CHALLENGES FACED BY CLIENTS LIVING WITH HIV/AIDS

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Our Mission is to serve individuals touched by HIV and AIDS through integrated prevention, education, client-centered support services, and coordinated care in collaboration with our community partners.

Here’s what we do:

Testing, Education, & Outreach
We provide free HIV and STI testing, and we help people access care if they test positive for HIV. As part of our outreach, we distribute condoms and other safer sex supplies, and we help people understand, pay for, and plan for protecting themselves with PrEP (Pre-Exposure Prophylaxis) and PEP (Post-Exposure Prophylaxis). We also engage youth, adults, and the elderly in our community through programs at local schools, bars, and LGBTQ+ events. In all of our outreach, we aim to reduce stigma and increase knowledge about HIV and AIDS.

Health & Wellness Services
We provide outpatient medical and sexual health services, complementary and alternative treatments, and nutritional services designed to improve quality of life and reduce side effects of HIV medications and HIV. Our Medical Case Managers help clients assess their needs and coordinate their care. Additionally, we specialize in services for transgender clients, such as hormone initiation and management.

Behavioral Health Counseling
We offer individuals, families, and groups counseling designed to provide support and guidance for those impacted by HIV and AIDS. Our licensed therapists are dedicated to collaboration with other providers with whom the client is involved.
1. Define HIV/AIDS
2. Overview HIV Epidemic/Statistics
3. Factors contributing to HIV
4. Identify and discuss the challenges and psychological issues faced by clients living with HIV/AIDS.
5. Identify and discuss barriers to seeking behavioral health treatment.
6. Challenges in working with clients with co-existing substance use and HIV.
7. Interventions and coping strategies to improve quality of life.
The Human Immunodeficiency Virus or HIV virus as it is commonly known is a unique type of virus (a retrovirus). The human immunodeficiency virus is a lentivirus that causes the acquired immunodeficiency syndrome, a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive.
What is HIV continued

- The HIV Virus: • Invades the helper T cells (CD4 cells) in the body of the host (defense mechanism of a person). • Is threatening a global epidemic. • Is preventable & manageable but is NOT curable.
AIDS (acquired immune deficiency syndrome) is the final stage of HIV disease, which causes severe damage to the immune system. • HIV is the virus that causes AIDS. • Disease limits the body’s ability to fight infection due to markedly reduced helper T cells. • Patients have a very weak immune system (defense mechanism). • Patients predisposed to multiple opportunistic infections leading to death.
The global HIV epidemic claimed fewer lives in 2015 than at any point in almost two decades, and fewer people became newly infected with HIV than in any year since 1991. The list of countries on the brink of eliminating new HIV infections among children keeps growing. A massive expansion of antiretroviral therapy (ART) has reduced the global number of people dying from HIV-related causes to about 1.1 million in 2015 – 45% fewer than in 2005. UNAIDS/WHO estimates show that more than 18 million people were receiving ART in mid-2016.
## Global summary of the AIDS epidemic | 2015

### Number of people living with HIV in 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Range [Lower, Upper]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>36.7 million</td>
<td>[34.0 million, 39.8 million]</td>
</tr>
<tr>
<td>Adults</td>
<td>34.9 million</td>
<td>[32.4 million, 37.9 million]</td>
</tr>
<tr>
<td>Women (15+)</td>
<td>17.8 million</td>
<td>[16.4 million, 19.4 million]</td>
</tr>
<tr>
<td>Children (&lt;15 years)</td>
<td>1.8 million</td>
<td>[1.5 million, 2.0 million]</td>
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### People newly infected with HIV in 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Range [Lower, Upper]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2.1 million</td>
<td>[1.8 million, 2.4 million]</td>
</tr>
<tr>
<td>Adults</td>
<td>1.9 million</td>
<td>[1.7 million, 2.2 million]</td>
</tr>
<tr>
<td>Children (&lt;15 years)</td>
<td>150,000</td>
<td>[110,000, 190,000]</td>
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### AIDS deaths in 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Range [Lower, Upper]</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>1.1 million</td>
<td>[940,000, 1.3 million]</td>
</tr>
<tr>
<td>Adults</td>
<td>1.0 million</td>
<td>[840,000, 1.2 million]</td>
</tr>
<tr>
<td>Children (&lt;15 years)</td>
<td>110,000</td>
<td>[84,000, 130,000]</td>
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HIV and AIDS Diagnoses

Of the 39,782 HIV diagnoses in the United States in 2016, 1% (243) were among AI/AN. Of those, 81% (198) were men, and 19% (45) were women.

