

HIV/AIDS Awareness

A Brief Guide for Clinicians

Brought to you by Delta Kappa Zeta
University of Nevada, Las Vegas

Learning Objectives

- **Therapists will...**
 - learn the definitions of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).
 - learn the prevalence of HIV/AIDS in the United States (US).
 - learn the prevalence of HIV/AIDS in Nevada.
 - learn the subpopulations disproportionately affected by HIV/AIDS nationally and in Nevada.
 - review marriage and family therapy (MFT) literature and interventions with HIV/AIDS affected subpopulations.
 - learn local Las Vegas resources for HIV/AIDS testing, treatment, and counseling.

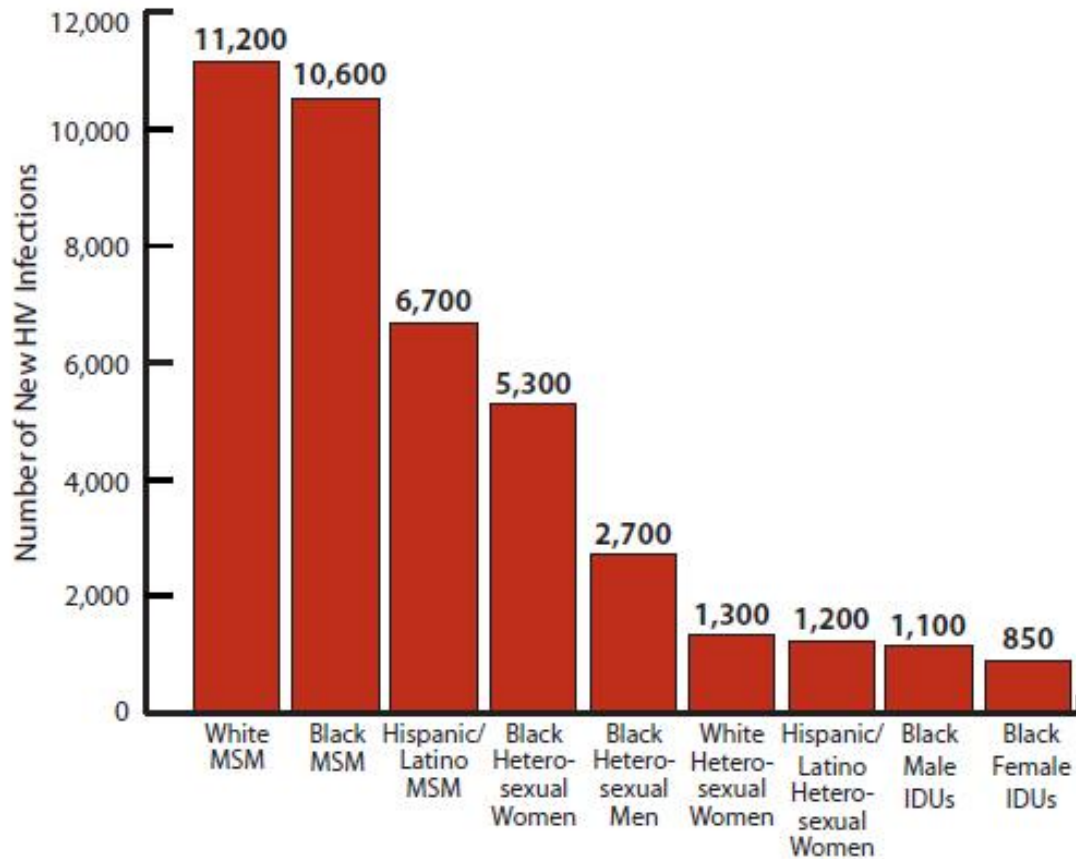
HIV and AIDS Defined

- **Human Immunodeficiency Virus (HIV)**, once contracted, attacks the human body's t-Cells (or CD4 Cells). Over time, the virus overwhelms and kills the body's t-cells, reducing immune system response and making the individual vulnerable to opportunistic infections (OIs).
- **Acquired Immunodeficiency Syndrome (AIDS)** is diagnosed when the body's t-cell count diminishes to < 200 cells/mm³ or when the individual develops symptoms of one or more OIs.
- **Opportunistic Infections (OI)**: An infection that "takes advantage of" the host's weakened immune system. A list of 20 AIDS-defining conditions, including pneumonia and Kaposi's Sarcoma, are listed at: [common OIs](#)
- **Viral Load**: Number of HIV particles, or copies, per milliliter of blood. Typically, when viral load is high, CD4 or t-cell levels are low. HIV is considered "undetectable" when viral load is 40-75 copies/sample.
- **HIV/AIDS, by the numbers:**
 - Normal t-cell levels range from 500-1,000 cells/mm³
 - HIV treatment should begin before/when t-cell counts are < 350 cells/mm³

