

Role of Psycho-Social Intervention: A Literature Based Study

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ABSTRACT

The present article aims to study the role of psychosocial intervention in psychology and more specifically among the people living with HIV AIDS. Related studies from year 1991 to 2021 is included for review. Altogether 42 related literatures on psychosocial intervention which were found to be the most relevant in the area of psychology were extracted from the web of science database and are integrated in the study. Using bibliometric analysis, the present study provided avenues for future research at the end.

Keywords: *Psychosocial intervention, HIV/AIDS, Psychological therapy*

Psychology as a subject aims to understand the behavior of individuals and more likely their response to the surroundings. Psychosocial intervention plays an important role in psychology and is used as a tool to overcome psychological problems in individual life. Psychosocial refers to this dynamic interplay between the psychological and social dimensions of oneself. Relationships, family and community networks, social values and cultural practices all fall under the umbrella of psychology, which encompasses internal, emotional and intellectual processes as well as thoughts and responses. "Psychosocial support," on the other hand refers to the help of people, families, and communities to meet their psychological as well as their social needs (Papyrus, 2018).

AIDS is the designation given to the devastating sickness that arises when the immune system fails. HIV-related disorders inactivate some of the body's most vital white blood cells. When HIV infects a host cell, it combines with the DNA. Long-inactive genetic material In general, persons with HIV may live a long period despite the condition. There are no or minor indicators of illness. After a period of time, the virus may infect an organism. The AIDS virus's symptoms progressively escalate to more serious ailments. Although it is a fatal disease, there are treatments that may extend life. While a cure is still far off, experts are exploring towards vaccines. As a consequence, the sole remaining control is transmission prevention (Papyrus, 2018). However, depression and other related illness has been a big challenge to deal with, which can be encountered through a thorough psychosocial intervention. Hence, looking at the significance and role of psychosocial

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intervention among people of HIV/AIDS, authors conducted a literature-based analysis using bibliometric analysis.

The present article aims to study and discover the studies related to psycho-social intervention in the field of psychology and more specifically related people suffering from HIV AIDS.

LITERATURE REVIEW

Families affected by HIV/AIDS need to be empowered in order to restore self-efficacy and self-esteem, encourage effective coping, and aid family members in making their own choices in any psychosocial intervention. Interventions that take place in a number of locations seem to be most useful for the most vulnerable families (Kmita, Baranska & Niemiec, 2002).

Researchers (Li, Harrison, Fairchild, Chi, Zhao & Zhao, 2017) in rural China gathered data from children between the ages of 6 and 17. Parents with HIV/AIDS were either caring for their orphaned children or living with them. Self-reported measures of coping and optimism, as well as measures of emotional regulation and self-control, all indicated improvements among participants. This intervention's advantages diminished slightly after a year of monitoring. Hence, booster sessions may be required to the programme as a means of enhancing its effectiveness. For those who are ageing with HIV/AIDS, cognitive impairment is a major health problem.

With the use of a CBPR framework, Eaton, Craig and Wallace (2017) conducted surveys and interviews with adults over the age of 50 living with HIV about their cognitive problems and social work intervention development. Many participants expressed worries about their HIV care, although quantitative results indicated that they were involved in the process. Fear, humiliation, and ambiguity about HIV and ageing were shown to be associated with the need for more social work help. Social workers may use these tactics to help their clients with HIV, ageing, and cognitive issues.

HIV/AIDS patients in need of psychosocial support are often those who have been diagnosed with a drug use disorder or a mental health issue. In any context, a fraction of these clients, due to their actions, provide several obstacles to individual clinicians in terms of medical treatment, medication adherence, and interpersonal skills. As a result, many customers have difficulty expressing their wants in an acceptable manner. They have difficulty comprehending and responding to the rising and disruptive conduct of their clients therapeutically, compassionately and consistently (Willinger, 2010). Many studies have shown that depression, substance abuse and treatment adherence, health literacy and the ability to seek health care are viable goals for intervention research in this population. Psychological treatments that attempt to reduce the difference in HIV/AIDS prevalence in America are supported by a small amount of data (Gonzalez, Hendriksen, Collins, Durán & Safren, 2009).

