Positive coping methods among people living with HIV/AIDS

Dinora Janeth Morales

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POSITIVE COPING METHODS AMONG PEOPLE LIVING WITH HIV/AIDS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Dinora Janeth Morales
June 2008
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LIVING WITH HIV/AIDS

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ABSTRACT

HIV/AIDS is a social issue that many people are affected by especially those living with the disease. There are many interventions that are used to help these individuals cope better with the disease. This study measured coping self-efficacy among people living with HIV/AIDS. It also investigated any existing correlations between coping self-efficacy and a person’s CD4 count. Three variable outcomes including methods of coping, social support, and emotion-focused, and problem-focused coping were also considered. A survey created to measure the aforementioned was administered to forty individuals diagnosed with HIV/AIDS. Results of this study, implications for social work, and recommendations for social work policy, practice, and research are also discussed.
ACKNOWLEDGMENTS

I would like to thank Dr. Smith for her assistance and expertise in this project.

Thank you to Dr. Perry Guffrie and the staff at Inland AIDS Project in the Inland Empire. I am also grateful to the participants of this study.

A special thank you is also offered to my family and friends that encouraged me throughout my educational process.
DEDICATION

This project is dedicated to my parents, Matias and Dinora Morales, for their never ending support. I made it through because of you, thank you.
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CHAPTER ONE
INTRODUCTION

Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) as a chronic, stigmatized, and life threatening disease greatly increases the need for successful coping. For some people receiving a diagnosis of HIV/AIDS can be extremely difficult. As a result, mental health issues, such as depression, can develop or worsen after receiving a HIV/AIDS diagnosis. Additionally, the progression of mental health issues may also worsen in conjunction with the prognosis of HIV/AIDS. However, research has shown that when positive coping methods are utilized HIV/AIDS, progresses at a slower rate, thereby improving a person's well-being (Stein, 2002, and Chesney et al., 2006).

Problem Statement

HIV is the virus that leads to AIDS. The difference between HIV and other viruses is that HIV attacks the immune system. Since it was first discovered in the 1980s, millions of people around the world have been infected with HIV. It does not discriminate and it puts everyone at risk. There is no cure for the virus
HIV/AIDS; therefore it continues to be a social problem. HIV/AIDS has become an epidemic. Approximately 42 million people around the world have contacted HIV (Chesney et al., 2003).

Part of the issue is that people living with HIV/AIDS can face a variety of problems, such as psychological distress, due to the lack of confidence in using specific coping skills. When people do not utilize proper coping strategies then they are more susceptible to the deterioration of disorders and/or diseases. Key concerns are mental health issues and psychological distress because they can negatively affect a person’s HIV/AIDS prognosis. Research indicates that when negative or no coping methods are used, people become sicker at a faster rate (Gore-Felton et al., 2006, and Plattner & Meiring 2006).

Additionally, it may be important to form partnerships with other organizations that are working with people living with HIV/AIDS. Collaboration of local services that are already established and proven to work may provide a positive response in HIV/AIDS patients and improve their prognosis. There needs to be a higher standard of social work intervention by way of offering
social services for individuals living with HIV/AIDS so that this population is not suffering as much and is living longer (Gore-Felton et al., 2006).

Changes have been made at a community level but they have also been done on a larger national and even international scale. One way to continue this is through writing policies that bring attention to the HIV/AIDS population. Keeping the awareness about this social issue at a global level could allow more positive transformations within the HIV/AIDS community. Showing an increased level of commitment could provide further needed support and care for this vulnerable group.

It is also essential for social workers to increase their knowledge about HIV/AIDS and how it affects people. There are many issues that the HIV/AIDS community faces and social workers should raise their level of knowledge in order to best serve these clients. Social workers should aspire to increase their proficiency and to always be searching for new and more effective ways to help their clients (Code of Ethics of the National Association of Social Workers, 1996).

Those living with HIV/AIDS need to be confident in coping strategies they can practice in order to live
longer and healthier lifestyles. Social workers who do keep current can help. A vital contribution social workers can make through increasing knowledge is providing support to people with HIV/AIDS that use effective coping skills. Therefore, for people living with HIV/AIDS, the focus of this study will be: measuring their level of self-efficacy in methods of coping. Domains that will be identified include ways of coping, social support, psychological distress, and well-being (Chesney et al., 2006).

Purpose of the Study

The purpose of this study was to measure the level of self-efficacy in coping methods among people living with HIV/AIDS. Usually after a person receives a HIV/AIDS diagnosis they become overwhelmed with a variety of negative emotions (Plattner & Meiring, 2006). However, some people are better able than others to deal with these emotions. Ultimately the people with the strongest self-efficacy may be the ones who are able to manage life’s challenges the most effectively. In contrast, the people with less confidence in using coping skills may have a more difficult time moving forward and may be more
likely to have their disease progress at an increased rate (Plattner & Meiring 2006).

