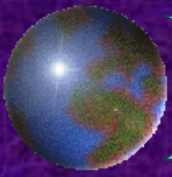




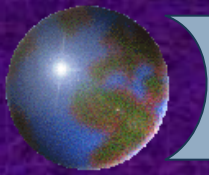
Mental Health and HIV

David F. Rubenstein, PsyD, MSW
Director, Counseling and Psychological Services
Rowan University
Glassboro, NJ

Clinical Associate Professor of Psychiatry & Psychology
Drexel University College of Medicine
Philadelphia, PA



ARS Questions



Objectives

At the conclusion of this presentation, you will be able to:

- 1) Discuss the interplay between Mental Health and HIV with individuals in your practice
- 2) Utilize strategies to enhance adherence to treatment for HIV/AIDS patients with co-occurring mental health issues in your practice

"I do not intend to discuss any non-FDA-approved or investigational uses of any products/devices in this presentation."



HIV/AIDS Epidemiology

- ✚ 1.1 Million People Living with HIV/AIDS
- ✚ 56,000 new infections annually



HIV Care 2010

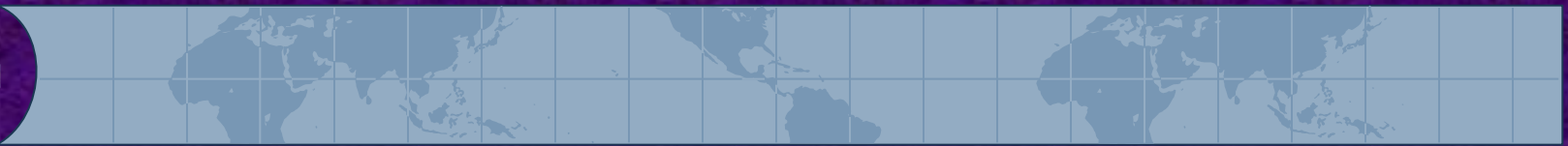
- Marked decreases in morbidity and mortality = more people in care
- = more co-morbid conditions and diseases
- Another avenue for people with no prior care to enter the health care system





Emotional, Psychological and Behavioral Impact of HIV/AIDS

- ❖ **During the asymptomatic phase of HIV, clients may experience a range of emotional, psychological and behavioral concerns.**
- ❖ **These may become exacerbated if clients develop symptoms of their HIV infection.**



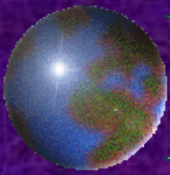
Emotional and Psychological Impact of HIV/AIDS

- ✦ Shock
- ✦ Depression
- ✦ Grief/Anticipatory Grief
- ✦ Bereavement
- ✦ Anxiety/Stress
- ✦ Anger/Rage
- ✦ Shame
- ✦ Guilt
- ✦ Betrayal
- ✦ Uncertainty re: the future
- ✦ Preoccupation with CD4 Count, Viral Load, Disease Progression



Emotional and Psychological Factors (Continued)

- ✦ **Isolation**
- ✦ **Rejection**
- ✦ **Abandonment**
- ✦ **Perceived and Actual Loss of Control**
- ✦ **Emerging Issues of Dependency**
- ✦ **Sleep Disturbances**
- ✦ **Loss of Appetite**
- ✦ **Homicidality**
- ✦ **Suicidality**
- ✦ **Relapse or Increase in Substance Abuse/ Dependence**
- ✦ **Emotion- vs. Problem-Focused Coping**
- ✦ **Fear of Stigma**



Behavioral Factors

- ❖ **Significant Lifestyle Changes**
- ❖ **Engaging in High Risk Behaviors**
- ❖ **Fluctuating Safe Sex Practices**
- ❖ **Fluctuating Treatment Adherence**
- ❖ **Aggression**
- ❖ **Sexual Acting Out**
- ❖ **Impact on Relationships (emotional and sexual Intimacy)**
- ❖ **Maladaptive Coping Strategies (e.g., avoidance, denial)**



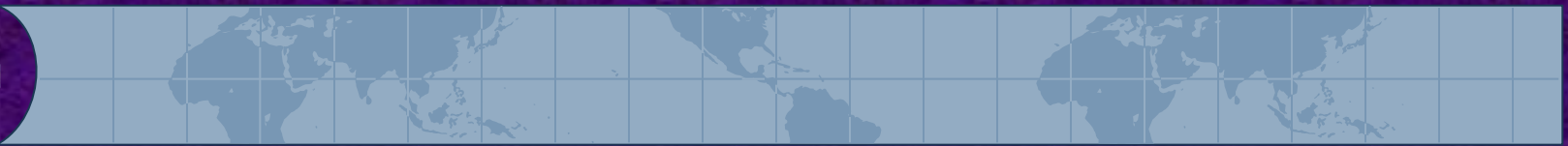
What's Unique to Depression and HIV?