Studies have shown that facilitators' beliefs about interventions are critical to the success of new psychosocial therapies. Few studies have identified how organisational and individual characteristics impact teachers' positive attitudes and willingness to adopt evidence-based treatments in the new area of implementation science. In a study, Li, Q., Li, X., Wang, Zhao, Zhao, Chen ... and Chi (2020) examined the relationship between teachers' quality of work life and their views about a novel psychosocial intervention for children whose parents have

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HIV/AIDS. A total of 157 instructors from 47 schools participated in the research, with varying degrees of engagement. Authors found that teachers' work-life quality was favourably linked to their views about the intervention directly and indirectly via increased self-efficacy and decreased burnout. It is important to consider both organisational and individual characteristics when adopting new psychosocial treatments for vulnerable children in institutions like schools. Specifically in resource-constrained regions, researchers should collaborate with organisations to ensure that semi-professionals have the necessary quality of work life and adequate training in order to boost their self-efficacy, reduce their burnout, and improve their attitudes toward innovative intervention programmes. Olowokere and Okanlawon (2014) examined the impact of a training programme on nurses' and teachers' mental health knowledge on vulnerable children. The mean knowledge scores of both nurses and teachers had dramatically improved six weeks following the intervention. Anxiety levels were reduced and self-esteem and social connections were improved. Latkin, Sherman and Knowlton (2003) predicted with each of the 250 participants by allocating to either a single-session equal-attention control or a multisession small-group trial, in which 94% were black, and 66% utilised cocaine or opiates. They were also more likely to report reduced injection risk behaviours and higher condom usage at follow-up. Psychosocial interventions focusing on prosocial responsibilities and social identity may help lower HIV risk in low-income, drug-using populations.

Mathers (2012) indicated that psychosocial interventions (PSI) assist persons with mental health issues. It allows nurses to work directly with patients to solve their issues. The time constraint on acute wards made it impossible for most trainees to employ their new abilities. Diagnose, therapeutic and psychological care, and public health policy are all complicated by perinatal HIV infection. Many diagnostic tests are now employed in the perinatal context. Laboratory scientists, clinical teams, and stakeholders have made significant progress in each of these areas (Donovan and Palumbo, 2010). A growing proportion of South African adolescents born with HIV are on antiretroviral therapy, struggling with a chronic, stigmatising, and transmissible disease. Few evidence-based mental health and wellness initiatives exist for this demographic. Bhana, Mellins, Petersen, Alicea, Myeza, Holst, ... and McKay (2014) took 65 pre-adolescents (ages 10-13) and their families provided a 10-session (3-month) intervention. Authors found that participants improved in all areas: mental health, juvenile behaviour, HIV treatment awareness, stigma, communication, and medication adherence.

Pakenham, Dadds and Lennon (2002) compared the effectiveness of intervening at the dyadic level (caregivers/care-recipients) versus the individual caregiver level (caregivers with HIV/AIDS). Participants were randomly allocated to one of three groups: Dyad Intervention (DI), Caregiver Intervention (CI), or Wait List Control (WLC). The results explained that the DI caregivers improved more than the CI and WLC caregivers on general distress, dyadic adjustment, and target difficulties. Kayser, DeMarco, Stokes, DeSanto-Madeya and Higgins (2014) investigated on the stress of living with a chronic illness and the obstacles to access and usage of palliative care services in five inner-city areas was conducted by CBPR. Healthcare professionals, people with chronic diseases, and their caretakers were all represented in the focus groups. Researchers discovered resources and services that might enhance the quality of life for low-income communities. Antoni, LaPerriere, Schneiderman and Fletcher (1991) focused on the stress reactions of homosexual men before and after their HIV-1 diagnosis was made public. The immune system of early-stage, asymptomatic seropositive males was impaired before they received information. Ten weeks of cardiovascular activity or psychosocial stress management alleviated the

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psychological effects of notification. CD4+ cell counts increased significantly among seronegatives, whereas the rise was not statistically significant among seropositives. The majority of new HIV infections in South Africa are among the country's young female population. The high frequency of depression and hazardous drinking in this demographic is caused by a variety of variables. Effective HIV therapy relies on treating CMDs such as depression and alcohol use disorders. Petersen Williams, Brooke-Sumner, Joska, Kruger, Vanleeuw, Dada, ...and Myers (2020) studied the effects of a psychosocial intervention provided by a lay health professional on young South African women undergoing antiretroviral medication. Rotheram-Borus, Stein and Rice (2014) in Los Angeles conducted a study of adolescent MLH children in 2004-2005. Compared to the control group, teenagers in the intervention group reported considerably stronger familial ties 18 months later. The 18-month follow-up evaluation found an indirect link between lower teenage sexual risk behaviour and MLH involvement, which predicted fewer family disputes.

