

DEVELOPMENT AND VALIDATION OF A MIND-BODY INTERVENTION TO IMPROVE THE MENTAL WELL-BEING OF HIV-INFECTED INDIVIDUALS IN DENMARK: A COMPLEX INTERVENTION

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OBJECTIVES

Depression is the most common mental health co-morbidity experienced by people living with HIV. We developed and validated a mind-body intervention to increase mental health among HIV-infected at Aarhus University Hospital, Denmark (4 studies with 60 HIV-infected). Mental health improved overall and there was a significant decrease in depression. The effect was maintained at 12-month follow-up (Rodkjaer et al. 2014, 2017). The objective of this study was to gain an insight into the factors that facilitate the lasting effect of the intervention.

METHODS

It was a group intervention facilitated by an educated coach and was a 3-day residential course plus two single-day/8-h. The focus was to improve each person's balance in life, making each person conscious about own behavior and activating their own resources. The participant worked with their individual process within the group and practiced techniques to address fear/stress management. Semi-structured interviews were conducted with each participant at the end of the intervention. Digital audio-recordings of the interviews were transcribed and analyzed using thematic analysis.

RESULTS

Findings suggest the following themes to explain the effect:

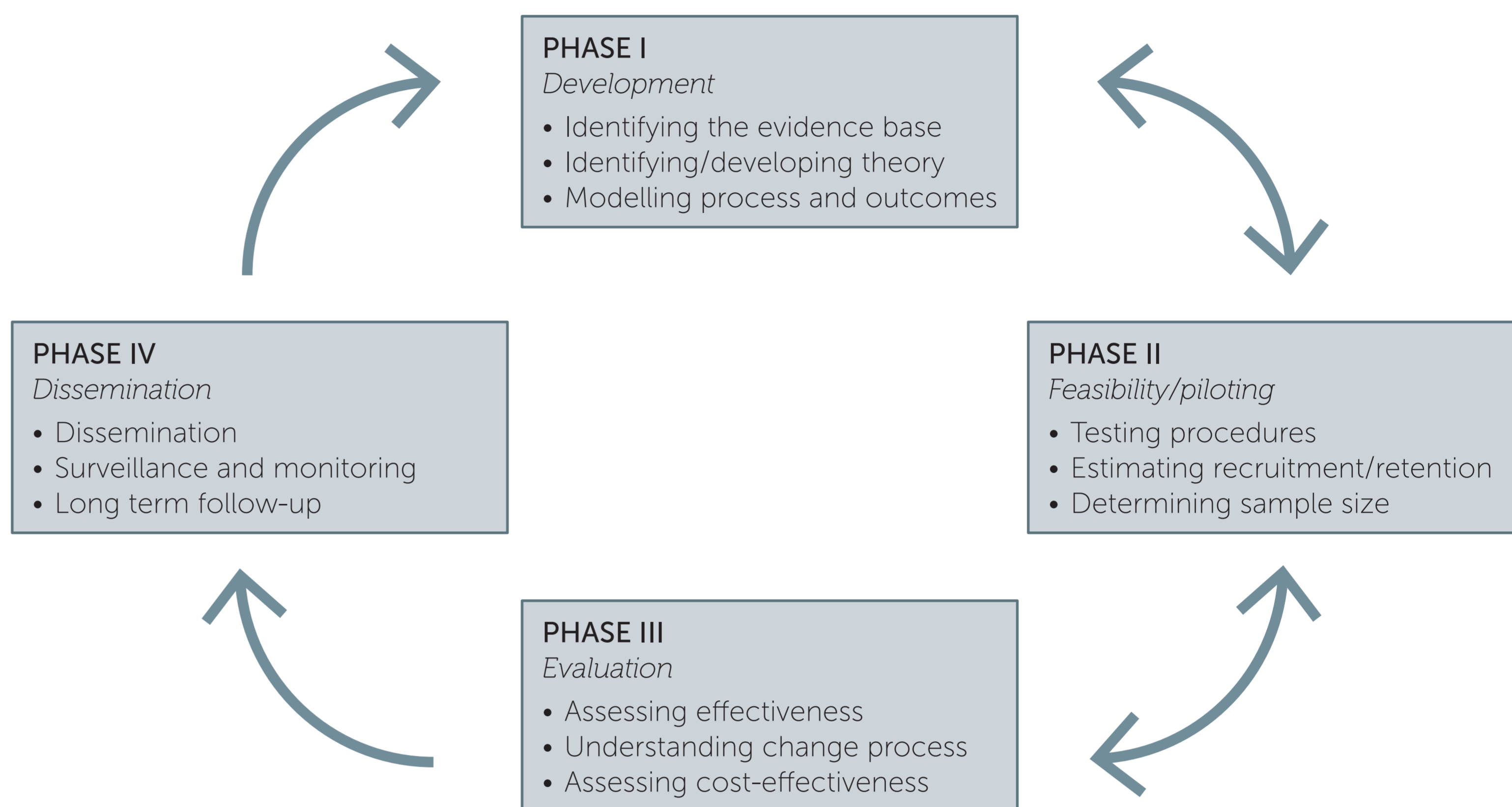
- 1) *Context*; outside the hospital, undisturbed place—initiated by the hospital.
- 2) *Participant*; Motivated for working on personal challenges—a wish for change.
- 3) *Coach*; Setting the stage, Safe environment of trust and respect, Credibility, Facilitating an individual process, no specific goal.
- 4) *Intervention approach*; Focus on the person—not the patient, The negotiation of meaning: invitation to explore, From unconscious behavior to conscious acting.
- 5) *Sense of community*; Community of practice, A community of concepts and understanding, Benefit of being a part of a group intervention.

