

Adapting Cognitive Remediation Group Therapy as a Hybrid Group Intervention for People Aging with HIV and Cognitive Concerns: Focus Groups

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Background

- Aging with HIV has become a priority area of focus
- HIV-related cognitive impairment is a significant aging comorbidity
 - Prevalence of ~**50%** (Greene et al., 2015)
- HIV-associated neurocognitive disorder (HAND) is a predominant nosology encompassing HIV-related cognitive impairment (Antinori et al., 2013)
- Psychosocial interventions are not well-tested for people aging with HIV; optimal approach is unknown (Illa et al., 2014)

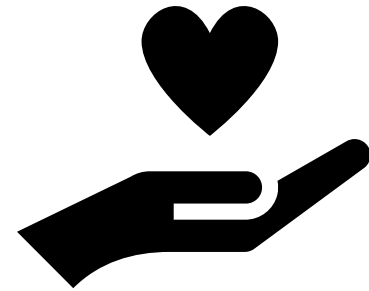
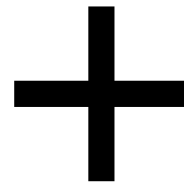


Background

- Most non-pharmacological dementia interventions focus on **cognitive training (Brain Training Activities; BTA)**
(Rodakowski et al., 2015)
- **Mindfulness** is most common psychosocial intervention modality
 - **Group therapy**
 - Mutual aid group therapy
- **Combination approaches (BTA + Mindfulness) = optimal?**

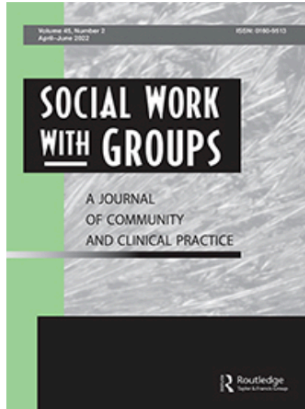
Cognitive remediation group therapy (CRGT)

Brain Training Activities (BTA)



Mindfulness-Based Stress Reduction (MBSR)

Tested against mutual aid group therapy



Social Work with Groups

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Cognitive remediation group therapy compared to mutual aid group therapy for people aging with HIV-associated neurocognitive disorder: randomized, controlled trial

Andrew D. Eaton, Shelley L. Craig, Sean B. Rourke, Teresa Sota, John W. McCullagh, Barbara A. Fallon & Sharon L. Walmsley



Pilot Study Findings from In-Person CRGT

1. Group therapy may be **feasible and acceptable** to people aging with HIV and cognitive challenges.
2. A complex intervention **combining** mindfulness + brain training activities + mutual aid elements may be preferential to standard mutual aid type of group support.
3. This study had particular strengths:
 - a) Used **active comparator** instead of passive control
 - b) **Involved people aging with HIV** and community-based organizations



Pilot Study Findings from In-Person CRGT

- By blending the practical (e.g., BTA) and emotional (e.g., MBSR), CRGT may offer an intervention package that **supports regular practice** of these activities
 - Increases the potential to ameliorate effects of cognitive impairment
- Compared with other studies, the **consistent practice of BTA and MBSR activities** was unusually sustained for a 3-month follow-up (Russell-Williams et al., 2018; Vance et al., 2018)
- Considering the ongoing COVID-19 pandemic and other factors (e.g., access), an online or hybrid intervention may be preferable to solely face-to-face

Adapting Cognitive Remediation Group Therapy as an Online or Hybrid Intervention for People Aging With HIV and Cognitive Concerns: Focus Group Protocol

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Methods

- **Community-based participatory research** that actively involves and centers the input of participants at each stage of intervention development
- **“Double Diamond”** model of design, consisting of four phases
 - Discover
 - Define
 - Develop
 - Deliver



Recruitment

- Eligibility:
 - HIV-positive
 - Over age 40
 - Have concerns about cognitive health
 - Reside in Ontario or Saskatchewan
- Purposive Sampling
 - Members of research team - via professional networks
 - Peer researchers - via community outreach at community events/meetings
 - Study promoted through partners' websites and social media
 - Outreach to gerontological and HIV organizations in Ontario and Saskatchewan



