The salience of psychoanalytic principles and psychodynamic psychotherapy is evident in every aspect of psychosomatic medicine from coping with severe and complex illness, to teaching psychiatry to trainees, to medical-psychiatric rounds, and integrated models of health care delivery. Members of the APA, American Academy of Psychoanalysis and Dynamic Psychiatry (AAPDP), and the Academy of Psychosomatic Medicine (APM) AIDS Psychiatry SIG collaborated to develop a symposium that applies psychodynamic concepts to AIDS psychiatry. While these concepts are relevant to all severe and complex medical illness and can reduce suffering, morbidity, and cost of care, in persons at risk for HIV or persons with HIV/AIDS, psychosomatic medicine and psychodynamic principles have public health implications and can make a difference in preventing transmission of HIV and adherence to HIV medical care and antiretroviral medication.

In HIV clinics from East Harlem and the South Bronx in New York to those in Southern California, many clinicians have been baffled by the high incidence of trauma histories its association with non-adherence to risk reduction and medical care. When the Associate Director of the Pacific AIDS Education Training Center requested assistance in training HIV clinicians to work with traumatized persons with AIDS and improve adherence to care, we designed a curriculum and implemented an in-service training program with a before and after examination. The program was designed to help clinicians take a trauma history, evaluate for the presence of PTSD, and refer for appropriate psychiatric care.

The curriculum, its implementation, and outcomes will be presented along with the psychodynamics of non-adherence in persons with early childhood trauma, PTSD, and HIV. This program can be used as a model for in-service training in community-based settings.

Development of a Trauma and PTSD Curriculum to Meet the Needs of HIV Clinicians and their Patients – Sharon M. Batista, MD, New York University Medical School

There is an extensive literature detailing the associations between early traumatic experiences, PTSD and anxiety disorders, comorbid psychiatric illness, and HIV infection (1-5). Symptomatic psychiatric illness is a major risk factor for HAART nonadherence in persons infected with HIV. Our team’s rationale for creating this syllabus was a direct response to the needs of the Center for AIDS Research, Education and Services (Drew CARES) of Charles Drew University of Medicine and Science in Los Angeles. Drew CARES’ Associate director, Phil Meyer, made contact with the AIDS Psychiatry Special Interest Group of the Academy of Psychosomatic Medicine, requesting consultation on treatment
issues pertaining to survivors of trauma. While it is ideal that treatment centers serving HIV positive persons possess a wide range of comprehensive mental health services, there are many centers that cannot access a psychiatrist with expertise in treating persons with HIV and AIDS. Our intent in creating this syllabus was to provide continuing education to the mental health professionals at Drew CARES with the goal of enhancing the staff’s ability to integrate the assessment of early childhood trauma and PTSD into routine history-taking, understand and interpret signs and symptoms of trauma sequelae, and diagnose PTSD. Though a curriculum could never be a substitute for psychiatric consultation and treatment, we hoped to be able to use this educational model as a means of enhancing clinical knowledge for staff at other treatment centers with similar needs and limited access to psychiatric consultation. In this symposium, we will describe the process of collaboration to develop the curriculum as well as the complexity of diagnosis of anxiety-spectrum disorders and sequelae of childhood trauma in a community setting providing treatment to an HIV positive population. The emphasis here will be on integrating knowledge of comorbidities and life history of the individual patient into a biopsychosocial approach to assessment and treatment of the patient, including methods of screening specifically for PTSD.