Participants experienced that fear no longer controlled their life, as they have acquired new skills to handle disclosure, internalized stigma and to take more responsibility in their daily life. HIV has become an integrated part of their life.

CONCLUSION

Interventions designed to practice and strengthen patients insight into mental and physical contexts reduces depression, increases mental health and quality of life and should be offered in conjunction with HIV medication and be a fully integrated aspect of HIV care.

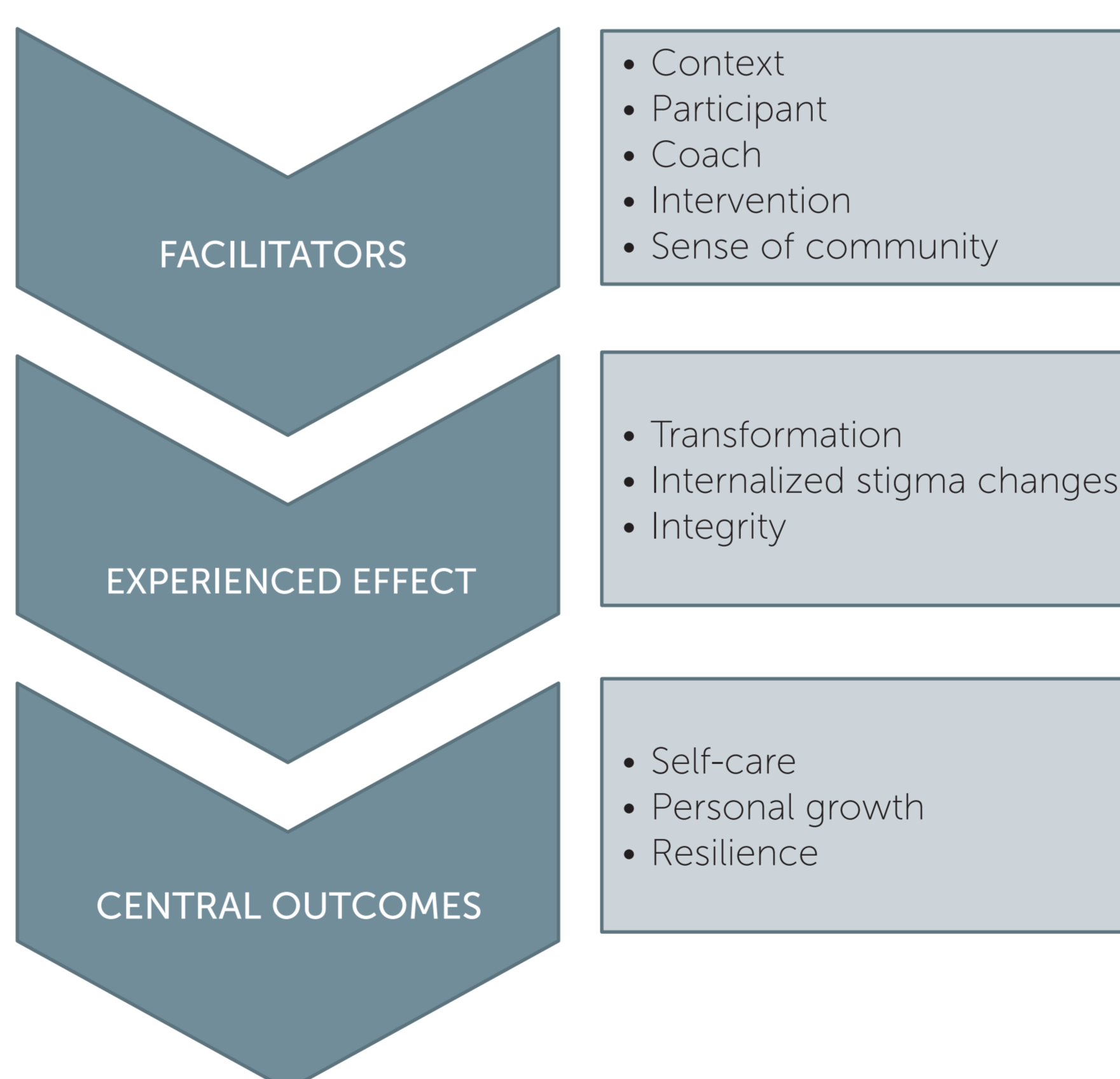
KEY ELEMENTS OF THE DEVELOPMENT AND EVALUATION PROCESS



Phase I: Own control group (N=30)
 Phase II: Feasibility study, RCT (N=30)
 Phase III: Cost-effectiveness study of the RCT (in progress)
 Phase IV: Future step

Ref: Craig Petal 2008

OVERALL MODEL OF FINDINGS OF THE EFFECT OF THE INTERVENTION



TOOLS AND TECHNIQUES

Characteristics of warrior and victim behavior. The way in which people deal with challenges determines whether, in a given situation, he or she assumes the stance of warrior or victim.

Various tools that focus on whether a person chooses a warrior or victim behavior when facing challenges in his/her daily life, and techniques to address fear/stress management.

WARRIOR	VICTIM
Takes responsibility	Blames others
Proactive	Reactive
Makes life happen, change	Life happens to
Open, flexible	Closed, rigid
Sees choices and options	Is stuck, has excuses
Unconditional love	Fear, ignorance

- Breath awareness
- Mindfull awareness
- Guided meditation
- Body Scan
- Grounding
- Self-awareness
- Physical exercises: walk in the nature, yoga



For more information watch the documentary "From Victim to Warrior-Living in balance with HIV"