

HIV: A View From the Couch

Building Therapeutic Relationships with HIV+ Clients





What's It all about??

Relationship is Everything



Objectives

- Establish a few Psychosocial Frameworks as Lens through which to conceptualize clients
- Identify some of the Mental Health Issues for HIV+ folks
- Learn approaches for encouraging Engagement in Care and Relationship Building

My Therapist Cheat Sheet

- Breathe. Tune into my body. Be still.
- Seek first to Understand. Let go of what I think I know.
- Savor the Good.
- Remember: It's the RELATIONSHIP!!
(OMG I'm so repetitive.)

Mary

- AA Female 60s
- Trouble hearing/stroke hx/wheelchair bound/disability
- Loss/trauma/remote addiction hx/violent crime victim
- Stressors-dangerous neighborhood/daughter in prison
- VL suppressed
- Loved/likeable

Frameworks/Theories

- Interpersonal Neurobiology
- Existential Therapy
- Humanistic Therapy
- Psychoanalytic Theory
- CBT/TF-CBT
- Narrative Therapy
- Milieu Therapy
- Motivational Interviewing
- Attachment Theory/Stages of Development
- DBT/Radical Acceptance
- Couples Therapy/Gottman Method
- MBSR/Somatic Experiencing
- Queer Theory

Needs of Children

- To Be Seen---perceived deeply empathically
- To Be Safe ---avoid actions/situations that scare/hurt
- To Be Soothed----Helped to manage emotions/situations
- To Be secure---internal sense of well being

- Dr. Daniel Siegal –”Mindsight” Neurobiologist

Needs of Adults

- To have meaning/purpose/value
- To have connection/community
- “Life is never made unbearable by circumstances but only by lack of meaning and purpose.”
- Viktor Frankl “Man’s Search for Meaning” Existential/лого therapy

Frankl Quotations

- “ Abnormal reaction to an abnormal situation is normal behavior.”
- “ Forces beyond your control can take away everything you possess except one thing, your freedom to choose how you will respond to the situation.”

Humanistic Therapy

- Carl Rogers
- Real self vs. Ideal self---- incongruence when not aligned
- **UNCONDITIONAL POSITIVE REGARD**
love and acceptance is not withdrawn
- “As no one else can know how we perceive, we are the best experts on ourselves.”

Psychoanalytic Theory

- Freud/Jung
- Transference and Countertransference

CBT

Cognitive Behavior Therapy

- Aaron Beck/ Albert Ellis
- Problems from Cognitive deficiencies and Cognitive/Thinking errors
- Change your thinking—can change your feelings
- ANTS-automatic negative thoughts
- Irrational assumptions
- Bring awareness and develop more positive/accurate thoughts

Typical Cognitive Errors/Typical Irrational Beliefs

- All/Nothing Thinking
 - Magnification/Catastrophizing
 - Overgeneralizing-always/never
 - Personalization
-
- “ I have no control over my own happiness.”
 - “ There is a perfect solution to my problem, and it’s a disaster if I can’t find it.”

Examples of ANTs (Automatic Negative Thoughts)

- Nothing ever works out for me.
- Something is very wrong with me. I'm damaged.
- I can't trust anyone. Everyone always lets me down.
- I'm stupid. I'm useless. I'm alone. It's all my fault.
- No one cares.
- People use me.

Narrative Therapy

- Michael White/David Epston
- Separate Person from problem. **Externalize the problem.**
Ex- "When that HIV (or depression etc.) wants to ruin your day, what can you say to it?"
- Telling your story is healing. You can rewrite your story.

Milieu Therapy

- P. Pineal
- Psychiatric Living Community
- Create safe environment/staff active and appreciative of the clients/interdisciplinary
- Every interaction is an opportunity to be beneficial and improve functioning

*This concept is so helpful for clinics/health departments.

Motivational Interviewing and Stages of Change

- Miller/ Rollnick
- **Reasons to Change vs. Reasons Not to change=
Explore/Respect both**
- Conversation about change-dancing not wrestling
- Resolve ambivalence to change/collaborative/strengths based
- Where you are vs. where you want to be

Attachment Theory

- John Bowlby
- Children are programmed for attachment
- **Secure attachment=positive and loving caregivers**
- **Insecure attachment=angry/confused/ambivalent/rejecting caregivers**

* Impacts future relationships

Stages of Development

- Erik Erikson
- Trust vs. Mistrust ages 0-1.5 yrs.
- Autonomy vs. Shame 1.5-3 yrs.

- Intimacy vs. Isolation 18-40 yrs.
- Generativity vs. Stagnation 40-65 yrs.