Of the 198 HIV diagnoses among AI/AN men in 2016, most (77%; 152) were attributed to male-to-male sexual contact. Most of the 45 HIV diagnoses among AI/AN women in 2016 were attributed to heterosexual contact (69%; 31).

From 2011 to 2015, the annual number of HIV diagnoses increased 38% (from 143 to 197) among AIs/ANs overall and 54% (from 74 to 114) among AI/AN gay and bisexual men.

In 2016, 102 AIs/ANs were diagnosed with AIDS. Of them, 75% (77) were men and 24% (24) were women.
HIV is a public health issue among American Indians and Alaska Natives (AI/AN), who represent about 1.3% of the U.S. population. Overall, diagnosed HIV infections among AI/AN are proportional to their population size. Compared with other racial/ethnic groups, AI/AN ranked fourth in rates of HIV diagnoses in 2016, with a lower rate than blacks/African Americans, Hispanics/Latinos, and people reporting multiple races, but a higher rate than Native Hawaiians/Other Pacific Islanders, Asians, and whites.
Factors Contributing to HIV

- Sex at an early age
- Little life-skills and sex education
- Little condom use
- Multiple partners
- Stigma and Discrimination
- Sex for money or sex for .....things
- Substance abuse: Ganja, cocaine, alcohol
- Men having sex with men & homophobia
- Gender inequity and gender roles
HIV infection has a major psychological impact on:
- The infected person.
- The infected person’s family.
- The infected person’s friends.
- The economic status of affected person.
Challenges

- Multiple comorbid psychiatric disorders:
  - Substance abuse & dependence
  - Personality disorders
  - Chronic mental illness

- Further challenges
  - Poverty, lower SES
  - Minorities over represented
  - Language and cultural barriers to care
Challenges

- Lower Socio-Economic Status
  - Most needs
  - Fewest resources
  - Increased risk of violence
  - Increased chaos in daily lives
    - Affecting adherence to ART
    - Not showing for appointments
  - Access to chemical dependency treatment
Prevention Challenges

Sexually transmitted diseases (STDs). From 2012 to 2016, AI/AN had the second highest rates of chlamydia and gonorrhea among all racial/ethnic groups. Having another STD increases a person’s risk for getting or transmitting HIV.

Awareness of HIV status. An estimated 81% of AI/AN living with HIV in 2015 had received a diagnosis. It is important for everyone to know their HIV status. People who do not know they have HIV cannot take advantage of HIV care and treatment and may unknowingly pass HIV to others.

Stigma. AI/AN gay and bisexual men may face culturally based stigma and confidentiality concerns that could limit opportunities for education and HIV testing, especially among those who live in rural communities or on reservations.

Cultural diversity. There are over 560 federally recognized AI/AN tribes, whose members speak over 170 languages. Because each tribe has its own culture, beliefs, and practices, creating culturally appropriate prevention programs for each group can be challenging.
Socioeconomic issues. Poverty, including limited access to high-quality housing, directly and indirectly increases the risk for HIV infection and affects the health of people living with and at risk for HIV infection. Compared with other racial/ethnic groups, AI/AN have higher poverty rates, have completed fewer years of education, are younger, are less likely to be employed, and have lower rates of health insurance coverage.

Alcohol and illicit drug use. Alcohol and substance use can impair judgment and lead to behaviors that increase the risk of HIV. Injection drug use can directly increase the risk of HIV through sharing contaminated needles, syringes, and other equipment. Compared with other racial/ethnic groups, AI/AN tend to use alcohol and drugs at a younger age and use them more often and in higher quantities.

Data limitations. Racial misidentification of AI/AN may lead to the undercounting of this population in HIV surveillance systems and may contribute to the underfunding of targeted services for AI/AN.
Examples of Psycho-Social Issues associated with HIV Isolation.