It is important to understand the level of self-efficacy in coping methods used by people living with HIV/AIDS. The Coping Self-Efficacy Scale is an instrument that measure the level of self efficacy in methods of coping. The Coping Self-Efficacy Scale contains twenty-six items that focus on coping behaviors that people living with HIV/AIDS may use when facing a challenge (Chesney et al., 2006).

Using this instrument to assess HIV/AIDS patients with mental health issues can determine the levels self efficacy for a variety of coping skills. Emotion and problem-focused coping are two types of coping skills identified in this instrument. The use of these skills has shown positive changes in specific domains including social support, psychological distress, and well-being (Chesney et al., 2006). Measuring the highest level of self efficacy can differ among different types of coping methods used (Forsyth & Carey, 1998).

People with HIV/AIDS were provided the twenty-six questions in the form of a quantitative survey. After gathering all responses they were assessed by the
researcher. Using a quantitative study was an effective way to seek the statistical analyses that are needed to measure self-efficacy in coping methods used by people living with HIV/AIDS. As previously mentioned outcome domains of ways of coping, the extent of social support, psychological distress, and well-being was also noted.

Significance of the Project for Social Work

Measuring self-efficacy in coping methods among people living with HIV/AIDS is important because it may improve the effectiveness of interventions suggested by social workers who practice within the HIV/AIDS population. The findings of this study may change social work practice because it might bring increased awareness to the issue of coping with this disease. Consequently it may also allow social workers to become more effective clinicians.

As a result, social workers could learn how to better serve these clients. The extra education and knowledge may be used to develop more efficient services and programs for the HIV/AIDS population. This in turn can lead to clients benefiting more from services and programs available to them, leading to clients learning
to be more motivated in taking care of their needs and improve their well-being.

The results of the study may allow agency staff members to make a more significant impact on their clients. Successful coping skills for the HIV/AIDS community can be implemented into programs to help clients be encouraged to make improvements in their lives (Remien et al., 2006). By developing effective interventions, there is a greater likelihood that funding sources will continue to support the agency because they recognize that the agency's workers are making a positive impact. Studying the HIV/AIDS community and positive coping methods could offer life saving treatments.

The generalist model presents six phases, but the implementation phase applied the most benefits to this study. Social workers can better service this population by encouraging clients to participate in services that incorporate coping strategies into interventions. Therefore, once the results are established, they may be useful in providing life-saving treatments for the HIV/AIDS community. If one life can be saved, then measuring levels of self-efficacy in coping methods among people living with HIV/AIDS is an issue that is
worthwhile. Therefore, for people living with HIV/AIDS the focus was measuring the level of self-efficacy in coping methods. Outcome domains such as extent of social support, psychological distress, and well-being were noted (Chesney et al., 2006).
CHAPTER TWO
LITERATURE REVIEW

Introduction

The literature review will include research on the topic of self-efficacy in coping methods among people living with HIV/AIDS. Previous research has shown that coping skills that utilize emotion and problem-focused coping can improve the social support, psychological distress, and well-being for people infected with HIV/AIDS (Chesney et al., 2006). This chapter also includes a discussion of HIV/AIDS, measuring immune functioning, self-efficacy, coping methods, and theory.

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

When HIV was first discovered doctors did not know how it was transmitted. As a result of the lack of knowledge about the virus, many people were infected. However there are fewer people infected with the virus today, due to technological advances, research studies, and preventative measures. People with HIV/AIDS are also living longer due to advancements in medications to treat HIV/AIDS. There is no cure for HIV/AIDS, yet being able
to have another resource that can help a person with the disease is beneficial. Furthermore, when people have more confidence in interventions they are more likely to utilize these resources that can improve their health (Remien, 2006).

Measuring Immune Functioning

Remien’s (2006) study also discussed the relationship between a person’s health and his/her CD4 count. CD4 count is defined as how a person’s immune functioning is measured and the higher the number the better his/her health. A person that does not present with HIV/AIDS symptoms normally carries a CD4 count between 500 to 1500. However, once a person’s CD4 count drops to 200 or below he/she is diagnosed with AIDS. Being aware of how this population deals with their disease is vital to the expansion of interventions that work to help control their disease (Ashton et al, 2005).

