

# The Effect of Religiously Integrated Cognitive Behavioral Therapy on the Psycho-Spiritual Well-Being of People Living with HIV

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**ABSTRACT.** This study determined the effect of Religiously Integrated Cognitive Behavioral Therapy (RCBT) on the psycho-spiritual well-being of people living with HIV (PLHIV). A one-group pretest-posttest design was employed to determine the effect of RCBT on the psycho-spiritual well-being of PLHIV. The Psychological General Well-Being Index (PGWBI) and the Spiritual Well-Being Questionnaire (SWBQ) were used to measure the psychological well-being and the spiritual well-being, respectively. The intervention was a single session RCBT. The participants were PLHIV from the Philippine Catholic HIV/AIDS Network (PhilCHAN) Western Visayas group. The results of the study revealed a statistically significant increase in the psychological well-being of the PLHIV before and after the RCBT. Although there was an increase in the spiritual well-being of the PLHIV after the RCBT, it was not statistically significant. The findings suggest implications for the inclusion of RCBT in the services provided for PLHIV to improve their psycho-spiritual well-being.

## 1.0. Introduction

Human Immunodeficiency Virus (HIV) is a retrovirus that attacks the immune system, first discovered in the United States in 1981 (Taylor, 2018). Currently, an estimated 36.9 million people worldwide are living with HIV, with approximately 4.8 million people living with HIV (PLHIV) in Asia and the Pacific (Adia et al., 2018; Taylor, 2018).

In the Philippines, the HIV infection is a rapidly growing epidemic. The average number of people newly diagnosed with HIV per day for 2019 was 36, with 1,038 newly confirmed HIV-positive individuals reported to the HIV/AIDS & ART Registry of the Philippines (HARP) in September 2019 (Department of Health [DOH], 2019). For Region VI, there were 65 newly diagnosed cases. Since the first case of HIV infection in 1984, the Philippines recorded 71,778 confirmed HIV cases as of September 2019.

An HIV infection affects the physical, psychological, social, and spiritual aspects of a person's life. There is a need for mental health professionals to provide an avenue for PLHIV to process the effect their diagnosis has on their well-being. In the Philippines, the response to Republic Act (RA) No. 11166 came from the Catholic Bishops' Conference of the Philippines' Episcopal Commission of Health Care (CBCP-ECHC) and the Order of the Ministers of the Infirm (Camillians) who have been providing pastoral care for PLHIV in the form of medical, legal, psychosocial, and spiritual services.

The World Health Organization (WHO) recommends psychological and social interventions (WHO, 2010) for people with mental health issues, such as PLHIV. The Stepped-Care Approach for Psychological Support for PLHIV (Hortillas & Gayoles, 2018) matches the appropriate level of care to the identified needs of PLHIV. This model describes four essential levels of providing psychological support to PLHIV based on levels of complexity of need, paired with increasing practitioner training and specialization in psychological disorders and competency.

Pastoral counseling is in line with the aim of the WHO (2010). It is a form of counseling that integrates pastoral theology and secular psychology in providing a holistic approach to psychotherapy, where faith, theology, and psychology play foundational roles (Lucerna & Gayoles, 2018). It also provides individuals with a venue for coping strategies development, and a venue to experience empathy, support, and encouragement in a time of difficulty such as handling the reality of HIV diagnosis (Ezeanolue et al., 2017; Pearce et al., 2015).

Cognitive behavioral therapy (CBT) is one of the mainstream psychotherapies for PLHIV (Vincent et al., 2017). It focuses on the interactions between thoughts, feelings, and behavior. A theistic spiritual strategy can be integrated into CBT (Repique & Gayoles, 2019). This strategy includes a theistic conceptual framework, a set of religious and spiritual therapeutic interventions, and implementing guidelines.

