HIV/AIDS Mental Health Training Resource Center

Two-part Webinar Series

Rural Mental Health & HIV: Addressing Barriers and Optimizing Access to Care

Part 2, Innovative Approaches to Rural Mental Health Treatment and HIV

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East Tennessee State University
HIV/AIDS & Mental Health Training Resource Center
http://hivmentalhealth.edc.org

Substance Abuse & Mental Health Services Administration (SAMHSA), Center for Mental Health Services
www.samhsa.gov

Education Development Center, Inc.
www.edc.org

American Psychological Association www.apa.org
American Psychiatric Association www.psychiatry.org
National Association of Social Workers www.socialworkers.org
Expand the knowledge and capacity of mental health care providers, particularly social work, psychology, psychiatry, and other direct care providers, to address the mental health and psychosocial needs of consumers impacted and affected by HIV/AIDS.

Session Objectives:

» Highlight innovative approaches to mental health treatment and HIV currently in use across the geographically diverse rural areas.

» Share existing resources to support the adoption of tele-health approaches to mental health needs including the APA Telepsychiatry Toolkit
Karl Goodkin, MD, PhD, DFAPA

Professor and Chair, Department of Psychiatry and Behavioral Sciences
East Tennessee State University
Who’s Here?

» Which term best describes your professional role?

» In what type of community do you work?
HIV/AIDS Mental Health
Training Resource Center

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Rural Mental Health & HIV:
Addressing Barriers and Optimizing Access to Care

Part 2, Innovative Approaches to Rural Mental Health Treatment and HIV

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44% of people in the US living with HIV are in the southern states, despite having 37% of the US population.

(CDC, May 2016)
PLWHA in rural areas are more likely now than before to be

- People of color
- Exposed locally rather than “moving back home”
- Identify as heterosexual

(National Rural Health Policy Brief, 2014)
Prevalence of mental health disorders among people living with HIV in rural areas may relate more to susceptibility due to risk factors for specific disorders interacting with psychosocial context such as:

- High life stressor burden
- Low social support
- Maladaptive coping strategies

(cf. Goodkin and Visser, 2000)
Specific factors that lead to stark health disparities in the Rural South may include:

- Historic regional and geographic challenges
- High poverty, lack of education, exposure to drug use and sex work
- Barriers to accessing mental health care and shortages of mental health professionals
Mental Health Treatment Approaches in Ongoing Development

» Distance-based methods for mental health care
  ▪ Electronic approaches

» Other innovative treatment approaches
  ▪ Computer-guided therapy
  ▪ Assertive Community Treatment (ACT)
  ▪ Stigma-reducing interventions
Electronic Approaches to Treatment for Rural Mental Health Disorders

» Telepsychiatry

- Beneficial for patients who otherwise have limited/no access to care
- Models for rural setting include direct psychiatric care, consultation care, collaborative care
- Can effectively treat variety of disorders
- Main goal: to maximize the efficiency of mental health care provision
- APA provides a robust toolkit on telepsychiatry
Telepsychiatry (cont’d)

- Clinicians can administer
  - Stress management training
  - Social support groups
  - Coping skills enhancement training

- Clinicians can provide telepsychiatry in:
  - In-patient or out-patient settings
  - Directly in homes of PLWHA

- Clinicians can provide telepsychiatry by
  - Group therapy
  - 1:1 psychotherapy
Other electronic modalities

- Email
- Online chat
- Videoconferencing
- Computer-guided therapy

Important to match modalities with patient capabilities
Asynchronous, text-based communication allows involved parties to carefully consider and edit communication.

Loss of non-verbal and physical social cues may make some patients more comfortable sharing thoughts, but miscommunication may be more likely.

Techniques to overcome non-verbal cues:
- “Emotional Bracketing”
- “Textual Visualization”
» Ransom (2008): Telephone-delivered therapy potentially reduced depressive/psychiatric symptoms of HIV-infected persons, one-third of clients reported meaningful reductions in psychiatric distress

» Heckman (2016): HIV-positive patients reported significantly lower depressive symptoms and interpersonal problems via teletherapy versus standard care
Stressor-Support-Coping (SSC) Model of Disease:

(Goodkin, K., Antoni, MH., Sevin, B, and Fox BH, 1993)
If psychosocial context dominated by:

- High life stressor burden
  - Cognitive behavioral stress management training

- Low social support
  - Social support groups

- Passive, maladaptive coping strategy
  - Coping skills enhancement training
Applications of Teletherapy: Individual Therapy

» General considerations
  ▪ Important to practice and self-observe

» Clinical considerations
  ▪ Maintain the standard of care and quality of service
  ▪ Patient-centered, active listening, culturally sensitive, use non-verbal behavior
  ▪ Confirm therapy session is private/secure, announce anyone who is unseen to the patient
  ▪ Ensure emergency protocol in place at the recipient's site

» Special considerations for patients living with HIV/AIDS
Applications of Teletherapy: Group Therapy

» Teletherapy in group therapy settings is a great resource for PLWHA in rural areas

» Group therapy example: bereavement group for patients living with HIV/AIDS
  - In-person group therapy
  - Email therapy
  - Online chat therapy
  - Videoconference therapy
In-Person Group Therapy Vignette

» One group member (T) said he must be vigilant not to over-romanticize his deceased lover for fear of sabotaging a new relationship.

» In contrast, another group member (L) expressed concern that the man whom he was seeing would compare him unfavorably to the man's now deceased, long-term companion.

» Two other group members (G; S) openly acknowledged reticence in forming any new attachments because their previous relationships had been conflicted and unsatisfying.

