CHAPTER 8:

Psychotherapy & Counseling

Therapists make decisions about psychotherapy and counseling approaches based on their education, training, supervision, and personal experience. The 11 sites in the Demonstration Program found that client need was the most important factor in selecting the approach. Traditional approaches required modification to meet new and complicated problems associated with living with HIV.

Psychotherapeutic and counseling approaches used by the Demonstration projects included:

- Cognitive/behavioral therapy
- Supportive psychotherapy
- Pastoral counseling
- Crisis intervention/therapy
- Brief psychotherapy
- Educational counseling
- Psychoanalytic psychotherapy
- Existential psychotherapy

PROFESSIONAL INTERVENTIONS

Psychotherapy and many types of counseling are primarily provided by trained professionals who are prepared to facilitate behavioral and cognitive change. A mental health professional must consider how the intervention can be shaped to incorporate the many psychosocial complications of HIV infection.

It is helpful for service providers to be mindful that "traditional" service patterns often have to be reconsidered in order to provide adequate services. The 11 Demonstration projects found the concept of "bending the frame" to be a helpful way of doing this (Winiarski, 1991). For example, through the process of dealing with HIV infection, many service providers have found themselves visiting clients at their homes or at hospitals—something that is not usually considered a common procedure of more traditional mental health service approaches.

Additionally, the crisis of HIV infection brings many individuals into mental health treatment who have no previous experience or familiarity with the process. For example, some traditional psychotherapists elect not to call their clients if they miss a psychotherapy appointment. However, the 11 Demonstration projects found themselves spending a great deal of time focusing on retention efforts, such as calling clients to remind them of appointments and making follow-up calls. Such calls seemed to help Demonstration Program clients understand that the therapeutic process was taken seriously by the program staff. In time, many clients began to take ownership and responsibility for their own treatment, which may have never occurred without the retention efforts put forth early on in the process. Other examples of "bending the frame" included harm reduction approaches to substance abuse treatment, in-home services, telephone sessions, and intensive case management coupled with psychotherapy.

Another important facet of the process was to develop and/or maintain a "community" in which Demonstration Program clients felt comfortable seeking help. This was accomplished in a variety of ways—from peer interaction to group interventions to a structured community in a psychosocial rehabilitation program.

Individual interventions. For persons with HIV who seek mental health services, individual counseling or psychotherapy sessions are generally a first step in the treatment process. Client concerns about confidentiality, substance use, sexual orientation, and sexual practices may initially make one-to-one interventions the most comfortable modality. Counseling generally refers to explorations and problem-solving interventions relating to current concerns and issues, such as adjusting to the HIV diagnosis, managing relationships, and job and workplace issues. Psychotherapy explores feelings, motivations, behavioral patterns, interpersonal relationships, and patterns of thinking over time.

In the experience of the 11 Demonstration projects, a significant number of clients with HIV had histories of early sexual abuse and boundary violations. For those clients, working through aspects of the childhood trauma can be both a liberating and necessary step in moving toward a commitment to self-care and a reduction of risk-taking behaviors. Psychotherapy can help clients develop greater self-awareness, stronger coping skills, and greater motivation to engage in meaningful and productive activities. Through counseling or psychotherapy, clients in recovery from substance abuse often discover and begin to heal underlying psychological wounds they attempted to mask through substance use.

Length of treatment varies by case. For some Demonstration projects, treatment lasted as long as clients kept returning for their appointments. Since most Demonstration Program clients had complex psychosocial needs, treatment was oftentimes long-term, with mental health professionals constantly re-evaluating their treatment plans to ensure they were realistic and client-centered.

Group interventions. All of the Demonstration projects used group interventions to some degree. Some used group therapy on an occasional basis, while other Demonstration projects were exclusively focused on group interventions. Group interventions can be a very powerful way of facilitating change or managing mental health issues associated with HIV infection. Group interventions can often be modified to better address the specific needs of the group and its members.

Groups can be led by either professionals, peers, or a combination of both. Mental health professionals may be better suited to serve as facilitators in groups designed to deal with mental health issues, such as psychotherapy groups. Peers, on the other hand, may be better suited to lead support groups and group discussions relevant to the experience of living with and adapting to HIV. However, both professionals and peers, depending on their personal experience and training, may be qualified to address either of these concerns.