Few studies have examined how mothers living with HIV (MLWHs) handled telling their children they were infected with the virus. In a pilot programme for HIV-affected teenagers and caregivers in Haiti, 25 HIV-positive moms and 26 children aged 10-17 participated. Two researchers transcribed and coded the audio recordings of the interviews verbatim. Children's experiences of HIV stigma in the community, social support, and encouragement from psychosocial intervention professionals were some of the themes that emerged from the interviews (Conserve, Eustache, Oswald, Louis, King, Scanlan, Mukherjee, Surkan, 2014). In Molassiotis, Callaghan, Twinn, Lam, Chung and Li (2002), participants in an evaluation of the efficacy of cognitive-behavioral group therapy and peer support/counseling group therapy on HIV-positive Chinese patients included forty-six people. Assessments of mood states were conducted before randomization, immediately after the intervention, and three months afterwards. CBT participants' moods improved in terms of anger, tension-anxiety, melancholy, bewilderment, and general mood. As compared to the other two groups, this group's quality of life was much better and the level of uncertainty in sickness was greatly reduced.

In De-Graft Aikins, Kushitor, Kushitor, Sanuade, Asante, Sakyi ... and Ogedegbe (2020), An Accra, Ghana-based project attempts to raise awareness of cardiovascular disease among the city's poorest residents. More than 500 residents of the community were interviewed and surveyed using a variety of methods. There was a significant incidence of CVD and risk factors in the community, and the knowledge of CVD was cognitively polyphasic. The atmosphere was obesogenic, alcohol-promoting, and eclectic in its approach to medicine. It is because of this that CVD experiences and treatment-seeking habits were moulded. Mulder, Antoni, Emmelkamp, Veugelers, Sandfort, Van de Vijver and De Vries (1995) examined the rate of deterioration in immunological markers after psychosocial psychotherapy. For 15 weeks, 26 asymptomatic HIV-infected gay males underwent cognitive-behavioral group therapy (CBT) or experiential group therapy (ET). The CD4 cell count and T-cell responses did not differ significantly between the CBT and ET treatment regimens. In contrast, the CD4 cell count decreased less in participants who had greater reductions in suffering. In Kohli, Sane, Kumar, Paranjape and Mehendale (2005), HIV-infected people's quality of life (QOL) is studied in connection to socio-demographic variables and disease progression. Interviews were conducted with 100 HIV-infected persons as part of the Modified Medical Outcome Study (MOS) core instrument. The quality of life (QOL) was significantly impacted in the areas of physical health, employment and wages, hunger and food consumption. Despite having less advanced illness, women had poorer quality of life ratings than males.

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In Barth, Jacob, Daha and Critchley (2015), after a cardiac episode, quitting smoking improves one's prognosis, although many patients continue smoking. Tobacco cessation was the only focus of the interventions, although they also addressed a number of other risk factors, such as stress, anxiety, and depression. If an intention to treat analysis was not feasible, then follow-up findings were used to calculate abstinence rates. Tobacco-cessation programmes including psychosocial support have been shown to be successful after one year if they are long enough. Studies that used validated follow-up assessments of smoking status were less effective than those that used unvalidated assessments. Increased quit rates were seen with more intensive treatments (OR 1.98, 95 percent CI 1.49 to 2.65), while short interventions did not (Barth, Jacob, Daha & Critchley, 2015). In Bryan, Schmiege and Broaddus (2009), theory-based sexual and alcohol risk-reduction interventions were developed and deployed, as well as assessed. One of three group-based therapies was offered to 484 incarcerated teenagers. Several months following the intervention, follow-up data were collected. The frequency with which people use condoms during intercourse (which might range from never to always) has declined over time, according to research on condom usage.