» Some wished to avoid being sexually active and focused on "intimate friendships." (Goodkin et al., 1997)
R, a 33 year-old man who had lost his lover of two years to AIDS, admitted that his identity for so long had been defined in terms of being coupled that he could not grasp the idea of being single. He discouraged romantic overtures made toward him and avoided meeting new people.

Another group member, E, who had recently lost a close friend, expressed in earlier group sessions his feelings of distance in his two-year relationship with his current lover. He indicated that the relationship had been hurtful and bereft of closeness. In this session, he sadly but proudly informed the group that after the last group session he had terminated this relationship. The group responded by congratulating and supporting E.

The group recognized that seeking social support and intimate relationships could also entail actively "letting go" of unsupportive, emotionally distant, and stressful attachments.
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In-Person Group Therapy in Rural Health Settings
Email Therapy

» Friday: T emails to Therapist (Tx) and group: “I must be careful not to overly portray my deep feelings for my lover [deceased]”

» Friday: Tx emails T and group next day and inquires: “How is that a concern for you?”

» Saturday: T emails Tx and group over that weekend: “It could negatively affect my new relationship”

» Monday: T emails Tx and group again asking for a response
Email Therapy in Rural Health Settings

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T writes: “I must be careful not to overly portray my deep feelings for my lover [deceased]”
E writes back just afterward: “You need to move on and get with somebody new”
R then writes: “No, I would just keep to myself for now”
G then writes: “I agree”
S then writes: “Me too”
Tx writes: “Seems like there are some issues with engaging in new relationships”
### Online Chat Therapy in Rural Health Settings

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T volunteers: “I must be careful not to overly portray my deep feelings for my lover [deceased]”

L notes the look of longing on T’s face and states: “I’m sure he wouldn’t have liked me”

R reacts to the L’s tone of sadness and states: “I can’t imagine trying to make the effort now”

E finds himself reacting to the non-verbal signals, but in an opposite way, and states: “I had to break up with my lover, but now I feel better”
### Videoconference Therapy in Rural Health Settings

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# Comparative Advantages and Disadvantages

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<th>Modality</th>
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<tr>
<td>Email Therapy</td>
<td>• Able to communicate over distance and at any time access can be made</td>
<td>• No control or expectation about responses from Tx or other group members</td>
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<td>• Can take time to plan a response</td>
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<td>• Allows projection on to therapist</td>
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<td>Online Chat Therapy</td>
<td>• Potential for immediate responses among members and with Tx are enhanced</td>
<td>• Lack of access to non-verbal cues as well as tone of voice to interpret, process and respond</td>
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<td>• Potential for immediate responses among members and with Tx are enhanced</td>
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<td>Videoconference Therapy</td>
<td>• Potential for immediate responses among members and with Tx are enhanced</td>
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Other Innovative Approaches to Mental Health Treatment in Rural Areas

» Computer-guided therapy
» Assertive Community Treatment (ACT)
» Stigma-reducing interventions
Computer-guided therapy represents an intrinsically different electronic technique. Patients type words or speak into a computer microphone and receive therapeutic responses based on a computerized program. Mostly CBT. Uses multiple technologies. Published reviews show that this method may be effective, with variance by the specific program used. (Cartreine et al., 2010)
LGBTQ people in rural areas experience discrimination and distress due to minority stress, and encounter multiple barriers to accessing mental health care.

(Israel 2016): A unique training program was developed for peer advocates who assist rural LGBTQ people with mental health needs.

- Thirty-seven people in New Mexico took part in either the initial training or second revised training.
- Results showed significant increase in knowledge about LGBTQ people and their mental health issues, significant increase in self-efficacy in peer advocate role tasks.
- Qualitative data reveals that participants appreciated the opportunity to increase information and skills, especially concerning bisexual and transgender persons.

(Israel et al., 2016)
HIV Stigma in Rural Areas and the Need for Stigma Reduction Interventions

» Most studies of HIV/AIDS stigma have been descriptive in looking at factors known to be associated with stigma, majority are performed in international settings

» Fewer studies have been done in rural areas

» In studies focused on rural American women, participants derived themes focused on:
  (1) struggle/effort
  (2) stigma/hiding
  (3) loss/depression
  (4) independence/dependence
Questions?
American Psychiatric Association, Telepsychiatry Toolkit

An evolving resource for various aspects of telepsychiatry including:

- History and Background
- Training
- Practice and Clinical Implications
- Legal and Reimbursement Challenges

» Developed by the APA Work Group on Telepsychiatry

https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/telepsychiatry-toolkit-home
» Visit the Center’s **Training Institute** for educational materials including:
  • Online courses and resources
  • Recording and materials from this webinar

» **Join us for our next webinar:**
  Integrated HIV Care & Treatment: A Medical Update and Case Example for Mental Health Professionals
  September 8, 2016, 1:00–2:30 PM EDT
  Register at: [https://hivmentalhealth.edc.org/webinars](https://hivmentalhealth.edc.org/webinars)
Thank you!

Please remember to complete the evaluation.

http://fluidsurveys.com/s/RuralMHTreatment/

The HIV/AIDS and Mental Health Training Resource Center, is a partnership between:

• Education Development Center, Inc.
• American Psychiatric Association
• American Psychological Association
• National Association of Social Workers

The Center offers virtual training resources, along with in-person training opportunities to psychologists, psychiatrists, social workers, and allied mental health professionals through the Center under the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, contract #HSS283201200024/HHSS28342001T.

The content, views and opinions expressed in this presentation do not necessarily reflect those of SAMHSA or HHS.

For more information, visit HIVMentalHealth.edc.org
References


