

AIDS PREVENTION

The first known cases of Acquired Immune Deficiency Syndrome (AIDS) were identified in 1981. During that year, fewer than 20 cases of AIDS were diagnosed. By 1992, nearly 250,000 Americans had been diagnosed with AIDS. The Center for Disease Control estimates that between 1 and 1.5 million people in the United States currently have human immunodeficiency virus (HIV) infection, the cause of AIDS. The HIV/AIDS epidemic is worldwide. It is believed that up to 10 million people have been infected.

What Is the Relation Between HIV Infection and AIDS?

Individuals who are infected with HIV have few symptoms of illness and do not appear ill. During this early stage, HIV infection can be detected through blood testing. People who have HIV antibodies (“HIV positive”) carry the virus and can transmit it to others. Those whose antibody test is negative (“HIV negative”) generally do not have HIV infection, although several months are required for persons to develop HIV antibodies after they first become infected.

Following initial infection, HIV begins attacking and destroying the immune system and parts of the nervous system. As this process continues, the body is progressively less able to defend against a number of different infections and illnesses. Eventually, persons with HIV infection and compromised immune systems become susceptible to life-threatening opportunistic illnesses. At this point, an AIDS diagnosis is made.

It is becoming more common to view HIV illness as an entire spectrum ranging from initial infection to major illness development. The length of time between initial HIV infection and the onset of major illness varies greatly. While some individuals develop serious illness quickly, others have had HIV for over 10 years and remain in good health. The average time between initial HIV infection and an AIDS diagnosis is 7 years. While there is currently no cure for either AIDS or HIV infection, early medical treatments can manage some HIV-related illness and help persons remain in better health for considerably longer periods than in the past.

How Is HIV Transmitted?

Unlike airborne viruses that cause colds or flu, HIV is constrained in certain body fluids, chiefly blood, semen, vaginal secretions, and breast milk. Body fluids such as saliva, urine, tears, or perspiration do not contain HIV at levels that pose risk for transmission.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- A way of acting, like confronting our feared thoughts
- A way of feeling, like helping a person be less scared, less depressed, or less anxious
- A way of thinking, like evaluating the probability of an event occurring
- A way of dealing with physical or medical problems, like lessening back pain or helping a person stick to a doctor’s suggestions.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person’s views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help with AIDS prevention, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and training credentials. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on “Find a CBT Therapist.”

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

For HIV transmission to occur, the virus in infected blood, semen, or vaginal secretions must enter the bloodstream of another person. This can take place during:

- sexual intercourse with an infected partner;
- when blood or blood traces from an infected person are injected;
- when an infected woman transmits the virus to her fetus.

All cases of AIDS have been due to one of the above three methods of exposure.

There have been no cases of AIDS attributed to ordinary social contact with an infected person. Household members who live with and care for AIDS patients are not at elevated risk for contracting HIV infection.

Who Is at Risk for HIV Infection?

In the United States, the majority of AIDS cases have occurred among gay or bisexual men (approximately 60% of all cases) and users of intravenous drugs (24%). Approximately 6% of AIDS cases in America are caused by contact with an infected partner during heterosexual activities. The remainder of cases have occurred among hemophiliacs, blood transfusion recipients, and children who acquired HIV from their infected mothers. In some other areas of the world, HIV is almost always contracted through heterosexual activities and is unrelated to homosexual behavior or to intravenous drug use.

Because AIDS lags years behind initial HIV infection, AIDS cases diagnosed today tell us where the HIV infection epidemic has been but not necessarily where it is going. While gay men and intravenous drug users will continue to be affected by AIDS, because HIV is already common in those groups, HIV infection is increasing in the heterosexual population, especially in cities.

In this “second wave,” the people with an increased risk for HIV infection are those who are also at risk for unwanted or teenage pregnancies, “traditional” sexually transmitted diseases such as syphilis, gonorrhea, and genital herpes, and initiation of drug use. These behaviors and AIDS risk behaviors are similar.

The key to curbing the AIDS epidemic is slowing the spread of new HIV infections.

Risk Groups or Risk Behaviors?

While it has been traditional to classify AIDS cases based on “risk group” status (such as gay men or intravenous drug users), it is a person’s **behavior**, rather than identity, which brings risk for AIDS or affords protection for it. Gay men who do not engage in high-risk behavior are at no risk for AIDS, while heterosexual persons who engage in frequent high-risk behavior are at increased vulnerability. The aim of AIDS prevention efforts is to help individuals change risk-producing aspects of their behavior. These risk-reduction changes include:

- Avoiding sexual contact with multiple partners or, if sexually active (with multiple partners or with a single high-risk partner), consistently and correctly using latex condoms to afford barrier protection from HIV and other sexually transmitted diseases;
- Refraining from sexual activities that permit transmissions of HIV, including unprotected vaginal or anal intercourse if one is sexually active and not monogamous;
- Avoiding the start of injected drug use or, if already a drug user, seeking treatment for drug abuse and refraining from exchange, sharing, or re-use of needles;
- Cleaning of syringes, using bleach agents that kill HIV;
- Presuming that any potential new sexual or drug use partner could have HIV infection; and
- Maintaining safer behavior patterns consistently over time and avoiding lapses into high-risk behavior.

Prevention

Over the past few years, public understanding about AIDS has increased greatly. Numerous surveys indicate that most Americans have become knowledgeable about how HIV is contracted and how risk can be lessened. Unfortunately, the same surveys indicate that many people still hold the incorrect belief that HIV can be contracted through ordinary social or workplace contact with AIDS patients, a misconception that contributes to unwarranted discrimination and isolation.

AIDS has taken a great toll in the short time it has been with us. At present, prevention represents the best— and the only — available means to curb the increase in future AIDS cases. Much is already known about ways to help people adopt more healthful behavior patterns, from exercise and fitness to smoking cessation to using seat belts.

Other established areas of behavior therapy — such as refusal assertiveness training, teaching problem-solving skills to handle conflicts or peer pressure, and teaching self-management of risk urges — can also be applied to the fight against AIDS. The challenge of AIDS prevention is to creatively apply what we already know about behavior change to the difficult task of helping people reduce their risk for contracting HIV infection.

For more information or to find a therapist:

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**ASSOCIATION for BEHAVIORAL
and COGNITIVE THERAPIES**

305 Seventh Avenue
New York, NY 10001
212.647.1890
www.abct.org