Self-efficacy

Possible interventions can come from self-efficacy. Controlling thoughts allows a person to achieve goals or ambitions. Control over thoughts can be used by people diagnosed with HIV/AIDS. Self-efficacy is defined as a
person's confidence level to perform actions to accomplish something (Forsyth & Carey, 1998). At this time, there is a limited amount of research available on the correlation between coping self-efficacy and psychological well-being. Nevertheless, the research that is available does indicate that a correlation does exist (Chesney, 2006).

Coping Methods

Coping is defined as the energy spent by a person to control particular life circumstances that go beyond their normal emotional capital (Cote, 2004). Coping is a form of responding to life's challenges. Two different types of coping strategies are emotion and problem-focused (Chesney et al., 2006). Emotion-focused coping is constructive re-evaluations and optimistic beliefs which are linked to less distress. Problem-focused coping is dealing with or changing the issue that is causing psychological distress and is linked to improved well-being (Chan et al., 2006). Depending on what type of coping style a person uses can lead to different results. In a study conducted by DeGenova (2001) it was discovered that problem-focused
coping styles have positive results on a person’s well-being more than emotional-focused coping methods (DeGenova et al., 2001).

One study suggests that giving a meaning to events in our lives can help people living with HIV to better cope. A qualitative study by Plattner, I.E. and Meiring, N. (2006) focused on how people living with HIV cope with the disease. The outcome of the study showed that most of the participants used for the study had come to terms with their diagnosis. This acceptance allowed them to resolve issues they may have had with being diagnosed with HIV. The findings are significant because they can be utilized for programs that help this population make sense of the disease instead of experiencing psychological distress when facing this disease.

Individuals that find coping styles that work for them can suffer less psychological distress than people that do not discover coping strategies to fit their situation (Chesney, 2003). Plus if an individual believes that a coping method is working they are more likely to continue using it. Successful coping skills are essential in dealing with life’s challenges. There are various coping methods that factor into positive management of
pressures related to continuous poor health (Vosvick, 2001). There are different types of coping skills and not all of them are beneficial for individuals with HIV/AIDS. Some people use adaptive coping skills and others use maladaptive coping skills. Adaptive coping skills have long term benefits that those living with HIV/AIDS can use to improve their well-being. However, maladaptive coping skills only have short term benefits and usually end up causing more harm in the long run (Gore-Felton et al., 2006). Therefore, the focus of this study was to measure the level of self-efficacy in adaptive methods of coping that people diagnosed with HIV/AIDS utilize to improve their social support, psychological distress, and well-being.

Chan, et al. (2006) looked at the similarities between health issues, coping methods, and psychological distress for people living in Hong Kong with HIV/AIDS. When Chan, et al. (2006) reviewed the results they revealed that utilizing coping methods that don’t focus on emotions fail to relieve psychological distress. However, using coping mechanisms that are emotion-based are more self-effective. The results can also be used to explore connections between mental health and
psychosocial issues. Findings from a study from Sun et al. (2007) showed that people living with HIV/AIDS deal more with psychological distress than people who are not infected.

Gore-Felton, C., et al. (2006) conducted a study to determine what effect, if any, coping strategies and psychological distress have on people living with HIV/AIDS and a mental illness. Suffering with HIV/AIDS can be compounded by the addition of a diagnosis of depression. Gore-Felton's (2006) study found that there is a relationship between coping skills and psychological distress and the progression of HIV/AIDS and mental health. When positive coping strategies are used and psychological distress is lowered, people living with HIV/AIDS are less susceptible to depression. Therefore, it is crucial that HIV/AIDS patients utilize positive coping skills and maintain a positive well-being because it will make living with the disease more tolerable.

Remien, R., et al.'s (2006) work suggested increasing and modifying coping strategies for females that have HIV can lower psychological distress and increase mental and physical well-being. The study used coping methods to reduce symptoms of depression in a
culturally diverse group of women infected with HIV. The article is important because it increased the awareness of psychological distress and its link to reduced well-being and negative responses to treatment. Consequently, Remien’s (2006) type of coping model could be incorporated into programs for people living with HIV.

As mentioned earlier HIV/AIDS may be considered a chronic illness with the help of medications, but sometimes this is not enough. Other factors need to be considered. In a study conducted by Chesney, et al. (2006) an instrument was created to measure coping self-efficacy along with outcome variables such as social support, psychological distress, and well-being. The study’s results indicated that there is a correlation between these variables and specific coping styles. Moreover, these variables also have an effect on this population’s health related outcomes (Carrico, et al. 2006).

Further evidence suggests that the more social support a person has the less amount of psychological distress he/she experiences (Sun, et al. 2007). The use of coping strategies that focus on social support can help to alleviate symptoms. One of the outcome variables
that this study identified is social support (Chesney, 2006). Once the coping skills have been proven to be effective to people that use them then coping skills that focus on social support can be incorporated into future interventions.