- ❖ Symptoms of depression can be similar to physical manifestations of HIV
- ❖ Symptoms of depression can be secondary to coping with HIV/AIDS related stressors
- ❖ Symptoms of depression may have biological causes
- ❖ Symptoms may be due to substance use
- ❖ Symptoms may be side effects of medications



Mental Health, HIV/AIDS and Women

- ✦ **Rates for psychiatric disorders among HIV+ women are higher than for non-infected women.**
- ✦ **Major Depression**
- ✦ **Anxiety Disorders**
 - **Post Traumatic Stress Disorder**
- ✦ **Substance Abuse**



Trauma

Diagnosis and living with HIV/AIDS can be both acutely and chronically traumatic...

- ⊗ Psychologically
- ⊗ Emotionally
- ⊗ Behaviorally
- ⊗ Environmentally
- ⊗ Financially
- ⊗ Socially
- ⊗ Physically
- ⊗ Medically



Combined Behavioral and Psychological/Emotional Factors

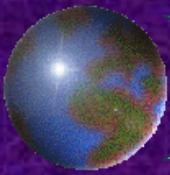
Using Substances to Manage Impact of:

- ⊕ HIV/AIDS Diagnosis**
- ⊕ Day to Day Living**
- ⊕ Side Effects of Medications**
- ⊕ Becoming Sick and Coping with Opportunistic Infections**
- ⊕ Negotiating Intimate Relationships**
- ⊕ Dealing with Family Stressors**
- ⊕ Coping with Mental Health Symptoms**



Substance Abuse and Adults

- ✚ A coping strategy to deal with:
 - Mental Health Issues
 - Relationship Issues
 - Family Issues
 - Work Issues
 - Peer Issues
 - Pain and Suffering
- ✚ Can become reinforcing



Substance Abuse and Adults

- ✚ Assess: What is the functional value of the substance use/abuse/dependence in the patient's life
- ✚ E.G. Why alcohol use v.s. cocaine use?



Distinguishing Between HIV, Mental Health, and Substance Abuse Issues

- ❖ Define: Onset, severity and course of substance use. Is this substance abuse or substance dependence?
- ❖ Define and Describe: Types of mental health symptoms, onset, severity, and course.
- ❖ Resolve: Are the mental health symptoms etiologically linked to the substance(s) of abuse? Have the symptoms persisted for over one month since intoxication/withdrawal



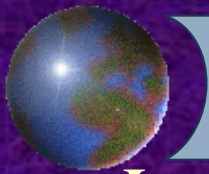
Distinguishing Between HIV, Mental Health, and Substance Abuse Issues

- ❖ Inquire: Did the mental health symptoms precede substance use?
- ❖ Evaluate: Substance abuse/dependence?
Substance Induced Disorder?
Mental Health Disorder?
- ❖ Decide: How do we make sense of existing mental health and/or substance abuse/dependence in light of client's HIV/AIDS diagnosis?



Distinguishing Between HIV, Mental Health, and Substance Abuse Issues

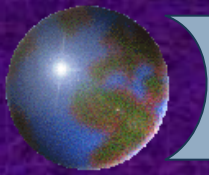
- ❖ **Did substance abuse/dependence history precede HIV/AIDS diagnosis?**
- ❖ **Is the client using substances to manage HIV/AIDS diagnosis?**
- ❖ **Did mental health issues precede HIV/AIDS diagnosis?**
- ❖ **Have mental health issues emerged since HIV/AIDS diagnosis?**



In Regards to HAART: Factors Strongly Associated With Treatment Non-adherence & Adherence

- ✿ Depression
- ✿ Substance Abuse
- ✿ Self-Efficacy
- ✿ Belief Medications Can Fit Into Their Day
- ✿ Understanding the Relationship of Viral Load, Viral Resistance and Med. Adherence
- ✿ Previous Adherence

(Cheevers L. Adherence to HIV Therapies, in A Guide to the Clinical Care of Women with HIV. US Dept. of Health and Human Services)



When to Refer for Mental Health or Substance Abuse Treatment: Areas to Consider

- ❖ Is the patient stating a need for mental health and/or substance abuse treatment
- ❖ Is the patient experiencing a mental health and/or substance abuse disorder that is not being treated and is compromising their potential level of functioning or putting them at risk
- ❖ Is the patient experiencing mental health and/or substance abuse issues that are interfering with medication adherence
- ❖ Other Examples?



Types of Mental Health Interventions

- ❖ **Psychotherapy:** Individual treatment to address symptoms of depression, anxiety, adjustment difficulties, and coping with environmental stressors; couples therapy to address relationship issues (often involves managing living with HIV/AIDS); and family therapy to address important familial stressors and issues (often involves disclosure issues).
- ❖ **Psychopharmacology:** Psychiatric Evaluations and Medication Management for the amelioration of psychiatric symptoms that would benefit from medication (e.g. mood disorders, psychosis).