DBT

Dialectical Behavior Therapy

- Marsha Linehan
- Helpful-suicidal/self harm/intense emotions/BPD
- Mindfulness/Zen Buddhist –here and now
- Skills for distress tolerance
- **Holding both acceptance and change**

Couples Therapy

- Drs. John and Julie Gottman:
build affection/kindness/ don't miss your partner's bids
for connection
- Gary Chapman "The 5 Love Languages":
ways you receive love
- Polyamory/Open Relationships/Sexuality

Body/Mind Focused Work

- Jon Kabat-Zinn:
MBSR (mindfulness based stress reduction)
- Bessel van der Kolk –” The Body Keeps Score”
Trauma’s impact on Brain aroused vs. numbed out
- Dr. Peter Levine:
Somatic Experiencing –emotion dysregulation shows up
in the body

Queer/Gay Theory

- Challenge Heteronormative Thinking/Not all LGBT want to assimilate/Gender/Orientation are more fluid/Think non-binary= concepts
- Adam Blum:
Self esteem issues/What you didn't get
- Alan Downs – “ The Velvet Rage. Overcoming the Pain of Growing Up Gay in a Straight Man's World.”
- Gershon Kaufman/Lev Raphael- “ Coming Out of Shame.”

Who's on my Couch?

- Newly dx w/HIV
- Transitioning Peds to Adult care
- Trauma hx/PTSD/Multiple ACEs
- Depression/Anxiety/Panic/BAD/Schizoaffective/Adhd/AS D/LD/ID/Body Dysmorphia/Personality d/o

Who's on my Couch?

- Life Stage Transitions/Crisis:
(pregnancy, death, divorce, move, transitioning genders, hospitalization, new disability, suicidality, relapse, existential crisis, loss, release from prison)
- Immigrants/Refugees
- Substance use/abuse

Additional STRESSORS

- **Stressors:**

Poverty

Institutional Racism

Relationships w/family, coworkers, boss, partners, self, god, children, doctors, etc.

Spiritual dilemmas

Poor access to resources

Chronic disease –how to pay for meds, talk to providers

Rejection

- **Values Dilemmas:**

i.e. Helping Family vs. Protecting self from toxic relationships

When HIV is Added to the Mix

- Higher prevalence of many Mental Health issues
- Survivor Guilt
- **STIGMA**
discrimination/outcast/otherness/disgrace/exclusion
- **SHAME**
unaccepted/secrets/hidden
self/closeted/inauthentic/STIs/HIV/sex/anal sex/ gender
identity/orientation/culture/internalized
homophobia/ethnicity/race/marginalized

Case Study # 1

- 22 yr. AA Male from DC identifies as Gay
 - VL suppressed quickly, keeps appts
 - Duke Undergrad
 - Vanderbilt Grad student
 - DX HIV at 19 yrs.
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- PP: lonely, low motivation , isolation, procrastination, poor sleep, sexual promiscuity

Your Thoughts?

- Strengths:
- Concerns:

Some thoughts:

- Supportive family
 - Smart/some insight
 - Hard working
 - Health
-
- Depression, low self worth, denial, shame, anxiety, some adhd sx's, risky behaviors

Explore trauma hx, self medicating, resistance, feelings of loss/betrayal. Look for skills, community. Do some CBT, education. Build accurate self esteem. Encourage more positive connections and fun. Refer for Med Eval.

Case Study # 2

- 23 yr. AA Female identifies as Straight
- HIV dx at age 15 yr. (10 “sexual partners” by age 13 yr.)
- Never achieved Viral Suppression
- IQ 70 Borderline Intellectual Functioning
- Major Depressive D/O, PTSD
- Premature w/cocaine/Foster care/Homeless
- Referrals to 15+ Community Agencies
- Became Pregnant at 21 yr. delivered healthy baby

Thoughts

- Strengths:
loved her baby/activated people/some insight
- Issues:
educational/health literacy/trust and safety/basic needs/poor emotion regulation, insecure attachments/too many to list!!
- Underlying Needs:
to be valued/respected/held/re-parented/have reparative experiences

Therapist Internal Work

- Content--listen to the narrative-what client says
- Process—think of hx, patterns, strengths, defenses
- Free Flow—Loosen linear thoughts –so creative/intuitive interventions can occur

Difficult Client

- Relax. Get Comfortable. Breathe.
- Think of your most difficult/resistant client.
- Think of someone you love-person/pet. Remember the idea of UPR.
- Think of applying it to your client.

- What are they doing right? Who do they want to be? What keeps them going? When have they felt Valued?

Practice/Prescriptions

- Think Multiple Intelligences:
Draw/Use metaphors (i.e. from Black to Sparkle Sheep)/AV/role play
- Ask clients for feedback –what works/how have I messed up/ what have I missed
- Give fun homework (baths, delicious meals , hikes , talk to a friend, savor the good)
- Exercise/Eat/Sleep/Talk/Community/Sensory
- Volunteer/Give back

Messages

- We are so glad you are here.
- You are never in trouble with us.
- You are worthy and lovable right now.
- I've never met a person who used a condom every time.
- No one deserves to be... abused/hated/betrayed/cast out, etc..
- Bad things have happened to you. You are not bad.
- You are Not alone.
- You are resilient. You have handled harder stuff than this.

Self Care

- Be part of a Team
- Laugh/snack/space out/say thank you
- Exercise/listen to music/any and all forms of water/hugs/nature/pets
- Learn and try new things

Questions/Comments?

Thanks so much for attending!