



HIV Treatment: Mental Health Aspects of Antiviral Therapy

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Introduction

Combination therapy has allowed me to begin to believe that HIV disease doesn't have to be in the way of my dreaming big dreams.

—Billy

For the first time since being diagnosed with AIDS, I am allowing myself to dare to hope that I just might live long enough to raise my daughter and see her grow into . . . a woman.

—Tanya

I'm real pissed off and terrified that no matter what new drug I take, it has not been effective in fighting whatever strain of virus I have. It's real hard to feel like I am being completely left out of this latest miracle.

—Roberto

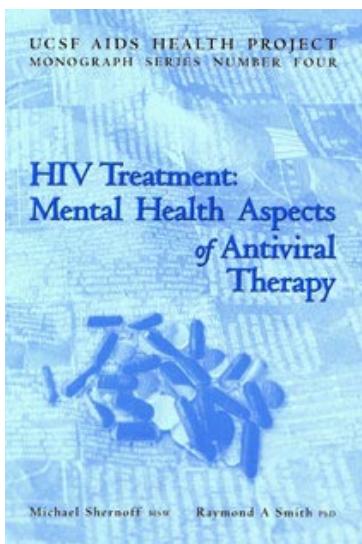
from anxiety to outright panic. Because they have begun to contemplate continued life after having prepared for death, some actually have asked: "What if I don't die?"

Mental health professionals have played a critical role in helping their clients make sense of the everchanging terrain of the AIDS epidemic. Combination therapy has indeed altered the landscape of AIDS, but in ways that have not always been predictable or expected. In order to address these issues, therapists and counselors need to understand the concerns that have accompanied the arrival of combination treatment.

Two Challenges

The changes brought about by combination treatment have created unique challenges for therapists in two different areas. The first relates to the rapidly changing knowledge base; the second is about becoming familiar with the psychosocial issues raised by combination treatment.

In order to help their clients handle the new treatment landscape, mental health professionals need to understand some basic concepts related to medical treatment and treatment decision making. Topics include treatment adherence approaches, the side effects of the new antiviral combinations, and the various laboratory tests used to assess stage of illness. Mental health professionals potentially also have a role to play in helping clients make decisions about treatment: ensuring that clients are knowledgeable about the medications they are considering, assessing the limitations of the medications, and helping clients explore the implications of their decisions. Part of the decision-making process includes helping clients understand the range of their options and their readiness to undertake treatment, and empowering them to make decisions. Providers



Today, near the end of the second decade of the AIDS epidemic in the United States and other developed countries, increasing numbers of people with HIV are truly living with the disease. Though many are still dying from HIV-related illnesses, overall rates of illness and death in the developed world have dramatically decreased, largely due to the introduction of combination antiviral treatment (also known as combination therapy). So many seriously ill people with HIV disease have seen significant improvements that combination therapies are described as producing a "Lazarus Syndrome,"

named for the biblical story about a man Jesus was said to have raised from the dead. Yet, ironically, as news of the success of combination treatment has hit the mainstream media, client after client has arrived in therapists' offices with feelings that have ranged

must also appreciate the difficulties of making such decisions, including managing the differences of opinion that exist among medical experts.

In addition to having some conception of the medical context of HIV treatment, therapists must also be able to support clients in obtaining information from their medical providers and other sources and coach them in strategies to manage the doctor-patient relationship. It is not essential for non-medical mental health professionals to fully comprehend all of these complex issues; but it is useful for them to urge their clients to question their medical providers over time and in enough detail for clients to feel that they are partners in their medical treatment. For instance, a client may be afraid to be honest with his or her physician about not taking medications exactly as prescribed, for fear of being labeled a “bad patient.” In situations like this, the therapist can go a long way to prepare the client to be more authentic by first probing the client about the motivating factors for his or her reluctance and then doing some role-playing and assertiveness training. Therapists can also be enormously helpful in helping clients develop strategies for remaining adherent to difficult medication schedules, again by coaching clients to be honest about their own limitations when faced with the potential of adjusting their lifestyles in order to accommodate a medication suggested by a physician.

The second challenge becoming familiar with the psychosocial issues raised by combination treatment is at the crux of HIV-related psychotherapy. For example, clients who regain their health may feel overwhelmed by other problems in their lives such as addictions or unsatisfying relationships that may have been eclipsed by HIV disease. Some clients who regain a sex drive may face a broadening horizon of intimate relationships, an exhilarating prospect that may also bring complications, including the possibility of engaging in sexual behaviors that can either transmit the virus, or expose them to other sexually transmitted diseases (STDs) or drug resistant strains of HIV. Additionally, clients who regain their physical health may discontinue counseling or therapy prematurely before addressing major intrapsychic or interpersonal problems. Finally, clients who do not do well on combination treatment or who cannot tolerate these regimens may unfavorably compare themselves to others around them who have regained their health. Conversely, some who do well report feeling guilty about friends who are not. Mental health professionals can be particularly useful in helping clients manage these feelings and complex issues.

Since the onset of the epidemic, therapists have experimented with new therapeutic approaches in order to meet client needs. The paradigm of what

constitutes “good mental health treatment” for this client population has most often been an eclectic approach that actively addresses interpersonal, systemic, and intrapsychic issues and dynamics. There have been, and remain, times when a primary therapist may function as a case manager or counselor rather than as a safely distant and objective clinician. Even with the arrival of combination treatment, there remains a need for mental health professionals of all disciplines to understand when it is appropriate to add counseling or case management to the process of intrapsychic exploration that has been the hallmark of classic psychotherapy.

Overview of the Monograph

This monograph is intended to inform mental health providers about the range of issues raised by the improved treatment of HIV disease and to suggest approaches to managing some of the most common manifestations. Chapter One provides an overview of combination therapies, including the related biomedical, psychological, and HIV prevention issues. Chapter Two emphasizes the importance of the decision-making process and the role that mental health providers can play in this process. Chapters Three and Four discuss the implications of, respectively, treatment success and treatment failure. Several of the chapters include hypothetical case studies (a composite of actual cases using fictional names for both the client and therapist) that highlight some of the mental health issues raised in that chapter. In each chapter where these hypothetical case studies are included, more than one case is presented to demonstrate how a variety of clients and therapists have dealt with a specific issue. Providing a variety of cases also underscores the reality that the knowledge base for working with people on combination antiviral therapy is still in its infancy and that, similar to working with any other psychotherapy client, there is no single “right” way to work. The monograph closes with one appendix: a listing of on-line and print resources that can help both provider and client remain informed about the latest medical and psychosocial issues.

This monograph in no way does justice to the devastation of the AIDS epidemic in the developing world or even in parts of the industrialized world in which access to treatment is limited. “Bridging the gap” between richer and poorer parts of the world remains a major challenge. Particularly within developed countries, health care professionals have an ethical imperative to mobilize for the delivery of equitable access to clinical trials and care including a full range of diagnostic tools and medications for all people with HIV, whether or not they are covered by health insurance. ■