Data Collection

15-minute survey questionnaire administered online via Qualtrics

- participants had opportunity to ask questions about the study
- review the consent form
- provide oral consent
- complete the online survey questionnaire
- participants also had opportunity to schedule their participation in a focus group



Data Collection (cont'd)

2-hour, semi-structured focus group that will take place over Zoom

- **First section** - Seek participant input on CRGT's current components – an 8-session weekly 3-hour intervention consisting of 2 hours of mindfulness-based stress reduction and 1 hour of brain training activities
- **Second section** - address participants' cognitive health, including their current concerns, any medical or community support sought, compensatory strategies they have already attempted, and their interpersonal experiences discussing brain health (including possible instances of stigma)
- **Third section** - address cognitive screening considerations for an efficacy trial of CRGT.

Based on the team's experience piloting the in-person CRGT RCT and the combined years of research and practice, the team have identified that **a clinical diagnosis of HIV-associated neurocognitive disorder (HAND) may be a barrier to participation in CRGT**

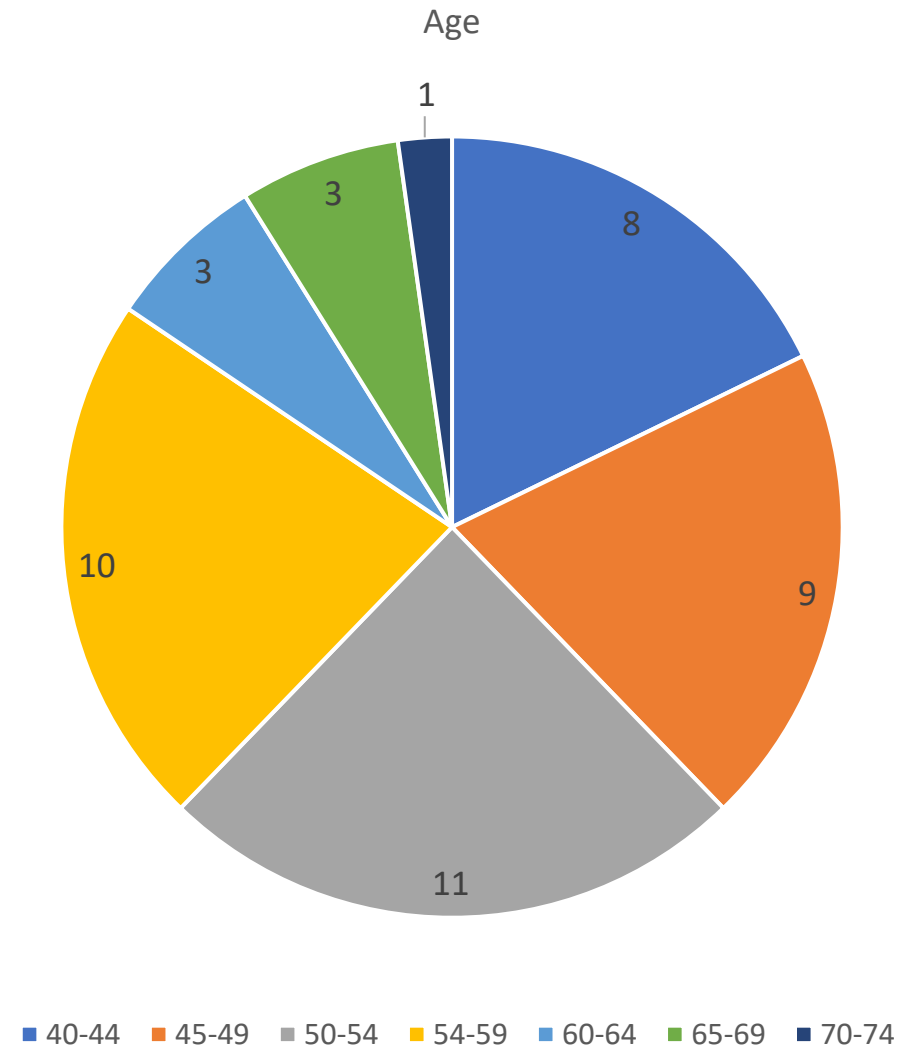
Data Analysis

- Descriptive statistics for survey data
- Each focus group was:
 - audio-recorded and transcribed verbatim
 - 7 independent coders (people aging with HIV, service providers, and researchers) employed a participatory approach to content analysis
 - Each coder read 3 transcripts and answered questions about CRGT adaptation
- Here we present demographics & a summary of findings