- Denial
- Guilt
- Bereavement
- Anger
- Fear
- Confusion
Barriers to seeking treatment

- A diagnosis of HIV or AIDS may often be difficult to cope with.
- Although treatment has been shown to be very effective for HIV, and those receiving treatment for the condition can expect to live longer and experience a higher quality of life than they might have in years past, the virus may still have a significant effect on mental health.
- People diagnosed with HIV or AIDS may often experience depression, anxiety and grief for the perceived loss of the life they thought they would have.
- Anger toward the person who transmitted the virus, and stress due to the financial demands of treatment and any lifestyle changes that may be required.
- It may also be difficult for individuals infected with the virus to navigate the additional challenges a diagnosis of HIV or AIDS can have on romantic relationships.
Emotional Barriers to seeking therapy

- 1. Silence
- 2. Ignorance
- 3. Fear
- 4. Stigma
- 5. Discrimination
Shame and Stigma

- Fear of unwanted disclosure of HIV Status.
- Change in financial status.
- Change in occupational status.
- Loss of relationship.
- Loss of support of family and friends.
- Cultural Issues
Barriers to seeking treatment

Other symptoms may occur that include.

1. Suicidality
2. Nightmares
3. Isolation
4. Increased anxiety and depression.
Challenges

- Personality disorders
  - Cluster B traits predominant:
    - Borderline, Antisocial, Histrionic, & Narcissistic
  - Common features of impulsivity, risk taking, novelty seeking, self destructive behavior place themselves and others at risk of HIV infection
  - Added factors exploitative, manipulative, chaotic, entitled, dramatic, and demanding all make provision of care more challenging
Substance Use

- Alcohol
- Amphetamines
- Cocaine
- Heroin
- Club drugs:
  - GHB, MDMA (Ecstasy), Ketamine (Special K)
Injection drug users (IDU)
- Present later in illness for medical care
- Once in care, do not have accelerated course

Active use impairs access & complicates care through non-adherence

Alcohol, amphetamines, cocaine, & heroin
- Suppress immune function.
Many studies showing benefit with and without antidepressants
- Group therapy – prominent modality
- Cognitive Behavioral Therapy (CBT)
- Interpersonal
- Supportive
- Themes of guilt, shame, anger
Behavioral interventions (e.g., behavioral therapy, integrated case managers, or technological interventions such as text messaging) targeted at improving adherence to HIV and psychiatric treatment regimens, as well as reducing risk behaviors (e.g., unprotected sex, needle sharing).

A recent study showed that individuals with these co-occurring conditions can be successfully treated; and with appropriate supportive services, their adherence to medication can be increased and their HIV viral loads can be reduced (Blank et al., 2011). A

Another potential intervention that may be appropriate for HIV-uninfected persons with SMI who engage in high-risk behavior is pre-exposure prophylaxis (PrEP) for HIV prevention. This intervention, which involves treatment of uninfected individuals with anti-HIV medications, has shown promise in reducing HIV acquisition in high-risk groups such as men who have sex with men.
In therapy, an individual can explore ways to cope with these issues. Mental health professionals who have training in treating people who have a life-threatening or chronic illness, and these therapists and counselors may be particularly suited to treat those who have been diagnosed with HIV or AIDS. Family counseling might also be beneficial to those who wish to inform their family of their diagnosis, explain what it means, and help family members adapt to the news. Couples counseling may be helpful to people in serodiscordant relationships (relationships where one partner has HIV and one does not). Individual or group therapy can also help an individual living with HIV to come to terms with the illness and cope with the challenges it adds to life.
Interventions

- Some people with HIV or AIDS benefit from group therapy and or support groups where they can connect and share with other people who are also infected as well as those who are not infected but may have a loved one who is. In this type of therapy, people may have the chance to network with other people who have experienced life with HIV/AIDS, to receive support that may be helpful when facing the challenges associated with an HIV or AIDS diagnosis, and to seek reassurance that life is still possible.

- Support groups often focus on developing healthy coping strategies and providing a community for people with HIV or AIDS.
PrEP Pre-Exposure Prophylaxis

PrEP is a single pill taken every day by people who are at risk of HIV exposure, such as men who have sex with men. Research has shown that pre-exposure prophylaxis (PrEP) can reduce HIV transmission among men who have sex with men by 92%.

The World Health Organization (WHO) states that if its use is scaled up, an estimated 20% to 25% of new HIV infections among this population could be prevented. Despite expanding evidence of its effectiveness in HIV prevention, access to PrEP remains limited.

As of June 2016, PrEP had received regulatory approval in only seven countries, with further countries implementing or planning pilot projects to facilitate approval.
References

- World Health Organization, HIV Department, June 15th, 2016.
- ILGA (2016) ‘Sexual orientation laws’[pdf]
- WHO (2014) 'People most at risk of HIV are not getting the health services they need'

Any Questions?

Southwest Center™ for HIV/AIDS