It was determined that psychological therapies may help injecting drug users reduce their chance of contracting HIV. In contrast to a control or comparison group, eight out of fifteen studies examining behavioural outcomes showed evidence of an experimental intervention. Despite the significant changes in behaviour shown in most trials, a sizable percentage of those who received treatments still displayed unacceptable levels of risky behaviour. Such interventions as those aimed at changing the norms of whole drug-user groups around safer injection and safer sex are required (Gibson, McCusker & Chesney, 1998). Ezell, Harrison, Jiang, and Li (2020) investigated the link between childhood trauma and children's psychological well-being. Peer social functioning was substantially related with trauma exposure, even after adjusting for other important factors. Peer social functioning was no longer associated with trauma exposure when depression and anxiety symptoms were included in the model. Child HIV-infected children require a full range of psychological and social services, including screening for trauma, according to findings. Ismayilova, Karimli, Sanson, Gaveras, Nanema, Tô-Camier and Chaffin(2018) explained that Children's emotional well-being in families living in extreme poverty, particularly in low-income nations, may be restricted by mental health therapies alone. Children from very poor families in rural Burkina Faso are the subject of this research, which examines how economic interventions, alone and in conjunction with a family-focused component, affect their mental health. Depression symptoms decreased in the TU + group at 12 months (medium effect size Cohen's $d=-0.41$; significance level $=.001$) as well as 24 months ($d=0.39$; significance level $=.025$). Van der Heijden, Abrahams and Sinclair(2017) explained that Adults living with HIV/AIDS who participate in psychosocial group therapies may enhance their mental health. 16 studies (a total of 19 publications) were reviewed that included 2520 individuals and featured a variety of treatments, including psychotherapy, relaxation and education. Groups of four to 15 persons were engaged in 90 to 135-minute weekly interventions for up to 12 weeks. This impact may remain for up to 15 months after participation in the group sessions of psychosocial therapies that are based on cognitive behavioural therapy (CBT). After a year of follow-up, the mean BDI score for those in intervention groups was around 1.4 points lower than that of the control group. Only a small number of studies included measurements of anxiety, which may have no impact.

MATERIAL AND METHODOLOGY

Authors obtained 42 relevant literatures for the current research by bibliometric analysis, as detailed in the literature review section. The literatures were obtained from the Web of Science (WOS) core collection database. The search phrases "psychosocial intervention," "psychosocial treatment," and "psychological intervention" were used to assemble all papers relating to psychosocial intervention research between 1991 and 2021. Biblioshiny for bibliometrix (Aria & Cuccurullo, 2017; Massimo & Corrado, 2020) is a Java application created at the University of Naples Federico by Massimo Aria was also tasked with the responsibility of producing output for the research.

Result of Bibliometric Analysis

General information and annual publication output

Table 1. Description of the data retrieved from WOS

Description	Results
<i>Main information about data</i>	
Timespan	1991:2021
Sources (Journals, Books, etc)	33
Documents	42
Average years from publication	11
Average citations per documents	24.55
Average citations per year per doc	2.12
References	1934
<i>Document types</i>	
Article	32
Proceedings paper	3
Book review	2

Table 1 shows the description of the data retrieved the WOS. A total of most relevant 42 articles from 1991 to 2021 related to psychosocial intervention were retrieved from WOS. Figure 1 explains the gradual growth in research publication related to psychosocial intervention.

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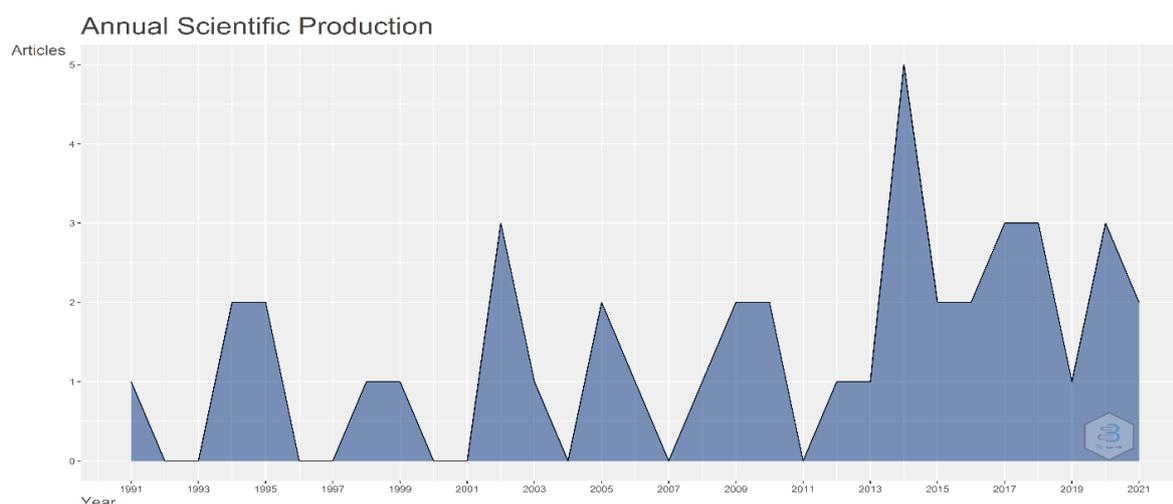