Religiously integrated cognitive behavioral therapy (RCBT) adheres to the same principles of conventional cognitive behavioral therapy (CCBT) in which the individual explicitly uses their religious tradition to identify and replace unhelpful thoughts and behaviors to improve overall well-being (Koenig et al., 2016; Koenig et al., 2015; Pearce et al., 2015). Studies have been conducted to determine the effect of RCBT in treating major depression and anxiety in patients of different religious background with medical illness (Sabki et al., 2019; Vaezzadeh et al., 2017; Bogdan et al., 2016; Pearce et al., 2015). In the Philippines, researches were conducted to improve HIV knowledge, attitudes, and behaviors, and sexually transmitted infections (STI) knowledge and prevention strategies, and contextualized risk and protective factors (Restar et al., 2018). However, there is a dearth in literature and research on the effect of RCBT in treating PLHIV (Taylor, 2018; Pearce et al., 2015).

The present study deals with counseling psychology, which focuses on promoting intrapersonal and interpersonal functioning throughout the lifespan (Lucerna & Gayoles, 2018). It involves interventions to help individuals enhance their well-being, lessen their distress, minimize maladjustment, manage crises that come along, and to function better. Currently, the available psychosocial services for PLHIV in the Philippines provided by PhilCHAN are limited to Levels 1 and 2, providing PLHIV information and psychological support ranging from general emotional care and psychoeducation to outbound referral. For this reason, the researchers believe that RCBT is an advancement in the available continuum of care for PLHIV. Based on the Stepped-Care Approach for Psychological Support for PLHIV (Hortillas & Gayoles, 2018), RCBT is an intervention that PhilCHAN can provide to PLHIV at Levels 3 and 4 through qualified, professionally registered practitioners in counseling and psychotherapy. It is a manualized therapeutic approach to improve and sustain the psycho-spiritual well-being of PLHIV (Lucerna & Gayoles, 2018; Koenig et al., 2016; Koenig et al., 2015; Pearce et al., 2015) and if effective, RCBT may be provided as a service for PLHIV in the country.

The purpose of the study is to determine the effect of RCBT on the psycho-spiritual well-being of PLHIV under the care of PhilCHAN Western Visayas. It is hypothesized that RCBT improves their psycho-spiritual well-being.

## **2.0. Framework of the Study**

This study is anchored on Religiously Integrated Cognitive Behavioral Therapy (RCBT), the Health Belief Model, and the Biopsychosocial Spiritual (BPSS) Model to determine the effect of RCBT on the psycho-spiritual well-being of the PLHIV.

The central postulate of CBT states that thought patterns and beliefs, emotional state, and behavior influence one another (Pearce et al., 2015). An individual's perception of a situation and interpretation often determines how they feel and what they do. RCBT adheres to the same principles of conventional CBT. RCBT explicitly uses the individual's religious tradition as a significant foundation to identify and replace unhelpful thoughts and behaviors to reduce negative symptoms (Pearce et al., 2015).

The Health Belief Model is one of the first theories of health behavior (Jones et al., 2015). It was developed in the 1950s by a group of U.S. Public Health Service social psychologists to explain the reasons behind people participating in programs to prevent and detect disease. According to the Health Belief Model, there are two aspects of health behavior. The first is the perception of threats to health based on an estimation of perceived susceptibility to illness and severity of illness consequences. The second is the capacity to evaluate behavior necessary to avoid or reduce these threats including the benefits, efficacy, and costs of engaging in healthy behaviors. Cues to action can prompt the performance of health behaviors if the underlying beliefs about threat perception and behavioral evaluation are favorable (Jones et al., 2015).

George Engel, a psychiatrist, developed the Biopsychosocial (BPS) Model of care because he believed that medical care must include the disease itself as well as the psychosocial dimensions (Lucerna & Gayoles, 2018) to expand the diagnostic process from the biomedical lens to a broader biopsychosocial lens (Kuhn, 2015). The BPS model has experienced expansion beyond Engel's original theory, with the inclusion of spirituality (Kuhn, 2015). This expansion combines the original ideas of Engel with those of Wright et al., which brought awareness to illness beliefs through the lens of spirituality (Kuhn, 2015). The WHO has declared that spirituality is an important dimension of quality of life (Sulmasy, 2002), an individual's spiritually affects one's physical, psychological, and interpersonal states.

