of transmission**
- **Reduced guilt**



SEXUAL FUNCTIONING: EXERCICES

- **Behavioral level:**
 - training in problem solving (role playing)
- **Cognitive level :**
 - Encourage realistic explanatory style



EUROVIHTA PROJECT

- **Objectives:**
 - Creating a specific group therapy manual for HIV+ patients
 - Creating an European network of psychotherapists who specialize in HIV
- **Creation of a manual**
 - Integration of different experiences of group therapy in various countries
 - European grant (Directorate V)



DESING OF THE STUDY

- **Duration of 32 weeks, 4 times of assessment**
 - 1 month before
 - In the first session
 - In the last session
 - 3 months after the last session
- **Psychometric measures (BDI,STAI,PAIS, etc)**