In a study conducted by Leslie, et al. (2002) looked at the effects of emotional distress and social support on well-being results for people that are HIV positive and utilize emotion and problem focused skills. This information is vital because it may extend the lives of HIV/AIDS patients.

Theory

Coping skills can be affected by cognitive behavioral theories. Techniques that are used with cognitive behavior theories are beneficial procedures that concentrate on altering thoughts and actions (Payne, 2005). The goal of cognitive behavioral theories is to re-frame thoughts to have a healthier version of that thought.

HIV/AIDS can be a distressing illness for many that are infected causing many to feel hopeless due to the limited control they possess. However, it is important to
remember that people do have control over their thoughts. Attention is concentrated on thinking and behaving interactions in cognitive behavioral processes. This theory is derived from B.F. Skinner’s learning conditioning theories, Pavlov’s respondent condition and Beck’s model of cognitive theory. It is based on the concept that there is a reciprocal interaction between what people think, how they feel, and how they behave (Payne, 2005).

At times, there is a difference between what a person’s situation looks like and what they believe it looks like. If a person thinks that their situation is extremely negative or unrealistic it can harm their well-being (Cote, 2004). By using this cognitive behavioral theories, people living with HIV/AIDS are taught to think positively and encouraged to adapt to coping skills that will make them feel better. Research has also shown that when a person’s self-efficacy is increased his/her negative thoughts are reduced (Cruess, 2002).

According to Chesney et al. 2003, a coping effectiveness training (CET) was used as a cognitive behavioral intervention. Through the intervention
participants were encouraged to use positive coping methods and as a result they were able to lessen their psychological distress and increase their well-being.

The theory behind CET is that when there is a better match between the chosen coping skill and the distressful situation the better a person will be able to handle the situation.

In the Chesney et al. (2003) study, CET was tested by having a group of 8-10 people with HIV/AIDS participate in a CET 10-week intervention and another group of participants with HIV/AIDS put on a waiting list. The 10-week course was broken down into topics that included learning and practicing different types of coping methods. The topics consisted of social support, emotion-focused, and problem-focused coping strategies. Then at the end of the 10-week session the participants were all tested with different instruments that measured distress and coping. The results demonstrated that the group that participated in the 10-week session had significantly better scores than the group on the waiting list.

These positive scores indicated that when an individual’s stress decreased there was an increase in
coping self-efficacy. This evidence supports the principle behind coping theory in that a person with increased coping self-efficacy also has an increase in their well-being (Chesney et al., 2006).

Summary

This chapter discussed coping methods among people living with HIV/AIDS. This section also covered HIV/AIDS, measuring immune functioning, self-efficacy, coping methods, and theory. As a clinician it is important to provide services to individuals, families and communities affected by HIV/AIDS and mental health issues. In addition, providing these services could assist this population in achieving a better well-being.
CHAPTER THREE

METHODS

Introduction

This section presents the methods that were utilized to measure the level of self-efficacy in methods of coping for people living with HIV/AIDS. The design of the study, sampling, instrument, and procedures are provided. Furthermore, protection of human subjects and data analysis information will be discussed.

Study Design

The purpose of the survey questions was to measure the level of self-efficacy in coping methods among people living with HIV/AIDS. This study used quantitative methods because it provided the clearest expression of thoughts and beliefs of these participants. Additionally, this study discussed outcome domains that included ways of coping, extent of social support, psychological distress, and well-being.

The researcher utilized a survey that was developed by Chesney et al. titled Coping Self-Efficacy Scale to collect the data. It was important to receive responses
from at least forty participants in order to obtain practical measurements.

The researcher received permission from the director of Inland AIDS Project (IAP) to utilize IAP clients for this study. IAP is an organization that has offices throughout the Inland Empire and offers services to people living with HIV/AIDS. A criterion for being an IAP client includes a diagnosis of HIV/AIDS. The mission at IAP is to “provide health care, support services and advocacy for persons affected by HIV living in the Inland Regions of Southern California.” Their main services consist of counseling services for individuals, groups, and families, case management, substance abuse counseling, in home care, and a residential care facility.

Limitations to this study may be the size of the sample provided by IAP. The sample that was utilized was not representative of the rest of the HIV/AIDS community. The participants were not randomly chosen. All participants are clients at IAP and are receiving services.
Sampling

The type of sampling that was utilized in this study was purposive sampling. According to Grinnell (2005), this type of sampling could include utilizing the full clientele of a restricted group or portion of a community. Purposive sampling was used in order to study the members at IAP. It was vital to the study to be able to use a large portion of the clients at IAP which was best accomplished through purposive sampling.