HIV has been one of the major health concerns due to its continuous spread and 40 million related deaths (Shrivastava et al., 2015). HIV preventive measures have been initiated and implemented around the globe focusing on HIV education, condom use, and pre-exposure prophylaxis, just to mention some (Nott, 2018; Mimiaga et al., 2017; Yang et al., 2016; Spieldenner, 2016). Programs and interventions for those who are HIV positive focus on adherence to antiretroviral therapy, condom use, and non-sharing of needles in illegal drug use (Pines et al., 2019; Toupin et al., 2018; Mihailovic et al., 2015). Psychosocial support has been found as an intervention that improves PLHIV's self-esteem, coping, grit, and optimism; reduces stress, depression, and perceived stigma, and ultimately one's well-being (Rubtsova et al., 2019; Beres et al., 2017; Chitiyo et al., 2016). The estimated 4.8 million PLHIV in Asia and the Pacific are part of this global health concern, to receive post-diagnosis interventions, to enhance HIV education among the general public, to eradicate additional HIV infection, and to assist PLHIV cope well in their lives (Adia et al., 2018; Taylor, 2018).

The occurrence of HIV infections in the Philippines is on the rise, with sexual contact as the predominant mode of transmission (Bumanglag, 2018). In September 2019, there were 1,038 newly confirmed HIV-positive individuals reported to the HIV/AIDS & ART Registry of the Philippines (HARP; DOH, 2019). Ninety-five percent (985) of the newly diagnosed were male. Half of the cases (519) were 25-34 years old and almost a third (322) were 15-24 years old at the time of diagnosis. Despite existing laws and efforts in the Philippines, misconceptions, stigma, and discrimination are still rampant, such as HIV is highly associated with men having sex with men, with drug use, and is a moral weakness that deserves punishment (Hortillas & Gayoles, 2018). Consequently, psychosocial support for Filipino PLHIV is getting compromised (Rubtsova et al., 2019; Beres et al., 2017; Chitiyo et al., 2016). Hence, there is a need to address stigma for mental health, hesitance and delays in HIV testing, and avoidance of HIV mental and health services (Adia et al., 2018).

PLHIV face concerns of HIV-positive status disclosure; antiretroviral therapy after the diagnosis; behavior change; depression accompanying the diagnosis; HIV advocacy; mental health risks; physical symptoms experienced during seroconversion; social support from family, friends, and others; and stigma and discrimination attached to HIV (Li et al., 2019; Hortillas & Gayoles, 2018; Adia et al., 2018; Warren-Jeanpiere et al., 2017; APA, 2013). Nevertheless, most PLHIV coped with the HIV infection fairly well (Taylor, 2018). The previous claim is verified, especially among PLHIV, who harnessed social support and found the courage to disclose their HIV status to significant others, found new meaning and purpose in life, chose to be resilient, and hold on to connectedness with the transcendent, the self, and nature (Brown et al., 2019; Gottert et al., 2019; de Oliveira et al., 2018; Vincent et al., 2017; Liboro & Walsh, 2016).

Depression commonly accompanies HIV infection, especially among PLHIV with little social support, those who were stigmatized and discriminated, those who engaged in avoidant coping, or those who have more severe HIV symptoms (Taylor, 2018; Dolwick Grieb et al., 2017). Grief and anxiety due to the HIV diagnosis also occur (Hortillas & Gayoles, 2018). Moreover, economic hardships, family conflict, lack of family support, marriage problems, social rejection of patient's families, among others agitate and give rise to the worsening of the psychological issues faced by PLHIV (Dejman et al., 2015). Imbedded in every risk reduction strategy and intervention to stop the spread of HIV lays the motive of HIV education and health behavior change (Taylor, 2018).

Spirituality is the lifelong relationship with the Divine, which leads to transformation of the individual (Feldmeier, 2016). PLHIV cope with their illness effectively due to their spiritual behaviors and meaning (Mistretta et al., 2017). There is an association between spirituality and health outcomes (Feldmeier, 2016; Ironson et al., 2016), despite various forms of changes and challenges in the form of increased levels of shame, self-blame, fear of disclosing HIV status, and isolation and decreased value and connections with God, others, the environment, and the self (Yu et al., 2018; Hortillas & Gayoles, 2018).