Treatment: Types of Psychotherapy Approaches

- ⊕ Cognitive Behavioral
- ⊕ Psychodynamic
- ⊕ Family Systems
- ⊕ Motivational Interviewing
- ⊕ Harm Reduction
- ⊕ Relapse Prevention



First Things First: Develop an overall treatment plan that takes into account specific areas:

- ❖ **Stage of disease**
- ❖ **Issues Regarding Infection**
- ❖ **Disclosure Issues**
- ❖ **Previous Mental Health/Substance Abuse**
- ❖ **Social isolation vs. social support systems**
- ❖ **Disease progression/fear of progression**
- ❖ **Uncontrolled pain**
- ❖ **Exposure to Peer Suffering and/or Death**



Areas of Acute Ambivalence Often Requiring Clinical Attention

- ✚ Ambivalence around quitting substance use
- ✚ Disclosure of HIV Status
- ✚ Addressing mental health issues
- ✚ Medication adherence
- ✚ Related risky behaviors



Enhancing Overall Response to Case Management Interventions and HIV Treatment

- ✦ Adaptive Coping
- ✦ Sense of Empowerment
- ✦ Sense of Control
- ✦ Predictability
- ✦ Knowledge about HIV, Mental Health and Substance Abuse



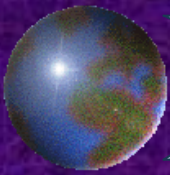
Enhancing Overall Response to Case Management Interventions and HIV Treatment

- ❖ **Increase their sense of self efficacy and involve client in treatment team planning process as much as possible**



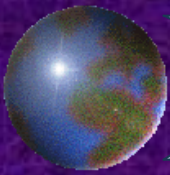
Treatment Implications

- ❖ Critical to assess patient's readiness for change
- ❖ Important to match treatment interventions and stage of change
- ❖ Certain interventions are inappropriate for certain clients
- ❖ Transition points are the focus of treatment



Specific Skills to Improve the Clinician-Patient Relationship – Overall Treatment Adherence

- 1. Practice Empathy**
- 2. Give Clear Advice**
- 3. Provide Choice**
- 4. Decrease Desirability**
- 5. Develop Discrepancy**
- 6. Provide Feedback**
- 7. Active Helping**
- 8. Summarize**
- 9. Review the Appropriate Treatment Plan**
- 10. Support**



Motivational Interviewing

(Miller and Rollnick, 1991)

1. Precontemplation

Increase patient's perception of risks and problems with current behavior

2. Contemplation

Tip the balance: evoke reasons to change and risks of not changing

3. Preparation

Come up with the best plan of Action in seeking change

4. Action

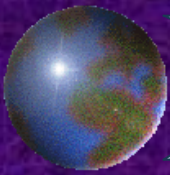
Support and help client take steps towards change

5. Maintenance

Help the client identify and use strategies to prevent relapse

6. Relapse

Reassure, Start again
Address problem that caused Relapse



Motivational Interviewing: Principles

- ❖ Express Empathy via “accurate empathy”
- ❖ Develop Discrepancy between current behaviors and goals
- ❖ Avoid Argumentation with the client as it will evoke defense and resistance
- ❖ Roll with Resistance go with defense in exploring other alternative solutions
- ❖ Support Self- Efficacy

(Miller and Rollnick, 1991)



Motivational Interviewing: Five General Strategies

- ✚ *Ask open-ended questions*
- ✚ *Listen reflectively*
- ✚ *Summarize*
- ✚ *Affirm*
- ✚ *Elicit self-motivational statements*

(Miller and Rollnick, 1991)



Eliciting Self-Motivational Statements

- ✦ **Problem Recognition**

“In what ways has this been a problem for you?”

- ✦ **Concern**

“In what ways does this concern you?”

- ✦ **Intention to Change**

“What would be the advantages of making a change?”

- ✦ **Optimism**

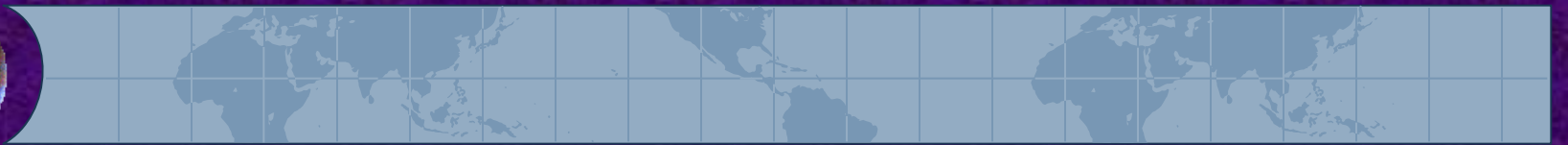
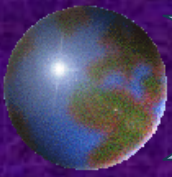
“What do you think would work for you if you decided to change?”

(Miller and Rollnick, p. 82, 1991)



Assessing Suicidality

- ✦ Ideation
- ✦ Plan
- ✦ Lethality of plan
- ✦ Access to plan
- ✦ History of attempts
- ✦ Nature of attempts
- ✦ Current substance abuse
- ✦ Current medical conditions
- ✦ Co-occurring mental health issues
- ✦ Family history of suicidality
- ✦ Age
- ✦ Marital Status
- ✦ Gender
- ✦ Nature of current social support
- ✦ MAKE SUPERVISOR AWARE OF SUICIDALITY



ARS Questions