The agency, IAP, was chosen because a collaborative working relationship had previously been established with the clinicians and clients. The researcher has prior experience working with a different Inland Empire agency that also provides services to the HIV/AIDS community. While at this agency the researcher was familiar with IAP and was able to refer and recommend services at IAP to clients.

Data Collection and Instruments

The instrument that was used to collect data in this study was a survey that is titled the Coping Self-Efficacy Scale. The Coping Self-Efficacy Scale is an instrument that measures the level of “confidence in
performing coping behaviors when faced with life challenges” (Chesney, 2006, p. 421). See Appendix A for the survey.

The survey was utilized on people infected with HIV/AIDS to measure their confidence level in utilizing specific coping strategies. The survey contained questions that offered responses on a Likert scale. There was a 10 point scale that ranges from zero to ten and potential responses consist of “cannot do at all,” “moderately certain can do,” and “certain can do” (Chesney et al., 2006, p. 1). Three items on the survey included the following: “talk positively to myself,” “Develop new hobbies or recreations,” “make new friends” (Chesney et al., p. 1). A strength of this study was that these questions are frequently asked in other instruments. In contrast, a weakness of a quantitative study is that it doesn’t offer depth because participants are not given the opportunity to expand on their responses.

The independent variable was the confidence level of utilizing coping skills and the dependent variable was the measure of the immune system. Once these two variables were measured the study showed the affects they had on each other. Consequently, outcome variables

23
measured with the survey included social support, psychological distress, and well-being.

Procedures

Utilizing clients at IAP was the most convenient data source for this study. The researcher currently has a positive rapport with a few of the clients and hopes to maintain it throughout the study. Prior to conducting the study, the researcher requested permission from the director at IAP. Upon having received an approval letter from the directors, the researcher began contacting possible participants.

In addition to utilizing the Self-Efficacy survey the researcher also included demographic questions that included but are not limited to age, year of diagnosis, and gender. The clients' ages range from twenty-one to sixty. The participants time since having received their diagnosis varies and is unknown. The agency provides services to males and females.

Each client was approached and asked if they would be willing to participate in the study. The researcher informed each client that participation was on a voluntary basis only. The survey was provide to clients
that consented to participate. The survey was self-administered and the completion of the survey took approximately 15-20 minutes. Survey results were kept confidential and surveys had no identifying information. The researcher gathered the surveys and kept them in an envelope marked "confidential."

Protection of Human Subjects

Each person that participated in the survey was advised that their information was confidential and no names would be used. Furthermore, everyone was provided with an informed consent prior to completing a survey and a debriefing statement after completing a survey. See Appendix B and C for the informed consent and debriefing statement respectively. Finally, participants that consented but did not feel comfortable completing the survey upon reviewing it were able to decline to answer the survey at any time. All participants were treated in accordance with the Code of Ethics of the National Association of Social Workers.

Data Analysis

This study utilized a quantitative method correlation between the independent and dependant
variables (Grinnell, 2005). Also, a bivariant correlation analyzes was incorporated for the independent and dependant variables. The results were analyzed in frequency, percentage, and correlation for the outcome variables. The study measured the level of self-efficacy in methods of coping for the HIV/AIDS community.

Summary

This chapter covered the methods that were utilized in this study. Methods discussed were the study design, sampling, data collection, instrument, and procedures. Also included were sections explaining the protection of human subjects and data analysis. In brief, all these sections measured: levels of self-efficacy in methods of coping among people living with HIV/AIDS.
CHAPTER FOUR

RESULTS

Introduction

This chapter will discuss the details of the study and the results. Univariate and bivariate findings will be discussed and tables will be provided for a clearer depiction.

Presentation of the Findings

Participants

The researcher attended support groups at the IAP Riverside and San Bernardino offices. The researcher requested permission from each group facilitator to handout surveys to participants. Prior to the support meetings commencement the researcher introduced her self to the group and asked for voluntary participants to complete a survey.

Forty adults, ranging in ages 30 to over 60, were recruited from the IAP offices in San Bernardino and Riverside. More than 90% of the sample included Mexican/Hispanics, Caucasians, or African-Americans and 7.5% were other races. Approximately 1/3 of the participants were female and 2/3 were male. The
employment status of the sample varied with roughly half reporting they were disabled. The participant’s marital status included 1/2 responding they were single never married, and the remainder stating they were either separated, divorced, or widowed. The year that the participants were diagnosed with HIV/AIDS ranged from 1983-2007. Furthermore, their CD4 counts ranged from fifty to over a thousand [see Table 1].