Religiosity and spirituality certainly have a cultural, historical, and social influence in Philippine society (Magpusao, 2019). Filipinos culturally and distinctly showcase resilience and faith. In the midst of chronic illnesses such as HIV, Filipinos elicit hope and faith as their expressions of resilience and coping (Hechanova et al., 2018; Cruz et al., 2017). Currently in the Philippines, there is an increasing interest in the integration of spirituality and religiosity in the treatment of mental and physical illness, (Cruz et al., 2016).

Pastoral care is based on the spiritual care concept and use religious-based care (Wiwanitkit, 2017). Pastoral care, as the single most fundamental duty of a minister, seeks to provide guidance and

nurturance conducive for spiritual growth (Stansbury et al., 2012). Pastoral counseling is intricately related to the community of faith (LaMothe, 2018). With the existence of people living with HIV, pastoral counseling has been one of the interventions created by churches around the world to respond to such a need (Shih et al., 2017; Bryant-Davis et al., 2016). Both pastoral care and pastoral counseling can secure spiritual health and growth for clients, but practitioners agree that pastoral counseling requires additional training and licensure (Stansbury et al., 2012). In the Philippines, a Registered Psychologist (RPsy) delivers psychological services that include psychological interventions such as cognitive behavioral therapy (CBT), psychological assessment, and psychological programs (RA No. 10029). An RPsy trained in spiritually informed CBT, religiously integrated CBT, and spiritually oriented CBT (Repique & Gayoles, 2019) can provide pastoral counseling.

Faith communities have been intending and engaging in HIV preventive solutions, training to decrease stigma, and strengthen support for PLHIV (Aholou et al., 2016). There is a need to develop a therapy module that integrates spirituality, mental health, and biopsychological models (Amjad & Bokharey, 2015).

Cognitive Behavior Therapy (CBT) is a form of psychotherapy useful and effective for assisting individuals in modifying their cognitions by challenging and changing faulty thinking (Corey, 2016; Pearce et al., 2015). The central premise of CBT is the interconnection of thoughts, emotions, and behavior, how the individual perceives and interprets a situation determines how they feel which determines how they behave. CBT teaches the individual to identify, challenge, and replace maladaptive thoughts with healthy thoughts and behaviors.

CBT is one of the mainstream psychotherapies for PLHIV (Vincent et al., 2017). PLHIV experiencing significant psychological distress due to high rates of stigma and low availability of mental health resources successfully received CBT and benefited from it (Klimek et al., 2019; Yang et al., 2018; Moore et al., 2015). On the other hand, pastoral counseling in a mostly Catholic nation, just like the Philippines, is hypothesized to be useful for people living with HIV (Lucerna & Gayoles, 2018; Paredes, 2017). Pastoral counseling and cognitive behavioral therapy are among the interventions and services received to address psychological and spiritual issues related to HIV/AIDS (Yang et al., 2018; Pearce et al., 2015; Brenner, 2003).

Religiously Integrated Cognitive Behavioral Therapy (RCBT) is a therapeutic approach designed to assist depressed individuals to develop depression-reducing thoughts and behaviors informed by their own religious beliefs, practices, and resources (Pearce et al., 2015). RCBT has been effective for people dealing with major depressive disorder and chronic illness, such as HIV infection (Koenig et al., 2016). Moreover, those who have exhibited religiosity after being receptive to RCBT were able to increase the appeal and access to treatment (Bogdan et al., 2018). RCBT was grounded in the long spiritual tradition of Christianity, Judaism, Islam, Buddhism, and Hinduism, and was found to be effective in the amelioration of psychological problems, depression, spiritual coping groups for those with HIV, sexual abuse, cancer, generalized anxiety, and posttraumatic stress disorder (Pearce et al., 2015). In terms of people's spirituality religiosity, and coping with difficult life changes and challenges brought about by living with HIV, RCBT is deemed effective as an intervention in the Philippines.

