PSYCHOSOCIAL ISSUES
AND HIV/AIDS

TIHAN
Training for Care & Support Volunteers
WHAT IS PSYCHOSOCIAL?

Psychology + Sociology

Psychosocial development is how a person's mind, emotions, and maturity level develop throughout the course of their lifetime. Different people will develop psychosocially at different speeds depending on biological processes and environmental interactions.

People living with HIV have very specific psycho-social issues they deal with. It is important to understand that the mind and emotions do have an impact on the immune system and their quality of life.
Think about your own quality of life.

- Do you have the ability to work?
- What is your daily energy level?
- What’s your diet like?
- Do you enjoy your social life?
- What about your sex life?
- Is your self-image positive or negative?

As you continue to view this presentation, think about how these concerns may affect a person living with HIV/AIDS differently.
When just diagnosed...

- When a person is newly diagnosed with HIV/AIDS, they may feel a deep sense of grief and loss.
- Grieving is an unavoidable part of living for all of us.
- We grieve when we lose people and pets. For people with HIV/AIDS, they may begin to grieve when thinking about being diagnosed with a potentially debilitating illness that can threaten their lives or impair their functioning.
- People who are infected with HIV are faced with a profound sense of loss on many levels. If this grief is not addressed, it can lead to feelings of helplessness, continued high risk behavior, a lack of follow-through with medical care and acting out with intense emotions.
Grief is a normal human response to any kind of loss.

- It is an important process that should not be rushed.
- It helps people let go of old dreams and gain new ones.
- This diagram depicts the stages of grief.

GRIEF & LOSS

Denial  Anxiety  Fear  Guilt  Depression  Anger  Coping  Re-entry into pre-existing developmental tasks with new skills, perspectives, insights and attitudes
“Stigma is the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination” in a situation in which power is exercised. (Link & Phelan, 2001, p.363)

There is so much stigma, shame & misinformation about HIV/AIDS that the stigma itself creates issues to deal with separate from the medical diagnosis.

Misconceptions or stereotypes about HIV/AIDS include:

- Drug User?
- Gay?
- Multiple Partners?
- Punishment from God?
- Deserve to get this disease
- Prostitute?
Stigma can prevent people from talking about and acknowledging HIV as a major cause of illness & death.

It can prevent HIV-infected people from seeking counseling, obtaining medical and psychological care and taking preventative measures to avoid infecting others.
Prevention behaviors may carry stigma.

A woman with HIV might want her partner to use a condom but might be reluctant to ask because of the stigma associated with the suggestions of HIV risk.

**Click Here to watch this short video on Stigma**

Then click the play button. When finished, return to this slideshow.
People with HIV/AIDS often experience a drop in self esteem because of:

- The stigma associated with HIV being a sexually transmitted disease.
- Questioning one’s self, “What did I do to deserve this?”
- Internalizing homophobia, “Because I am gay, I got AIDS.”
- Begin to see one’s self as “toxic’ to others
SOCIAL ISOLATION

- People with HIV/AIDS worry about telling their families & other relationships

- Some family and friends choose to withdraw because of:
  - Fear of death
  - Helplessness
  - Fear of “catching” HIV/AIDS
  - Shame and pressure from the stigma
PEOPLE WITH HIV/AIDS WORRY ABOUT...

- Who will stand by me?
- What effect will it have on my current relationship?
- Will I still find love?
- Can I still date other people?
- Will I be disowned by my family or treated differently?
- What will my friends say?
Some worries associated with a person’s job may include:

- Can I still get insurance if I change jobs?
- Will I be fired if someone at work finds out?
- How do I explain calling out sick a lot or frequent trips to the bathroom during the day?
- How do I explain not participating in the company blood drive?
- When will I have to stop working?
- How will I support myself and my family?
EFFECT ON INTIMACY & SEXUALITY

- Living with HIV/AIDS can be a barrier to having intimate or sexual relationships.

- Self isolation can increase a sense of depression and complicate intimacy and sexuality.
People with HIV/AIDS worry about confidentiality. Deciding who and when to tell is not easy. They might wonder:

- Should I just keep this to myself?
- How do I get help without everyone finding out my status?
- How do I tell my loved ones?
- What can I do to assure a safe home, work and social life?
Spirituality & religious beliefs, may take on increasing importance to people living with HIV/AIDS.