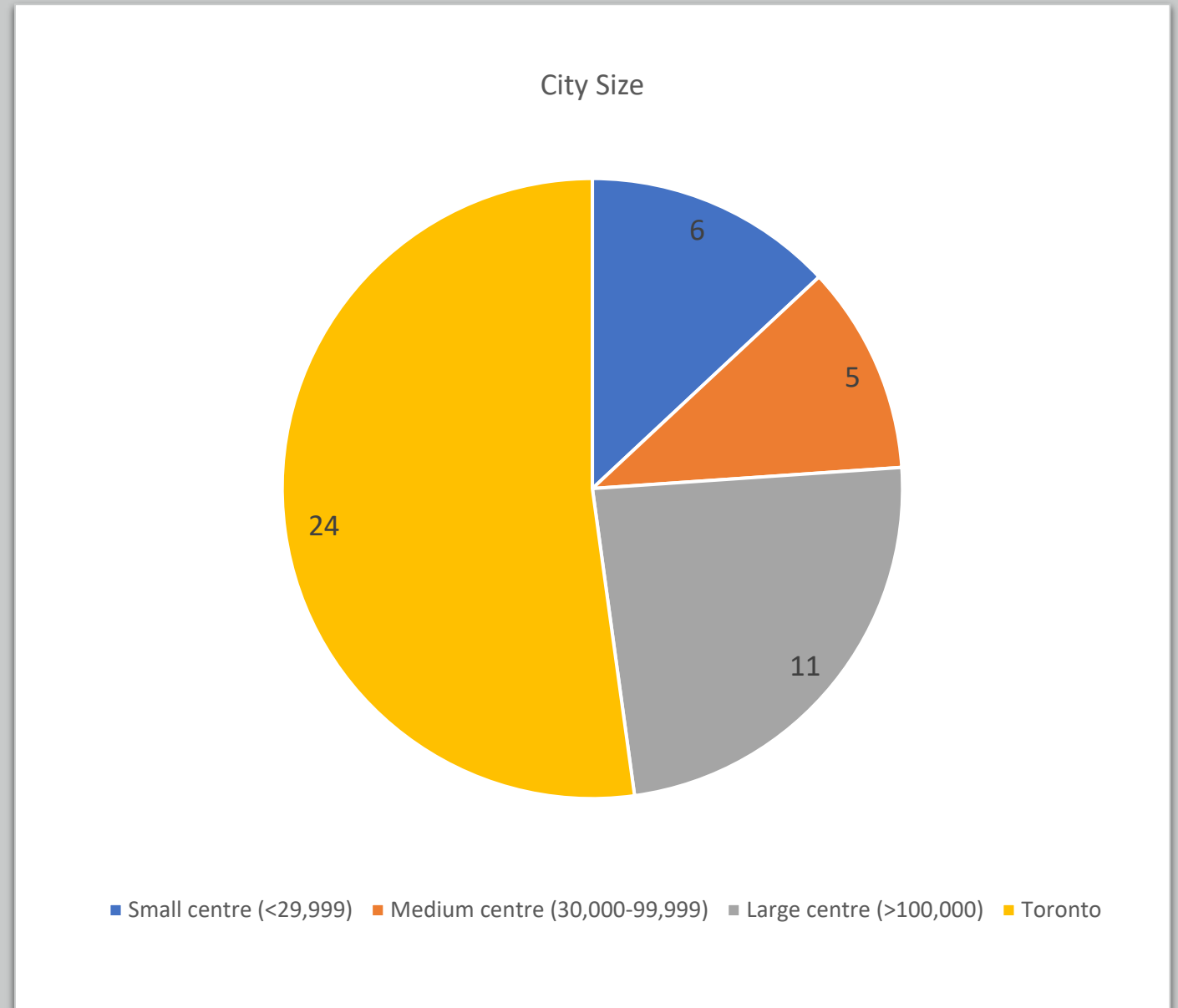
Demographics

- **105** people expressed interest
- **45** people completed the screening survey & focus group
- **87% (n=39)** have an HIV social Support network:
 - 24 well supported
 - 14 moderately
 - 1 lightly supported



Demographics

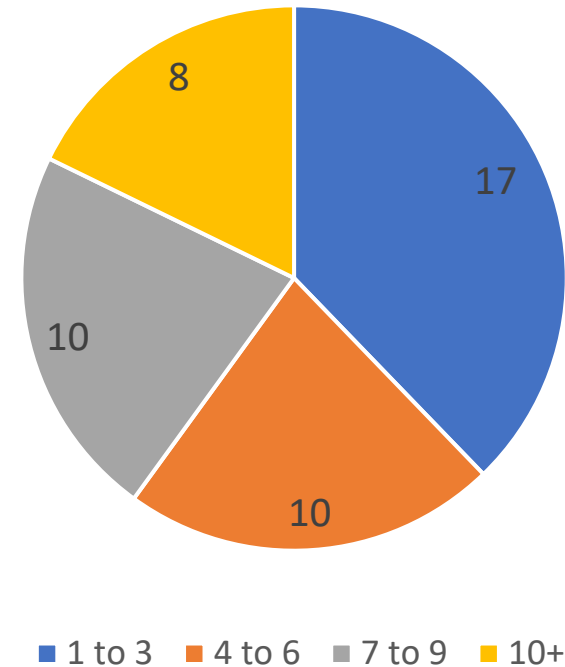
- **33** from Ontario, **12** from Saskatchewan
- **20** cis women, **19** cis men, **6** trans/non-binary/2Spirit
- **19** Gay, **18** Heterosexual, **8** Bi/Queer/Lesbian/2Spirit
- **20** White, **15** Black, **6** Indigenous, **4** Mixed-Race