Table 1. Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (N = 40)</td>
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<tr>
<td>Male</td>
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<tr>
<td>Female</td>
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<tr>
<td>Age (N = 40)</td>
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<td>50-59</td>
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<tr>
<td>Over 60</td>
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<td>Variable</td>
<td>Frequency (n)</td>
<td>Percent (%)</td>
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<td><strong>Marital status (N = 40)</strong></td>
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<tr>
<td>2000-Present</td>
<td>10</td>
<td>25.0</td>
</tr>
<tr>
<td><strong>CD4 Count (N = 34)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>553.53</td>
<td></td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>344.76</td>
<td></td>
</tr>
<tr>
<td>Minimum</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>Maximum</td>
<td>1449</td>
<td></td>
</tr>
</tbody>
</table>

Design

In this study, a correlation test was run to determine the association between two variables. The first variable is the dependent variable in this case being the participant’s CD4 count. The subsequent variable is the independent variable which is each participant’s mean score on the coping instrument (CopTot). Moreover, the participant’s scores on the coping instrument were broken down into subscales. These
subscales included a social support total (SSTot), emotional-focused total (Emottot), and problem-focused total (ProbTot).

Materials and Scoring

The following materials were utilized for this study: (1) Coping Self-efficacy Scale (see Appendix A); (2) Informed Consent (see Appendix B); (3) Debriefing Statement (see Appendix C); and (4) Demographic questions (see Appendix D).

The participant's level of self-efficacy coping skills were measured by the Coping Self-efficacy Scale (Chesney, 2006). As previously mentioned this scale measured a person's self-efficacy coping skills (see Appendix A).

Each participant received and signed a consent form in order to partake in the study. The consent form included details regarding the study including the purpose for the study and a few questions that would be on the survey (see Appendix B).

A debriefing statement was provided to each participant after they completed the survey and demographic question. This statement contained contact
information in case participants later had any questions (see Appendix C).

Lastly, a demographics sheet was also attached to each survey. The demographics pertained to race, gender, age marital status, CD4 count, and year of diagnosis (Appendix D).

For each subscale a new variable was created. The three subscales included the social support total (SSTot), emotion-focused total (EmotTot), and problem-focused total (ProbTot). Each subscale total was determined by computing the mean of questions only related to the variable on the survey provided to participants.

For the variable SSTOT the following questions were utilized: Get emotional support from friends and family, make new friends, get friends to help you with the things you need, do something positive for yourself when feeling discouraged, and get emotional support from community organizations or resources.

The EmotTot variable questions included: Keep from getting down, take you mind off unpleasant thoughts, look for something good in a negative situation, keep from feeling sad, stop yourself from being upset by unpleasant
thoughts, make unpleasant thoughts go away, visualize a pleasant activity or place, keep yourself from feeling lonely, and pray or meditate.

ProbTot variable questions incorporated: Talk positively to yourself, sort out what can be changed, and what can not be changed, find solutions to you most difficult problems, break an upsetting problem down into smaller parts, leave options open when things get stressful, make a plan of action and follow it when confronted with a problem, develop new hobbies or recreations, see things from the other person’s point of view, try other solutions to your problems, think about one part of the problem at a time, stand you ground and fight for what you want, and resist the impulse to act hastily when under pressure.

Analyses

It was hypothesized that there would be a relationship between an individual’s CD4 count and their self-efficacy coping score. Specifically, as a person’s CD4 count increasing their self-efficacy coping scores should also rise.

A bivariate correlation test was conducted to determine the relationship between a person’s CD4 count
and their coping skills. The following variables were utilized: CopTot, SSTot, EmotTot, and ProbTot. A Pearson's test was run for each variable and each resulted with no significant correlation, thereby disproving the hypotheses.

Table 2. Coping Total

<table>
<thead>
<tr>
<th>CD4 Count</th>
<th>Pearson's Correlation</th>
<th>CD4</th>
<th>CopTot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>1</td>
<td>.935</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>34</td>
<td>34</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CopTot</th>
<th>Pearson's Correlation</th>
<th>CD4</th>
<th>CopTot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.015</td>
<td>1</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>34</td>
<td>40</td>
</tr>
</tbody>
</table>

Table 3. Social Support Coping Total

<table>
<thead>
<tr>
<th>CD4 Count</th>
<th>Pearson's Correlation</th>
<th>CD4</th>
<th>SSTot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>1</td>
<td>.088</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>34</td>
<td>34</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSTot</th>
<th>Pearson's Correlation</th>
<th>CD4</th>
<th>SSTot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.088</td>
<td>1</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>34</td>
<td>40</td>
</tr>
</tbody>
</table>
Table 4. Emotional-focused Coping Total