Supporting the spiritual needs of people living with HIV/AIDS and their families is a critical component of compassionate care. It can engender hope.
Common Mental Health Issues for People Living with HIV/AIDS
Depression is a mood disorder.

It is more than just feeling sad or grieving. It is more intense and lasts longer than it should.

Depression can be linked to:
- Events in your daily life
- Chemical changes in the brain
- Side effects of required medications
- Several physical disorders

Rates of depression among people living with HIV/AIDS are as high as 60%, as opposed to 5-10% of the general population.
Anxiety can develop because of a person’s uncertainty about HIV infection & treatment or issues unrelated to HIV.

Symptoms can include:
- Mild distress
- Major panic attacks
- Excessive worrying
OTHER MENTAL HEALTH ISSUES

There are a number of other mental health issues which can affect a person living with HIV/AIDS, including, but not limited to:

- Bi-Polar Disorder
- Panic Disorder
- Post Traumatic Stress Disorder (PTSD)
- Personality Disorders
Some people living with HIV/AIDS use substances for a variety of reasons:

- Help to control or counteract side effects of medications
- To socialize
- As part of a process of harm reduction
- To escape
- To self medicate for mental health problems they’re dealing with
SUBSTANCE ABUSE CONCERNS

- Interactions with prescribed medications
- Possible overdose
- Addiction
- Non-adherence to prescribed medication treatment
- Housing and/or poverty issues
- Missing health care appointments
HOW TO RESPOND TO SUBSTANCE ABUSE ISSUES

- As a volunteer, if you have concerns about how to respond, speak to your direct supervisor for guidance and support.
  + TIHAN – Please talk to the Director of CarePartner Support
Many events can trigger suicidal thoughts among people living with HIV/AIDS. They can include:

- Learning about their positive HIV status; receiving an AIDS diagnosis.
- Fear of disclosing to family & friends
- Losing a significant relationship
- Starting antiretroviral therapy
- Noticing the 1st symptoms
- Undergoing major illness or hospitalization
- Losing a job
- Experiencing major changes in lifestyle
- Requiring evaluation for dementia
**SUICIDE AND HIV/AIDS**

- Suicidal thoughts with associated feelings of hopelessness and intent to die are very serious and must be assessed properly and carefully.

- The risk of suicide is especially high for people who have mental health issues or chronic illness.
HOW TO RESPOND TO SUICIDE THREATS

- You can ask probing questions:
  + “Are you thinking about hurting yourself?”
  + “Do you have a plan to hurt yourself?”

- Call 911 if you believe the person is in imminent danger

- Speak to your agency supervisor to inform them of your observations
PSYCHOSOCIAL INTERVENTIONS FOR ADULTS LIVING WITH HIV/AIDS

- Practical Support and Assistance
  - Increasing social network
  - Spending time with friends & family
- Professional Counseling
  - Individual Therapy
  - Support Groups
- Education
  - Learning to manage the disease and still enjoy life
- Psychotherapy & Psychiatric care
PSYCHOSOCIAL INTERVENTIONS FOR ADULTS LIVING WITH HIV/AIDS

**DO:**
- Offer support, people don’t always come out and ask for help.
- Listen without giving advice.
- Respect choices/decisions
- Offer to be an advocate
- Help to find resources
- Talk with your supervisor regarding specific concerns & be familiar with your agency’s policies.
COUNSELING & OTHER SUPPORT IN THE TUCSON AREA

- COPE Behavioral Services
- CODAC
- La Frontera
- Cactus Counseling
- SAAF Support Groups
- El Rio Special Immunology Associates Support Groups
PERSONAL STORIES

- Click on this link: **This Positive Life**

- When the page opens, scroll through the pictures and click on the person whose story you would like to hear.

- When finished, return to complete this slide show.
Congratulations!

You have completed the Psychosocial portion of the Care & Support training. Please click on the red link below, after reading these instructions to take the quiz on what you have just learned.

- You will see multiple kinds of questions (short answer, multiple choice, etc.)
- Please answer the questions as best and completely as you can.
- Follow the instructions provided for each of the questions.
- Continually scroll down, until all of the questions are completely answered.
- When you are satisfied with your answers, click the submit button at the bottom of the page. Once you click submit, you cannot go back to change/update your answers.
- Any questions or concerns you have in regards to this presentation or quiz can be discussed at your volunteer interview.
- Please speak with your supervisor for the deadline to complete this quiz.

Psychosocial Session Quiz