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The effect of a Health Realization/Innate Health psychoeducational seminar on stress and anxiety in HIV-positive patients

Authors' Contribution:

- A** Study Design
- B** Data Collection
- C** Statistical Analysis
- D** Data Interpretation
- E** Manuscript Preparation
- F** Literature Search
- G** Funds Collection

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Background:

Chronic stress and depression have a negative impact on immune functioning and threaten the well-being of HIV-positive patients. Although therapy methods, such as Cognitive Behavioral Therapy, have been shown to reduce stress and depression in such patients, not all patients are willing or able to undergo therapy over time. The Health Realization/Innate Health (HR/IH) psychoeducational approach is a brief intervention alternative that can be presented in a classroom setting. It engages participants' innate capacity to realize peace of mind.

Material/Methods:

Eight volunteer participants from patients in the Positive Health Clinic at West Virginia University School of Medicine attended a 1-1/2 day HR/IH seminar called "Finding Your Natural Peace of Mind." Shortly before the seminar started, the Brief Symptom Inventory (BSI) was administered by a Clinic staff member. The BSI was administered again immediately following the seminar. The BSI was mailed to the participants four weeks following the seminar with a return envelope. Participants' confidentiality was maintained through a coded ID. Pre-, post- and follow-up results were compared.

Results:

Each case was evaluated individually. The participant who pre-tested in the "psychiatric inpatient" range of the BSI showed no change after the seminar or at follow-up. The participants who tested in the non-patient normal range before the seminar showed some improvement after and at follow-up. The participants who scored in the "psychiatric outpatient" range entering the seminar all showed improvement that was sustained upon follow-up.

Conclusions:

The HR/IH psychoeducational approach deserves further study as a brief intervention for stress-reduction in HIV-positive patients.

key words:

HIV • health realization • innate health • stress • immune system

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BACKGROUND

Both the immune system and the psychological quality of life of HIV-positive patients who experience chronic stress and depression are compromised [1,2]. Patients who are HIV-positive who have engaged in Cognitive Behavioral Therapy or other techniques to reduce stress and depression have experienced improvement in their immune function and a generally better quality of life [3–5]. Limited studies of complementary approaches suggest that stress management approaches may be useful in improving quality of life for HIV-positive patients [6]. Most stress-reduction programs require that participants commit to several weeks, or months, to achieve benefits. Patients who cannot or will not commit to a lengthy involvement with a therapeutic stress-reduction program may be willing to commit to a brief, and less personal, intervention if it can demonstrate stress-reduction benefits.

Health Realization/Innate Health (HR/IH), a psychoeducational approach that can be offered to groups in a classroom setting, as well as in individual treatment modalities, may offer hope for HIV-positive patients who are not willing or able to undertake extended therapy, but who seek relief from chronic stress and depression [7,8]. A 1-1/2 day seminar, "Finding Your Natural Peace of Mind," was developed at the West Virginia Initiative for Innate Health (WVIH) at West Virginia University, for a small pilot program for HIV-positive patients at the Positive Health Clinic of the West Virginia University School of Medicine. The purpose was to determine if participants would receive a benefit from exposure to HR/IH education and if that benefit would be sustained.

MATERIAL AND METHODS

Because this was a pre-experimental, multiple single-case design pilot study, volunteers who were willing to engage in the research were sought from the Positive Health Clinic. Nine volunteers came forward; eight attended the 1-1/2 day seminar. The ninth volunteer was ill on the weekend of the seminar and could not attend. The only criteria for inclusion in the study were that the participants had been diagnosed as HIV-positive, were willing to attend the complete seminar and were willing to take pre-, post- and follow-up tests. All participants signed a consent form. Participants who lived too far away from West Virginia University to travel back and forth comfortably were reimbursed for travel expenses and an overnight stay. Meals were provided to participants during the seminar. The seminar was offered in a standard classroom at the West Virginia University School of Medicine. All participants were adult males between the ages of 18 and 60 who had no previous exposure to HR/IH.

The seminar was facilitated by a person with more than 20 years experience in the HR/IH approach. HR/IH is a psychoeducational model that depends upon the establishment of a partnership of health with participants, which arises from the depth of understanding of the HR/IH principles of the seminar facilitator [8]. Participants were given copies of a powerpoint presentation used to introduce the seminar as well as a book, *The Missing Link* [9] by the author who first discovered and disseminated the principles underlying the model of Health Realization/Innate

Health. There was no further contact between the seminar facilitator and participants until after the administration of the follow-up tests.