Adding the religious component to CBT contributed to the initial treatment appeal for religious participants hence increasing treatment accessibility. Koenig et al. (2015) found CBT and RCBT to be effective treatments for major depression in persons with chronic medical illnesses. Similarly, efficacy and adherence to RCBT though was found to be more appealing and affected by the patient's religiosity.

The following are the major tools of RCBT: (Pearce et al., 2015) renewing of the mind, which teaches individuals to use their religious teachings to replace negative thoughts with positive alternatives found in scripture that promote mental health; scripture memorization and contemplative prayer, where the therapist provides individuals with a relevant passage from scripture to memorize and to meditate on; challenging thoughts using one's religious resources through the ABCDE model developed by Ellis, adding step R for religious beliefs and resources; religious practices done daily to build positive behavioral patterns such as forgiveness, gratitude, generosity, altruism, praying for self and others, and regular social contact with members of the religious community; religious/spiritual resources, which include social support from church members, talking to religious leaders, attending religious study groups, reading religious literature, watching religious programs, and attending religious services; and, involvement in a religious community that helps challenge and change negative emotions.

Since the first case of HIV infection in 1984, the Philippines have initiated interventions in response to HIV in the country (DOH, 2019), with RA No. 11166 as the most recent law taking off from the former RA No. 8504. RA No. 11166 (2018) emphasizes that HIV and AIDS are public health concerns that must be solved socially, politically, and economically, whereas, human rights and dignity are upheld. Community-based research is also encouraged, supporting studies undertaken in a community setting that involves the community and benefit PLHIV.

Catholic pastoral care as a response to HIV/AIDS pandemic is a concrete response to a public health concern here in the country and around the world (Wiwanitkit, 2017). The Catholic Bishops' Conference of the Philippines Episcopal Commission on Health Care (CBCP-ECHC), called for renewed vigor of the Church to serve the sick (Aquino, 2018). The Catholic Church in the Philippines has concretized this prompting of the bishops, primarily through the efforts for PLHIV, with emphasis on proper education, awareness based on Gospel values, strengthening family ties, having respect for life, and behavior change (Cancino, 2018).

For the past decades, the Camillians, the Order of the Ministers of the Infirm founded by St. Camillus de Lellis, in the Philippines have taken care of PLHIV. Services included; education, such as the Pastoral Training on HIV/AIDS, HIV/AIDS, advocacy, positive prevention, and treatment-care-support (Magpusao, 2011). The Camillians also provide spiritual enrichment for PLHIV, affected and significant others, and those who care for them, like recollection, retreat, spiritual counseling and discernment, scripture studies, and recollections, medical services, psychosocial support, shelter, protection, and nutrition.

The Philippine Catholic HIV/AIDS Network (PhilCHAN) rose from the first gathering of Catholics in the Philippines to address HIV/AIDS in the country on August 15, 2011. PhilCHAN continues to work under the guidance of CBCP-ECHC. It continues to provide faith-based services and programs for PLHIV and engages in local and national events that enhance the general public's awareness about HIV, and efforts in the prevention of the spread of HIV. A chapter of PhilCHAN in the province of Iloilo was established, headed by the Sisters of St. Paul of Chartres. PhilCHAN-Iloilo informed local media groups that they have been providing efforts to give hope and steer PLHIV away from depression or suicide (Yap, 2019).

Rinehart et al. (2019) conducted a longitudinal study to compare the relative effects of multiple mediators affecting the relationship between HIV-related stigma and psychological distress, specifically in adaptive coping, internalized HIV-related stigma, and maladaptive coping. Findings revealed that HIV-related maladaptive coping largely mediated the relationship between experienced HIV-related stigma and distress.