<table>
<thead>
<tr>
<th>CD4 Count</th>
<th>Pearson's Correlation</th>
<th>CD4</th>
<th>Emottot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td></td>
<td>.071</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Emottot</td>
<td>Pearson's Correlation</td>
<td>.071</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.689</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>34</td>
<td>40</td>
</tr>
</tbody>
</table>

Table 5. Problem-focused Coping Total

<table>
<thead>
<tr>
<th>CD4 Count</th>
<th>Pearson's Correlation</th>
<th>CD4</th>
<th>ProbTot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>- .069</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td></td>
<td>.699</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>ProbTot</td>
<td>Pearson's Correlation</td>
<td>-.069</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.699</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>34</td>
<td>40</td>
</tr>
</tbody>
</table>

Summary

This chapter discussed the results of this study and demographic information. Furthermore, evidence was
provided that there was no correlation between a person's CD4 count and their coping styles.
CHAPTER FIVE

DISCUSSION

Introduction

This study examined the levels of self-efficacy in methods of coping among people living with HIV/AIDS. This chapter offers an analysis of the results and how they relate to other research. Secondly, limitations to this study are presented. Furthermore, there will be a discussion on recommendations for social work practice, policy and research.

Discussion

In the data for this study a correlation could not be determined between levels of self-efficacy and people's CD4 count. However, as mentioned earlier there is a great deal of research that provides evidence that there is a correlation between these variables.

Remien, R., et al (2006) noted a direct correlation between CD4 counts and health. Additionally the study found a second correlation between psychological well-being, and well-being. Therefore, improved psychological well-being through the use of self-efficacy and coping strategies can improve outcomes of HIV.
Furthermore Remien (2006) evokes that when HIV/AIDS is properly treated, a person's CD4 increases thereby creating less negative symptoms. The results to this study were not evident of this relationship because the participants CD4 count did not decrease or increase with their level of coping self-efficacy.

According to Gore-Felton, C., et al. (2006) study a correlation is present among coping skills and psychological distress and the progression of HIV/AIDS and mental health illness. Furthermore, when positive coping are utilized and psychological distress is lowered the chances of developing depression also decrease. Furthermore, Forsyth, A. and Carey, M. (1998) study incorporated self-efficacy's effect on a person's mental health. This study should have shown similar correlations but the findings were not consistent.

Previous research has also demonstrated that coping methods focused on problems and emotions can decrease psychological distress and increase social support, and well-being for people infected with HIV/AIDS (Chesney et al., 2006). This study proved inconsistent with these results as well.
CET is an intervention implemented into programs, to encourage participants to use positive coping methods and as a result they are able to lessen their psychological distress and increase their well-being (Chesney et al., 2003). This study was inconclusive in determining whether or not an intervention such as this one would prove beneficial.

Limitations

The current study had a number of limitations that prevents it from generalization. This study utilized one agency with offices throughout the Inland Empire. IAP is one of many agencies that are located in the Inland Empire. Additionally, the members of IAP are receiving specific types of services that other agencies may or may not offer. Plus the participants were not questioned about how many services they receive or how much they participate in programs.

Another limitation could have been related to the sample size. There were only forty IAP clients that participated in the study. The results may have differed if a larger sample size could have been acquired. In addition Leslie’s (2002) results indicated that there is
A correlation among social support, mental and physical health among a sample size of 295 participants.

A further limitation may have been related to the demographic data collected. The majority of the participants in this study were males. There may be gender differences that relate to the outcome. Remien’s (2006) study used 978 female participants in determining that coping skills can lower distress and improve health.

Also most of the participants were over 40 years old and half were single, never married. CD4 counts may have also affected this study’s outcomes. Furthermore, there were races that were underrepresented including Asian and Native Americans. These factors may not be representative of the general population. It is recommended that further research data collected on this topic be more characteristic of the general population.

Recommendations for Social Work Practice, Policy and Research

Empowerment is vital to social work and the HIV/AIDS population in particular because increasing a person’s confidence has shown to improve his/her health (Chesney, 2006). More awareness needs to be made so that extra people can become educated about helping people to live
longer with HIV/AIDS. Research has been conducted and should continue to be conducted to gather evidence that pursues a possible correlation between self-efficacy and people's CD4 count.

Although a correlation could not be demonstrated in this study it does not suggest that past research has been incorrect only that more research is needed.

Conclusion

This chapter discussed the results of this study that demonstrated no significant correlation among coping self-efficacy and a person's CD4 count within the HIV/AIDS community. Moreover, reasons for why a correlation could not be demonstrated were explored. Finally, suggestions for social work practice, policy and research were provided.
When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following:

<table>
<thead>
<tr>
<th>Cannot do at all</th>
<th>Moderately certain can do</th>
<th>Certain can do</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

For each of the following items, write a number from 0 - 10, using the scale above.