Prevalence of HIV/AIDS in the US

- **Rates of HIV infection in the US from the 1980 to 2011:**
 - Adult & Adolescents: 1,146,271
 - Children: 9,521
 - Total: 1,155,792
- **Rate of new HIV infection in the US in 2011:**
 - Adults & Adolescents: 25,423
 - Children: 12
 - Total: 25,435
- **Rate per 100,000 population: 10.3%**

Prevalence by Subpopulation



Subpopulations representing 2% or less of the overall US epidemic are not reflected in this chart.

MSM: Men who have sex with men

IDU: Intravenous drug users

Prevalence of HIV/AIDS in Nevada

- **Persons living with HIV/AIDS in Nevada:**
 - Clark County: 7,515 (6,304 male, 1,211 female)
 - Washoe County: 841 (712 male, 129 female)
 - All other counties: 436 (350 male, 86 female)
 - Total: 8,792

- **New reports of HIV infection in 2012:**
 - Clark County: 311 (275 male, 36 female)
 - Washoe County: 26 (22 male, 4 female)
 - All Other NV Counties: 7 (5 male, 2 female)
 - Total: 344

Prevalence by Subpopulation

- **By age (new infections 2012, per 100,000 population) :**
 - < 13: 0%
 - 13-24: 16.6%
 - 25-34: 28.5%
 - 35-44: 23.4%
 - 45-54: 13.3%
 - 55-64: 5.4%
 - 65+: 1.2%
- **By transmission category (new infections 2012) :**
 - MSM: 241
 - IDU: 9
 - MSM + IDU: 16
 - reported: 61
 - Heterosexual: 17
 - Perinatal: 0
 - No identified risk/No risk reported: 61
- **By race/ethnicity (new infections 2012, per 100,000) :**
 - Black: 35.6%
 - Hispanic: 15.7%
 - 5.5%
 - White: 8.0%
 - American Indian/Alaska Native:

Disproportionately Affected Subpopulations

- White/Black/Hispanic Men who have Sex with Men (MSM)
- White/Black Female Intravenous Drug Users (IDU)
- Black Males/Females engaging in Heterosexual Sex
- Individuals ages 24-35

MFT Literature and HIV/AIDS

- **Working With Families Affected by HIV/AIDS (2003)**
 - **Abstract:** HIV and AIDS are serious health threats in the United States and throughout the world. Persons with HIV/AIDS continue to contend with the stigma associated with their condition, and this is especially the case in the United States, where higher rates of infection are evidenced in the lesbian, gay, and bisexual (LGB) community, adding a second stigma to an illness that already isolates and marginalizes so many families in our society. This article introduces the reader to several of the major issues in treatment and prevention of HIV/AIDS, as well as clinical and ethical considerations facing marriage and family therapists (MFTs) today.
 - **Recommendations:** Assessments should be comprehensive and incorporate HIV-related questions in addition to standard questions from a structured or semi-structured interview (demographic information, presenting problem, psychiatric history, social and medical history, social support and coping resources, and so on). HIV-related questions will cover the client's reaction to and disclosure of their HIV status, HIV-focused care (such as knowledge of CD-4 count and viral load and adherence to prescribed medications and

MFT Literature (continued)

- **Counseling Issues and Approaches Working with Families of African-American Gay Male Members with HIV/AIDS (2003)**

- **Abstract:** The rate of HIV/AIDS infection continues to increase in large metropolitan areas and rural regions in the southeastern United States. African-Americans are 3.5 times more likely to contract AIDS than European-Americans and comprise about 25% of all AIDS cases in the United States. African-American males account for 32% of all AIDS cases and 47% of all new HIV infections. Despite a plethora of research over the 20 years addressing risk reduction, sexual behavior change, prevention and the medical aspects of this disease, scarce attention has been paid to the psychosocial impact of HIV/AIDS on African-American gay men and their family members. A number of psychosocial issues are explored as they relate to HIV-infected gay African-American men and their family members. Briefly discussed will be the social implications of being Black and gay as well as pertinent medical aspects of the syndrome. Two counseling approaches useful to working with this population are NTU and the Africentric model of Nguzo Saba.