The 11 Demonstration projects found the following issues important when creating a “safe” group:

- *Consider issues relating to inclusion/exclusion criteria.*
- *Have individual selection interviews in which group processes and rules are reviewed and agreed upon.*
- *Create a "confidentiality agreement" that all clients read, agree to, and sign before ever coming to the group.*
- *Establish clear rules for the group process, including rules on how to address others, accepted behavior in the group, maintaining a safe environment, outside visitors to the group, schedule and meeting place, and interactions outside the group.*

GROUP INTERVENTIONS

Support groups are organized meetings in which participants exchange information on life situations to develop new ways to manage, adapt, or change the situation. Support groups have been the mainstay of psychosocial support within HIV-affected communities since the beginning of the epidemic. Particularly for people living with HIV, support groups offer a venue for sharing information and experiences. For example, disclosure of status with family and friends, reaction to medications and their side effects, disappointments regarding medical setbacks, and issues around re-entering the job market are common themes one may encounter in an HIV support group. A major goal of support groups is to increase the social support networks of its members. One of the benefits is the creation of friendships among participants that may last beyond the group process. Outside interaction is sometimes promoted.

Derrick's Story

Derrick had been released after serving several years in prison. He had stayed sober while incarcerated and continued to do so in the new community in which he had settled with his family. His HIV course had improved, but he felt lonely and isolated. He became involved in a community support group where he developed several friendships. This proved necessary as he learned that, in addition to his HIV infection, he also had diabetes and advanced liver disease. Months later, a friend from the group was hospitalized with the same diagnoses and died soon after. Derrick became consumed with the idea of his own death and physical status. He focused his energy on weight loss and appetite. He had linked progressive wasting with death. The support group helped Derrick confront this irrational belief and refocus his energies toward self-care.

Andy and Phillip's Story

Andy had been living with HIV for 10 years when he met Philip, a younger, HIV-negative gay man. Though initially they expressed comfort with their sero-discordant status, several years into their relationship Philip seemed less interested in a sexual interaction with Andy and both seemed to struggle with communicating with each other. Couples' counseling sessions over several weeks brought them to a point of trust that they were able to discuss their fears—Philip's concerns about HIV infection and his worry about the impact of HIV on Andy's health.

Psychoeducational groups are directed at obtaining and processing new information. They usually have a limited scope and duration. Many use "invited" speakers in addition to the group facilitator. "Teaching" by the facilitator or invited guests can be part of the group process but other interactional processes also can serve as a powerful way of "learning" (Freire, 1993). Examples of psychoeducational group topics from the 11 Demonstration projects included recognizing depression, managing cognitive impairment, HIV medication adherence, understanding psychotropic medications, disclosure of status, and returning to work.

Couple and family interventions provide the opportunity for the client's significant other and/or loved ones to join the treatment process. The diagnosis of HIV not only affects the infected person but his/her entire "family." For example, disclosure of status, safer sex negotiations with a partner, permanency planning, sero-discordant couples, and unresolved fear and anger are issues that may be encountered by treating a family or couple. Additionally, HIV may bring additional stresses to families already made vulnerable by substance abuse or poverty.

Psychosocial Programming Groups involve creative expression, skill-building, insight development, and socialization. These groups are very interactive, often involving doing a task rather than verbal discussion alone. (See Chapter 13 on Psychosocial Rehabilitation.)

PEER COUNSELING

Peer counseling involves the provision of services by individuals who are members of the treatment population. At some of the Demonstration sites, peer counselors shared a number of characteristics, usually including HIV status and/or ethnic and cultural membership. Peer counseling, like professional psychotherapy, can be done in several modalities (individual, couples, families, and groups). While traditional professional psychotherapy may focus on psychological change, peer counseling typically focuses its intervention on support and education.

Peer counseling may be a less stigmatizing experience than traditional mental health treatment, increase a sense of trust and empathy between the counselor and the client, allow for a more open discussion of treatment adherence and negotiating the service system, and promote the development of "community" among clients. It also may be a cost-effective way to serve clients.

Training is a crucial component of peer counseling. Peer counselors need specific guidance on when to refer clients to professionals and may need training to improve their listening and assessment skills. Supervision by a professional mental health clinician is critical to safeguard the quality of services and to help ensure that clients who need professional psychotherapeutic help are getting it. There are also ethical considerations to be addressed to ensure that appropriate counselor/client boundaries are observed. Again, supervision is critical.

How One Program Used Peer Counselors

"Our peer counselors have done outreach in medical clinics, provided individual and group support, led educational forums, and directed peer-based substance abuse groups. Those clients whose needs were greater or expressed interest or readiness for professional psychotherapeutic treatment were referred to the mental health team. Many clients have come to mental health treatment through the normalization of the counseling experience by peers. This program is supervised by a licensed mental health clinician in order to ensure appropriate triage."

– Phil Meyer, LCSW
Los Angeles Project