When things aren't going well for you, how confident are you that you can:

1. Keep from getting down in the dumps. ________ 99
2. Talk positively to yourself. ________ 99
3. Sort out what can be changed, and what can not be changed. ________ 99
4. Get emotional support from friends and family. ________ 99
5. Find solutions to your most difficult problems. ________ 99
6. Break an upsetting problem down into smaller parts. ________ 99
7. Leave options open when things get stressful. ________ 99
8. Make a plan of action and follow it when confronted with a problem. ________ 99
9. Develop new hobbies or recreations. ________ 99
10. Take your mind off unpleasant thoughts. ________ 99
11. Look for something good in a negative situation. ________ 99
12. Keep from feeling sad. ________ 99
13. See things from the other person's point of view during a heated argument. ________ 99
14. Try other solutions to your problems if your first solutions don't work. ________ 99
15. Stop yourself from being upset by unpleasant thoughts. ________ 99

please go on to next page ➔
When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following:

<table>
<thead>
<tr>
<th>Cannot do at all</th>
<th>Moderately certain can do</th>
<th>Certain can do</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

When things aren't going well for you, how confident are you that you can:

16. Make new friends. ______ 99
17. Get friends to help you with the things you need. ______ 99
18. Do something positive for yourself when you are feeling discouraged. ______ 99
19. Make unpleasant thoughts go away. ______ 99
20. Think about one part of the problem at a time. ______ 99

21. Visualize a pleasant activity or place. ______ 99
22. Keep yourself from feeling lonely. ______ 99
23. Pray or meditate. ______ 99
24. Get emotional support from community organizations or resources. ______ 99
25. Stand your ground and fight for what you want. ______ 99
26. Resist the impulse to act hastily when under pressure. ______ 99

APPENDIX B

INFORMED CONSENT
Informed Consent

The study in which you are being asked to participate is designed to investigate positive coping methods among people living with HIV/AIDS. This study is being conducted by Dinora Morales under the supervision of Dr. Smith, Department of Social of Social Work at California State University, San Bernardino. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino.

In this study, you will be asked to respond to several questions on coping strategies. One item on the survey is the following: “I get friends to help me with the things I need.” Potential responses include “strongly disagree,” “disagree,” “agree,” “strongly agree.” The survey should take about fifteen to twenty minutes to complete.

All of your responses will be held in the strictest of confidence by the researcher. Your name will not be reported with your responses. All data will be reported in group form only. You may receive the results to this study upon completion on September 2008 at the following address locations: 5000 University Parkway, the Pfau Library, San Bernardino, CA 92407 or Inland AIDS Project.

Your participation in this study is totally voluntary. You are free not to answer any question and withdraw at any time during this study without penalty. When you have completed the survey you will receive a debriefing statement describing the study in more detail and a gift card of five dollars. There will be minimal risks as a result of study. Benefits to this study may be your awareness may increase.

If you have any concerns or questions about this study, please feel free to contact Dr. Laurie Smith at (909) 537-3837.

By placing a check mark below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here: ___________________ Today's date: ___________________
APPENDIX C

DEBRIEFING STATEMENT
Study of Coping Methods among the HIV/AIDS Community
Debriefing Statement

The study that you have just completed was designed to examine coping methods among the HIV/AIDS community. Coping methods are behaviors that people utilize in order to deal with life stressors. However, some people are better able than others to deal with these stressors. The study seeks to examine the relationship between coping strategies and quality of life.

Thank you for your participation and for not discussing the contents of the questionnaire with other participants. If you have any question about the study, please feel free to contact Dr. Laurie Smith at (909) 537-3837. If you would like to obtain a copy of the group results of this study, please contact Dr. Laurie Smith at (909) 537-3837 at the end of September 2008.
APPENDIX D

DEMOGRAPHICS
Demographics
Please answer the following questions

What is your gender?
  o Male
  o Female

What year were you diagnosed with HIV/AIDS? ________

What is your age?
  o Under 20
  o 20-29
  o 30-39
  o 40-49
  o 50-59
  o Over 60

What is your CD4 count? ________

What is your current employment status?
  o Full-time
  o Part-time (30 hours or less)
  o Currently seeking employment
  o Student
  o Retired
  o Not seeking employment
  o Other (please specify)

Which best describes your race?
  o African America
  o Caucasian
  o Mexican/Hispanic
  o Asian
  o American Indian
  o Other (please specify)

What is you marital status?
  o Single, never married.
  o Married
  o Separated
  o Divorced
  o Widowed

49
REFERENCES


