## Dimensions: Mental Health

**This Intervention is Lined to the Following Secondary Drivers:**

- Effective clinic flow to care and support clients with mental health issues, i.e., coordinating HIV care and mental health care and support systems
- Strategies to address additional barriers, such as substance
- Customized care plan for all clients experiencing mental health issues and are virally unsuppressed
- Client-centered support systems in place to provide individual and peer-to-peer group support

**Level of Evidence:** Well-Defined Interventions with an evidence-base

# Cognitive Behavioral Therapy for Adherence and Depression (CBT-AD)

## Summary:

Cognitive Behavioral Therapy for Adherence and Depression (CBT-AD) for adults with HIV, follows a modular approach that addresses both depression and ART adherence in each session.

## Core Components

The modular approach (see full description and video examples in the Additional Resources section below) begins with self-report questionnaires to assess symptoms of depression and ART adherence prior to each session in order to track symptom change over time and tailor intervention content and skills delivery to the specific needs of the patient. Each module corresponds to a set of skills that addresses the cognitive and behavioral patterns that are commonly experienced by adults with co-occurring depression and HIV infection. The treatment begins with a CBT-oriented intervention to address adherence, called Life-Steps (Safren, Otto, & Worth, 1999), which provides psychoeducation about ART adherence and identifies barriers to optimal adherence. The remaining modules are analogous to those delivered in traditional CBT for depression but are tailored to address the specific needs of individuals with chronic illness and, in this manuscript specifically, HIV-infected adults with suboptimal ART adherence.

These sessions include:

- orientation to CBT-AD
- activity scheduling
- adaptive thinking (two sessions
- problem solving (two sessions)
- Relaxation
- relapse prevention.

As empirically tested, CBT-AD is approximately 12 sessions long, with three "open sessions" built into treatment, which allows for the patient and therapist to revisit the modules that are most relevant to the patient's specific needs.[1]

## Tips and Tricks:

- Each module can be flexible (in both time to cover material and the material covered) to meet the needs of participants.
- CBT can be used in both individual and group settings.
- Implementing CBT-AD effectively takes time, testing and refining before going to scale, using continuous improvement methods.

## Additional Resources (Existing Guides, Case Studies, etc.):

- Description and Demonstration of Cognitive Behavioral Therapy to Enhance Antiretroviral Therapy Adherence and Treat Depression in HIV-Infected Adults

## Suggested Measures:

**Process Measu**

- % of patients that are screened for depression
- % of patients meeting CBT-AD eligibility criteria (depression and not yet achieving viral suppression) that are referred to CBT-AD
- % of referred patients that start CBT-AD
- % of referred patents that start CBT-AD
- % of patients participating in CBT-AD that self-report that CBT-AD has helped them to manage their depression
- % of patients participating in CBT-AD that self-report that CBT-AD has helped them to achieve viral suppression (see outcome measure below)

**Outcome Measures**

- % of patients who completed CBT-AD with improved viral suppression rates within 6 months
- % of patients who completed CBT-AD that achieve viral suppression (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

[1]Newcomb, M. E., Bedoya, C. A., Blashill, A. J., Lerner, J. A., O'Cleirigh, C., Pinkston, M. M., & Safren, S. A. (2015). Description and Demonstration of Cognitive Behavioral Therapy to Enhance Antiretroviral Therapy Adherence and Treat Depression in HIV-Infected Adults. *Cognitive and behavioral practice*, *22*(4), 430–438. https://doi.org/10.1016/j.cbpra.2014.02.001

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