The Brief Symptoms Inventory (BSI) [10–12] was administered to the seminar participants by a staff member of the Positive Health Clinic before the seminar began, and again immediately following the seminar. Participants were asked to create an identification code via a series of instructions on the test document so that their identities would be protected. A month following the seminar, the BSI was sent to the participants by the staff member of the Positive Health Clinic with a return envelope. All eight participants returned their follow-up BSI's. Results were entered into SPSS for analysis by code ID only.

RESULTS

Of the eight participants in the study (Figure 1), only one showed no improvement in the General Severity Index of the BSI, which is the "most sensitive single indicator of the respondent's distress level, combining information on numbers of symptoms and intensity of distress" [12]. That was the only participant whose pre-test indicated symptom severity that would identify him as a potential psychiatric in-patient.

Three of the participants pre-tested in the non-patient normal range on the BSI, according to the BSI normative data, but even within that range, all three showed improvement from the intervention. The other four participants pre-tested in the mid-range, classified by the BSI as "psychiatric outpatient." All of those showed improvement from the intervention that was sustained at the time of the second post-test. Although two of those four showed a variation between the gains indicated immediately after the seminar and the gains one month later, two others showed continuing improvement and substantial gains between the post-seminar result and the follow-up test. One of those actually scored slightly higher on the BSI immediately after the seminar, but improved subsequent to the seminar.

DISCUSSION

The results of this limited pilot study suggest that the HR/IH intervention should be further studied as a stress-reduction intervention for HIV/AIDS patients. Individual observations suggest that patients who are experiencing stress and distress that is painful, but not pathological, might be helped to reduce their levels of stress and depression by this intervention, and that their gains might be sustainable, despite the brief nature of the intervention. The focus of HR/IH is to awaken innate healing processes within each person and guide them to an understanding of how the way they hold and use their thinking creates their moment-to-moment experience [7,8]. HR/IH elicits hope in the recognition that each person has within himself the capacity to regain a healthy psychological perspective. If that can be transmitted in a brief psychoeducational intervention, then it offers promise as a cost-effective, safe intervention for a large number of patients who might otherwise not be reached by traditional therapeutic models.

Future studies will be designed to overcome the limitations of this initial pilot study. For example, no data was collect-

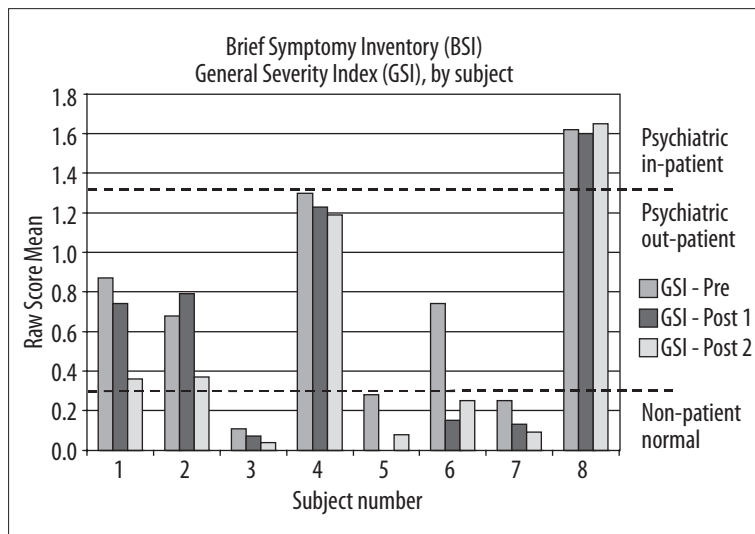


Figure 1. Summary of results, by participant, on the General Severity Index of the Brief Symptom Inventory. Dotted lines indicate the BSI raw score break-points for non-patient normal, psychiatric out-patient and psychiatric in-patient.

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ed on therapeutic or illicit drug use of any of the subjects, so drug effects are unknown. Since the sample was a convenience sample, it is not demographically representative of the entire patient population in the Positive Health Clinic. Future studies would draw larger random samples from the populations.

The researchers plan to study patients with early HIV who are asymptomatic with established viral set points, and are not yet on treatment. This would allow evaluation of the impact of this intervention on the immune system to control a given set point.

CONCLUSIONS

HR/IH as a brief, psychoeducational stress intervention for HIV-positive patients deserves further research. There is a need to further study the effect of this intervention on well-established measures of the HIV-positive patients' immune system competence (*e.g.*, CD4, CD8, Viral load, etc.). A cost-effective, brief psychoeducational intervention that can address stress and distress in HIV-positive patients who are not under psychiatric care, but are nonetheless compromised by their levels of stress and anxiety, would fill a gap in the treatment options for these patients.

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