Kiene et al. (2018) conducted a study to find out about depressive symptoms in weeks immediately following diagnosis and how disclosure, coping, and other factors affect short or long-term depressive symptoms. Those diagnosed with HIV showed initially high depressive symptoms following diagnosis. Their symptoms decreased significantly and on average fell below the cutoff for possible depression approximately 15 days after diagnosis. The study found the importance of timely disclosure to significant others, and that regular depression screening after diagnosis, and provision of mental health services could enhance the HIV care engagement and treatment of PLHIV.

Griffith et al. (2019) observed that young adults with HIV (YAHIV) were unlikely to be retained in care or achieve viral suppression in adult clinics. They conducted a study to assess the outcomes of a youth-focused care model versus standard of care within a large adult HIV clinic, using retrospective analysis of patients entering early care access versus standard care access from 2012 to 2014. HIV care retention was associated with frequent follow up from service providers through visitation, phone calls, and interactions.

Gwyther et al. (2018) conducted a prospective cohort study over six months to fill the gaps in HIV symptom management and psychosocial care for PLHIV, and intended to integrate the need for palliative care into HIV services. Participants were PLHIV who have relatively low CD4 counts or T-cell counts, with advanced cancer, and diagnosed with motor neuron disease. Participants responded to the African Palliative Outcome Scale (APCA) on the first visit, and once a month for six months through a telephone call. The findings revealed that most patient health outcomes significantly improved for HIV patients. Pain, symptoms, and worry reduced significantly. Spiritual well-being, being at peace, and believing life is worthwhile also improved.

Millard et al. (2016) took the initiative to develop an online self-management program for PLHIV dubbed as the Positive Outlook Program. This seven-week program was used to improve

the skills, confidence, and abilities of participants to manage psychosocial issues associated with an HIV-infection. They aimed to evaluate the effectiveness of an online self-management program in improving health outcomes and wellbeing of gay PLHIV in Australia. They found these substantial evidences for the impact of stigma, isolation, and limited disclosure on the quality of life and well-being of PLHIV.

Yu et al. (2018) wrote an article that aims to achieve the "Three Zeros" in the battle against HIV in Taiwan. The target for the year 2030 is to realize zero discrimination, zero infection, and zero death. Nursing professionals and allied service providers were challenged to provide a holistic approach in response to the increased levels of fear of disclosing HIV status, increased levels of shame, isolation and decreased value and connections with God, others, the environment, and the self, and self-blame among PLHIV. Promoting spiritual well-being among PLHIV will contribute in the total enhancement of health, reduction of stigma and discrimination, and zero HIV infection and deaths.

Oji et al. (2017) conducted a systematic literature review to explore the impact of faith beliefs on health and/or medication adherence among individuals with depression and/or HIV/AIDS. Quantitative and qualitative data were analyzed. Spiritual advisor contact was significantly associated with the absence of Major Depressive Disorder and inversely related to Substance Abuse and Mental Illness Symptoms Screener, depression, and poor health behaviors. Patient interviews reflected significance of faith in terms of insight and acceptance of illness, the role or need for medications, coping, and medication adherence.

Ironson et al. (2016) examined the use of spirituality/religiousness in coping with HIV in predicting survival over 17 years, independent of medication adherence. A battery of psychological questionnaires, blood samples drawn, and interview and essay assessments qualitatively reporting current stressors and spiritual coping were completed. Cox regression analyses revealed that overall positive spiritual coping significantly predicted greater survival over 17 years. Particular spiritual coping strategies that predicted longer survival included spiritual practices, spiritual reframing, overcoming spiritual guilt, spiritual gratitude, and spiritual empowerment. People using these strategies were 2 to 4 times more likely to survive. The study affirmed spirituality and religiosity as significant aspects associated with the survival of PLHIV, thus strengthening the association between spirituality/religiousness and health outcomes of PLHIV.

### **3.0. Methods**

The researchers employed the experimental research design, specifically the one-group pretest-posttest design, to determine the effect of RCBT on a sample group (Allen, 2017).