MFT Literature (continued)

- **Keeping the Family in Focus at an HIV/AIDS Pediatric Clinic (2008).**
 - **Abstract:** As the subdiscipline of medical family therapy grows, collaborative partnerships between family therapy programs and HIV/ AIDS clinics represent a promising opportunity to systemically address the medical, intrapersonal, and interpersonal issues that often arise when a family member is coping with the diagnosis and treatment of HIV/AIDS. This article highlights a successful collaboration between Drexel's Couple and Family Therapy Program and a Pediatric and Adolescent HIV/AIDS clinic at St. Christopher's Hospital for Children. The authors describe a brief history of St. Christopher's Pediatric and Adolescent HIV/AIDS clinic and its transition from a more traditional nonfamily therapy model to one that is systemic. An illustrative case example and lessons learned about developing successful collaborations with HIV/AIDS clinics are presented.
 - **Recommendations:** Integration of medical and therapy services in a "one stop shop" format is discussed.

MFT Literature

(continued)

- **Family Mechanisms of Structural Ecosystems Therapy for HIV-Seropositive Women in Drug Recovery (2012) .**
 - **Abstract:** Examined the effects of Structural Ecosystems Therapy (SET), a family intervention for women living with HIV or AIDS, compared to a psycho-educational health group (HG) intervention, and reciprocal relationships between women and family members. Method: Women (n = 126) and their family members (n = 269) were randomized to one of two conditions and assessed every 4 months for 12 months. Family functioning, drug use, and psychological distress was reported by multiple family members.
 - **Conclusion:** Findings demonstrated the interdependence of family members and the impact of family in relapse prevention and partially supported SET's potential for maintaining family functioning and well-being for women living with HIV or AIDS in drug recovery.

MFT Literature (continued)

- **Books :**

- Rapkin, B., & Mellins, C. (2012). Promoting family-focused evidenced-based practice in frontline HIV/AIDS care. In W. Pequegnat, C. C. Bell (Eds.) , *Family and HIV/AIDS: Cultural and contextual issues in prevention and treatment (pp. 303-328)*. New York, NY US: Springer Science + Business Media.
- Mitrani, V. B., Robinson, C., & Szapocznik, f. (2009). Structural Ecosystems Therapy (SET) for women with HIV/AIDS. In J. H. Bray, M. Stanton (Eds.) , *The Wiley-Blackwell handbook of family psychology (pp. 355-369)*. Wiley-Blackwell. doi:10.1002/9781444310238.ch24
- Templeton, G., Anderson, S. R., & Burwell, S. R. (2007). Adaptation of the family systems illness model for HIV/AIDS patients and their partners. In D. Linville, K. M. Hertlein (Eds.) , *The therapist's notebook for family health care: Homework, handouts, and activities for individuals, couples, and families coping with illness, loss, and disability (pp. 113-118)*. New York, NY US: Haworth Press.

MFT Literature (continued)

- **Books:**

- Bor, R., & Miller, R. (2001). HIV/AIDS, families, and the wider caregiving system. In S. H. McDaniel, D. Lusteran, C. L. Philpot (Eds.) , *Casebook for integrating family therapy: An ecosystemic approach* (pp. 337-346). Washington, DC US: American Psychological Association.
doi:10.1037/10395-028
- Boyd-Franklin, N., Alemán, J. C., Steiner, G. L., Drelich, E. W., & Norford, B. C. (1995). Family systems interventions and family therapy. In N. Boyd-Franklin, G. L. Steiner, M. G. Boland (Eds.) , *Children, families, and HIV/AIDS: Psychosocial and therapeutic issues* (pp. 115-126). New York, NY US: Guilford Press.

Local HIV/AIDS Resources

- **Testing Services:**

- Aid for AIDS of Nevada (AFAN) www.afanlv.com
- The Gay and Lesbian Community Center of Southern Nevada www.thecenterlv.com
- Golden Rainbow www.goldenrainbow.org

- **Medical Treatment:**

- Southern Nevada Health District www.southernnevadahealthdistrict.org
- Community Outreach Medical Center www.nvcomc.org
- First Person Care Clinics www.firstpersoncareclinics.org
- Health and Wellness Center www.wellnesscenterlv.com

- **Therapy/Counseling:**

- Community Counseling Center www.cccofsn.org
- Bridge Counseling Associates www.bcalv.org
- Nevada AIDS project www.nevadaaidsproject.org
- Nathan Adelson Hospice jmauceri@natt.org

References

- AIDS.gov <http://www.aids.gov/hiv-aids-basics/>
- Centers for Disease Control (2011). HIV surveillance report, Volume 23.
http://www.cdc.gov/hiv/library/reports/surveillance/2011/surveillance_report_vol_23.html
- Department of Health and Human Services, Nevada Division of Public and Behavioral Health (2012). HIV/AIDS surveillance program.
http://health.nv.gov/HIV_AIDS_SurveillancePgm.htm