Demographics

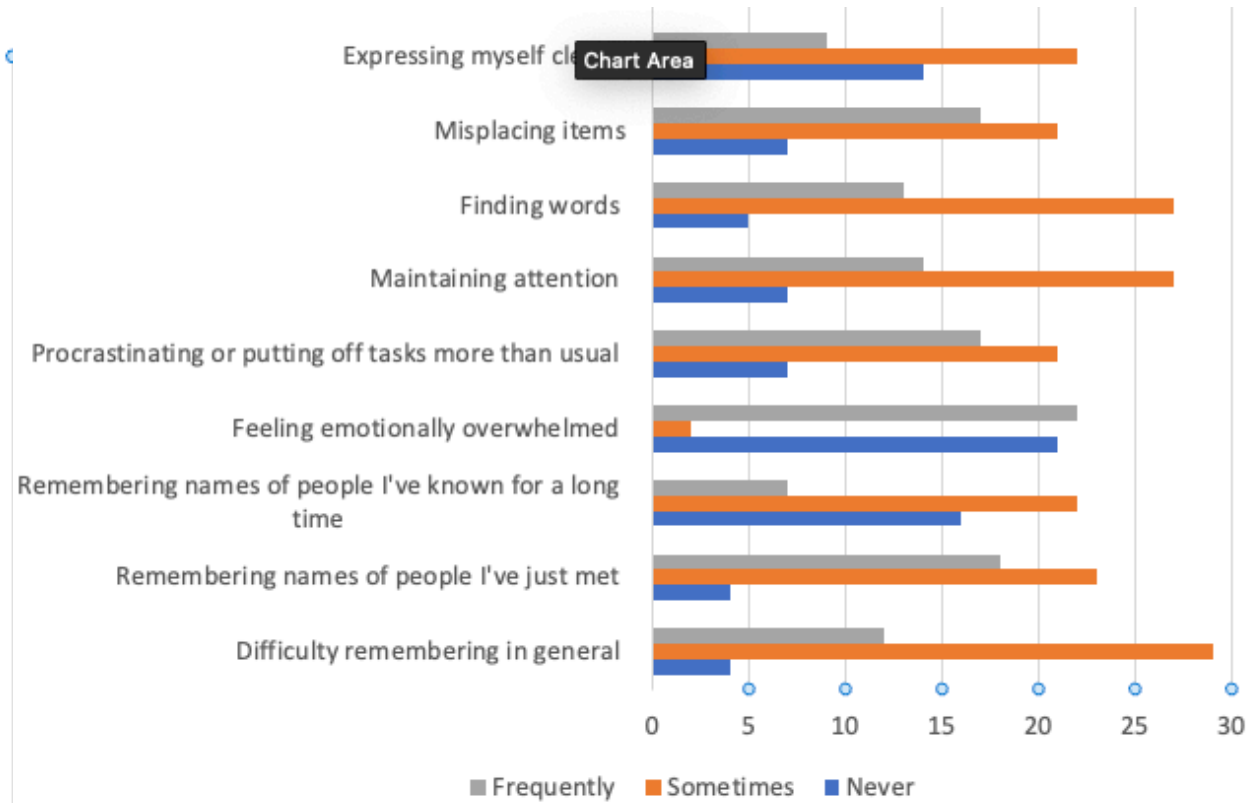
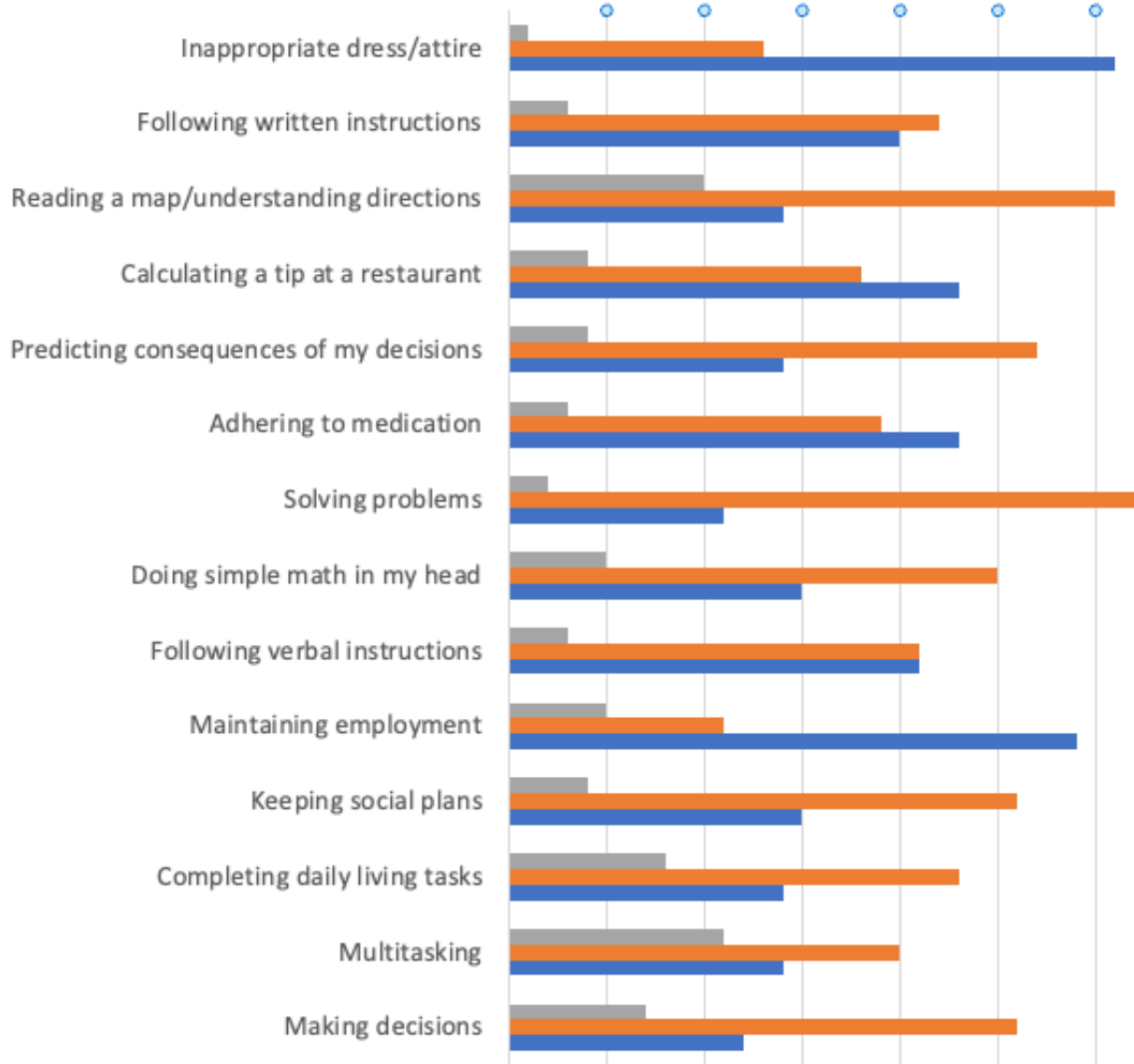
- Substance Use
 - Alcohol (n=16)
 - Tobacco (n=12)
 - Marijuana (n=18)
- 98% (n=44) have a family doctor
 - Majority use the family doctor as their HIV Specialist
- Compensation for cognitive concerns
 - Mindfulness/meditation (n=20)
 - Brain training activities (n=10)
 - Individual therapy (n=19)
 - Group therapy (n=7)
 - Apps (n=10)