**Psychodynamics of Trauma, PTSD, and Non-Adherence to Medical Care in Persons with HIV and AIDS** – Mary Ann Cohen, MD, DLFAPA, FAAPDP, FACP, FAPM, Mount Sinai School of Medicine

The psychodynamics of nonadherence to medical care in persons who have experienced trauma are complex and multifactorial. We have described associations of childhood trauma, posttraumatic stress disorder and nonadherence with risk reduction and medical care in persons with HIV (1-5). Adherence to medical care in all severe and complex medical illness has significant implications for patients, families, and caregivers. Nonadherence results in pain, suffering, complications, and increased morbidity and mortality as well as frustration for caregivers. In persons with HIV and AIDS, nonadherence to risk reduction and medical care also has serious public health implications. When clinicians at an HIV clinic observed that many patients who were not adhering to care had a history of trauma, they requested help in finding a way to treat trauma and improve adherence to care. Phil Meyer, LCSW, Associate Director of the Center for AIDS Research, Education and Services (Drew CARES) of Charles Drew University of Medicine and Science in Los Angeles requested help in addressing this dilemma in adherence to HIV care. His request led me develop an in-service training program for his clinic. The program that we developed was based on the premise that childhood or later trauma leading to posttraumatic stress disorder is associated with multifactorial reasons for nonadherence. These include difficulty with trust, low self-esteem, difficulty caring for the self and body, high levels of anxiety and depression, and a sense of a foreshortened future. For HIV clinicians to help their patients adhere to care they need to understand the psychodynamics of posttraumatic stress disorder due to childhood and other
trauma. In this symposium we describe how we tailored our training program to meet the needs of HIV clinicians and their patients. The training program was designed to help clinicians to take a trauma history, assess for posttraumatic stress disorder, and develop an understanding of the psychodynamics of posttraumatic stress disorder and its treatment. This symposium will familiarize participants with the training program as well as its impact on clinicians and patients.

Our Patients With Trauma Are Non-Adherent to Medical Care: An Innovative Approach to Education in an AIDS Clinic – Maria Tiamson-Kassab, MD, FAPM, University of California San Diego School of Medicine

In this symposium, I will discuss the implementation of the three-part curriculum. This curriculum was comprised of the following:
1. Taking the trauma history and the relationship of trauma and PTSD to HIV
2. PTSD diagnosis and management
3. Case presentation and consultation
I will elaborate on the different treatment modalities used in the management of PTSD with particular emphasis on HIV patients with trauma and adherence to medical care. My experience with the program participants who were all working in different HIV agencies in the metro Los Angeles area using the interactive format will also be described. The objectives of this curriculum were for the participants to understand the process of implementing an innovative approach to education of HIV clinicians, the treatment issues involved in the management of the HIV patient with trauma, and to determine the impact of this curriculum on HIV clinician practice.

Results and Outcomes of a Trauma, PTSD, and HIV Training Program – Philip Meyer, LCSW, Center for AIDS Research, Education and Services (Drew CARES), Charles Drew University of Medicine and Science

In a recent needs assessment conducted by the Pacific AIDS Education Training Center (PAETC), the Medical Director of a large HIV Clinic serving minority patients in South Los Angeles stated that the single largest barrier to medication adherence among his patients was untreated trauma. In this same needs assessment, master’s level mental health clinicians in Los Angeles identified trauma treatment as one of their top three training needs. In an effort to address this situation, the PAETC at Charles Drew University engaged Mary Ann Cohen and her colleagues to develop a curriculum focusing on HIV and PTSD. As the Associate Director of the PAETC, and the person who initiated this project, I will provide a brief background of the process that lead to the development of the curriculum, including data from the needs assessment that inspired it. Results from an electronic pre/post test integrated into the curriculum slide set will be presented, along with the outcomes of the participant evaluations.
Chair: Cesar A. Alfonso, MD, FAPM, FAAPDP, President, AAPDP, Columbia University College of Physicians and Surgeons

Objective 1 The physician learner will be able to apply the concepts presented in this symposium to develop psychosomatic medicine curricula for community-based clinics.

Objective 2 The physician learner will be able to apply innovative concepts for the prevention of HIV transmission and improvement of adherence to medical care and antiretroviral medication in persons with HIV/AIDS.

Objective 3 The physician learner will understand the psychodynamics of non-adherence in persons with PTSD and HIV/AIDS.