Figure 1. Global trends in publications on psychosocial intervention from 1991 to 2021
Most cited countries

Table 2. Most contributing countries based on citations

Country	Total Citations	Average Article Citations
USA	562	31.2
South Africa	118	39.3
United Kingdom	83	20.8
Switzerland	71	35.5
Netherlands	41	20.5
Germany	39	39
India	26	26
Australia	25	25
Poland	25	25
Brazil	12	12
Canada	11	11
Nigeria	10	10
Norway	5	5
Thailand	2	2
Jamaica	1	1
China	0	0
Portugal	0	0

Table 2 and Figure 2 explains the most contributing countries based on citations related to psychosocial intervention which indicates that these countries are more active and pinpointing the emerging and real issues of people suffering from HIV/AIDS. In which, USA (total citation = 562) has most contribution in terms of most cited articles, followed by South Africa (total citation = 118) and United Kingdom (total citation = 83). India lies on the 7th spot consisting total citations 26.

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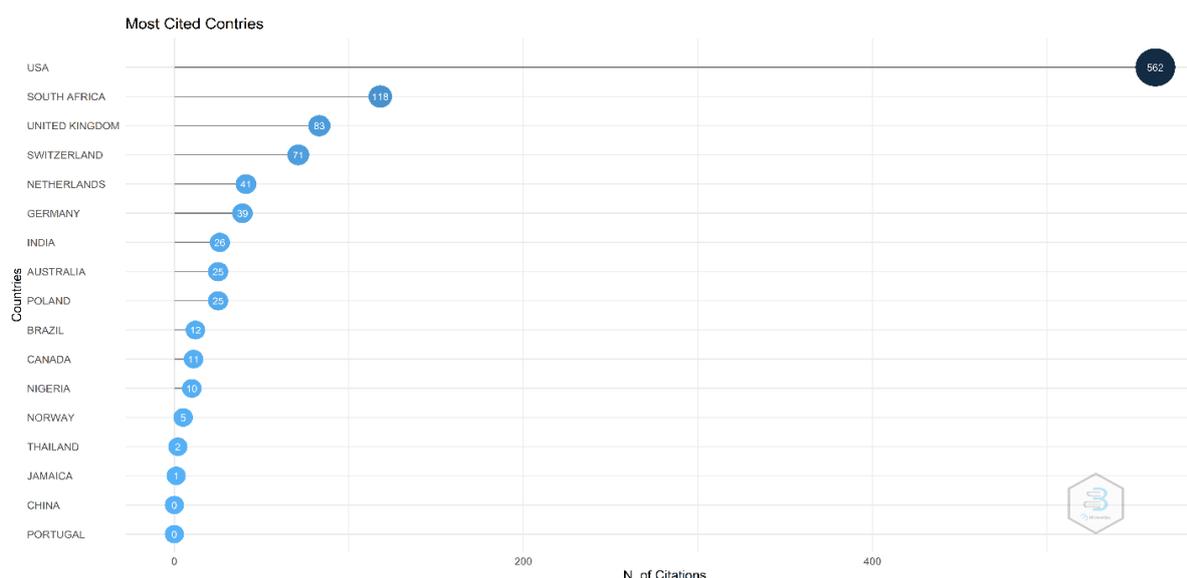


Figure 2. Global trends in most cited countries on psychosocial intervention from 1991-2021.