Everyone takes HIV treatment. Total number of pills per day



For mostly middle-aged people, high frequencies of cognitive concerns...

Cognitive Concerns





Results

Participation in cognitive remediation group therapy (CRGT)

- After watching videos (Mindfulness intro & demo brain training activities), participants showed interest in:
 - Doing activities that promote their cognitive health
 - Participating in a group setting and others wanted to play the games solo on a personal app., and get in a group to discuss their experiences
 - A combination of brain activities and MBSR was received favorably
- Participants preferred to have the sessions facilitated by an expert in cognitive health, that person could be a peer, psychologist, service providers
 - A small number preferred strictly having a doctor/physician
- Advertising
 - ASOs, fliers in hospitals, distribution by peers, service providers, doctors
- Length and Structure
 - Distinct group options for in-person and online is likely the most accessible option.
 - Some participants preferred in-person sessions, as it reduces isolation
 - Following COVID-19 some participants are still skeptical about being in crowds



Results (cont'd)

Cognitive & HAND screening/testing

- Most participants did not know what HAND was, nor how it is screened
- Screening of HAND was often through a study
- If offered, most participants would be interested in doing the screening
- After receiving the description of what HAND is, some participants felt they had all the signs of having cognitive issues, including forgetfulness
- Participants indicated they wished as they age, physicians raise awareness of HAND, and offer screening



Results (cont'd)

Supports for HIV, Aging, and Cognition

- Support in general was found from peers, support groups. And other health settings
- However, support mostly on aging and cognitive health was not easily available

Overall,

As people age with HIV, they expect their physicians and ASOs to offer holistic care and provide resources that promote quality of life:

- Nutrition
- Mental
- Physical
- Social
- Spiritual

Research Team

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FOSTERING
POSITIVE CHANGE
FOR PEOPLE LIVING
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