Most cited sources

Table 3. Most contributing sources based on number of cited articles

Sources	Articles
J Adv Nurs	768
Gerontologist	448
J Clin Nurs	424
Int J Nurs Stud	423
J Am Geriatr Soc	407
Soc Sci Med	321
J Nurs Manage	259
Scand J Caring Sci	246
J Appl Psychol	210
Ageing Soc	209
J Am Med Dir Assoc	203
Nurs Ethics	196
Age Ageing	187
Lancet	183
Nurs Educ Today	178
Brit Med J	167
Health Soc Care Comm	162
Int J Geriatr Psych	161
J GerontolNurs	159
J Health Econ	155

Table 3 and Figure 3 shows the most cited sources related to psychosocial intervention from 1991 to 2021. Authors who desire to pursue research on psychosocial intervention must look into such sources for better understanding on the research problem.

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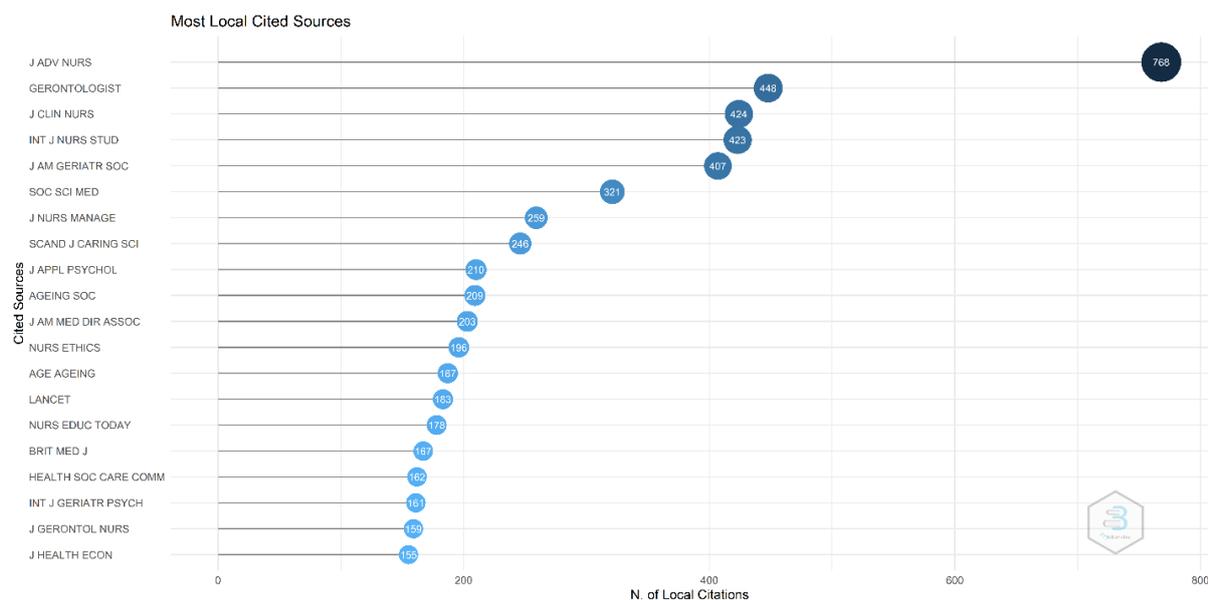


Figure 3. Global trends in most cited sources on psychosocial intervention from 1991 to 2021

Most relevant sources

Table 4. Most published article sources

Sources	Articles
Scandinavian Journal of Caring Sciences	35
Journal of Advanced Nursing	34
International Journal of Nursing Studies	31
Journal of Nursing Management	29
International Journal of Environmental Research and Public Health	25
Journal of Clinical Nursing	24
PLOS One	22
International Journal of Integrated Care	19
Health Policy	17
Health & Social Care in The Community	15
Social Science & Medicine	15
Journal of Psychiatric and Mental Health Nursing	14
Ciencia& Saude Coletiva	13
Journal of Hospital Infection	13
International Journal of Geriatric Psychiatry	12
Sustainability	10
Aging & Mental Health	9
International Journal of Qualitative Studies on Health and Well-Being	9
Nurse Education Today	9
Nursing Open	9

Table 4 and Figure 4 explains most relevant sources of research articles related to psychosocial intervention from 1991 to 2021. The Table 4 and Figure helps in pinpointing where to find relevant journals and articles on the topic of psychosocial intervention.

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categorical variables with the goal of identifying new latent variables, i.e., factors. Similarly, potential variables can be seen in the Figure 6.

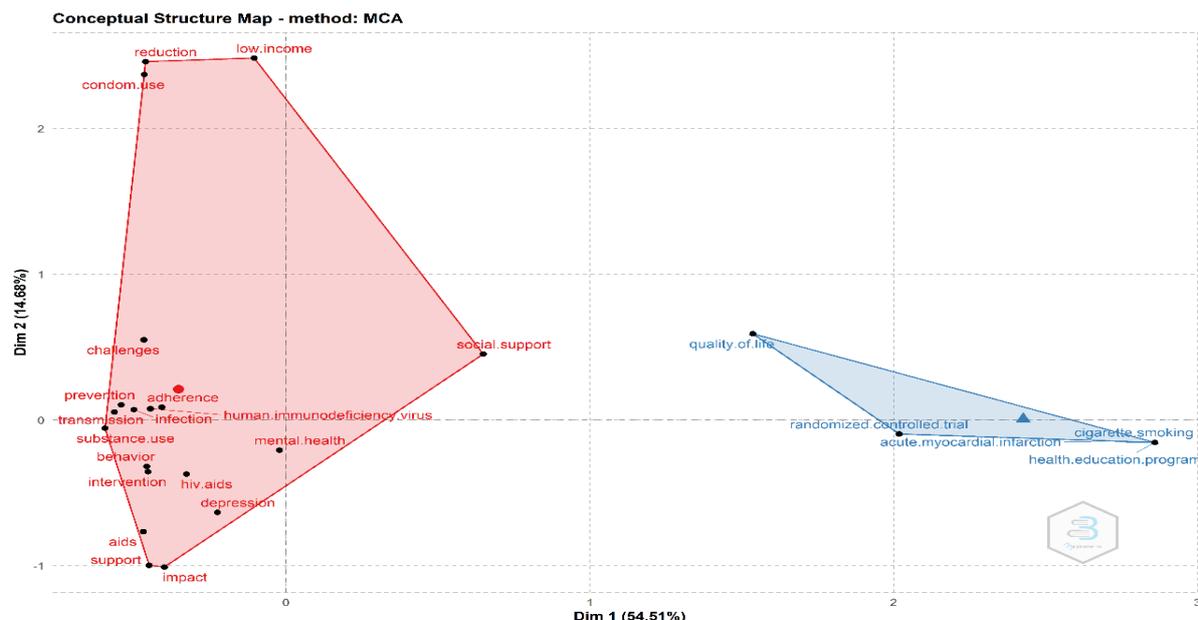


Figure 6. Conceptual structure map with MCA of keywords on psychosocial intervention

DISCUSSION

The author combines bibliophily and network visualisations to assess the present landscape of psychosocial intervention for HIV/AIDS patients, examining the contributions of nations, institutions, journals, authors, highly cited papers, and keywords to this subject. Since the field's inception in roughly 1991, the field's yearly publication output has gradually expanded. The United States is now the global leader in psychological intervention research, with the most publications. These findings indicate that the US may have a major influence on the direction of research in this subject. South Africa was ranked 2nd, followed by United Kingdom. India was found at 7th spot contributing 26 citations globally.

Avenues for Future Research

The present study thoroughly discusses the available relevant literatures from 1991 to 2021. As a results, the study suggest research avenues for future researchers as India has contributed very limited in this area and are needed to be explored.

CONCLUSION

Psychosocial intervention for HIV/AIDS people has been limitedly explored which is a significant area of study examining the impact and its benefits for people suffering with HIV/AIDS. The present study explores the psychosocial intervention research using bibliometric analysis to find out the necessary and unexplored or limitedly explored research avenues to further research in that area to fulfill the research gap. The results explained that only 42 literatures were found related and relevant to the present study, in which United States is leading and contributing highest in this field. India has very limited contribution in these areas and is needed to explore morein order to create better sense in this area of psychosocial intervention.

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Conflict of Interest

The author(s) declared no conflict of interest.

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