The Psychological General Well-Being Index (PGWBI) targets peoples' self-representations of an aspect of their general well-being and does not include an evaluation of physical health (Dupuy, 2002). There are 22 items, with six dimensions: Anxiety, Depressed Mood, Positive Well-being, Self-Control, General Health, and Vitality. For each dimension, score is given by the sum of the relevant items. The ranges for the dimensions score are as follows: Anxiety = 0 - 25; Depressed mood = 0 - 15; Positive well-being = 0 - 20; Self-control = 0 - 15; General health = 0 - 15; Vitality = 0 - 20; and Total Global score = 0 - 110. The PGWBI generates a total global score for general well-being, which is the sum of the 6 dimension scores. It ranges from 0 (poor quality of life) to 110 (good quality of life) (Dupuy, 2002).

In 2003, Gomez and Fisher developed the Spiritual Well-Being Questionnaire (SWBQ) based on a theoretical model of spiritual well-being proposed by Fisher (Moodley, 2008; Gomez & Fisher, 2003). In 2005, a revised SWBQ scale was developed and showed improvement in terms of its psychometric properties (Moodley, 2008). Raw scores are used and are obtained by calculating the sum of items (Moodley, 2008). A 5-point Likert scale was used for the items: 1 = Very Low to 5 = Very High (Holder, Coleman & Wallace, 2010). The lowest possible SWB score is 21, and the highest possible score is 105, with a range of 84. The spiritual well-being measures are very high, high, moderate, low, and very low (Holder, Coleman & Wallace, 2010).

With the approval and recommendation of the chairperson of PhilCHAN-Iloilo, volunteer participants were identified. The participants completed the informed consent. Pseudonyms were used to ensure anonymity and confidentiality. The participants also agreed to the proper disposal of all printed materials. After these ethical considerations were satisfied, the researchers conducted an experimental research to determine the effect of RCBT on the psycho-spiritual well-being of the PLHIV from PhilCHAN Western Visayas on February 9, 2020.

Ten participants from PhilCHAN Western Visayas completed the pretest measurements prior to the RCBT. These 10 participants comprised the group that received a single session RCBT, which lasted for four

hours, was conducted by one of the researchers who is a Registered Psychologist. Posttest measurements were completed on March 2, 2020.

The single session RCBT for PLHIV is based on Brenner's Strategic Pastoral Counseling (Brenner, 2003), which follows the three respective stages. During the Encounter Stage, the therapist established a trusting, respectful relationship with the participants and the purpose of the session. During the Engagement Stage, participants worked with the therapist to develop alternative thoughts and new coping strategies that will result in behavior changes. Lastly, during the Disengagement Stage, the participants assessed their development and accomplishment of the identified goals, and the RCBT is terminated.

The RCBT covered the following topics: introduction of the program using CBT and RCBT; identifying unhelpful thoughts; challenging unhelpful thoughts; coping with spiritual struggles and negative emotions; benefits of gratitude; stress-related and spiritual growth; and hope and relapse prevention (Pearce et al., 2015).

Quantitative data were analyzed utilizing the following: the mean and the standard deviation; and the dependent *t*-test to determine the difference in the psycho-spiritual before and after the intervention (Steinberg, 2008).

The researchers followed the Code of Ethics set by the Professional Regulatory Board (PRB) of Psychology (2017) on conducting research by Philippine psychologists.

#### 4.0. Results and Discussion

##### **Difference in the psychological well-being of the PLHIV before and after the intervention.**

The results from the pre-test ( $M = 57.00$ ,  $SD = 16.58$ ) and post-test ( $M = 77.30$ ,  $SD = 11.90$ ) psychological well-being indicate that the intervention resulted in an increase in the psychological well-being of the PLHIV [ $t(9) = -4.98$ ,  $p < .001$ ]. The RCBT improved the psychological well-being of the PLHIV, which implies an improvement toward positive well-being.

##### **Difference in the spiritual well-being of the PLHIV before and after the intervention.**

The results from the pre-test ( $M = 83.10$ ,  $SD = 14.53$ ) and post-test ( $M = 94.7$ ,  $SD = 14.48$ ) spiritual well-being indicate that the intervention resulted in an increase in the spiritual well-being of the PLHIV, however, it is not statistically significant [ $t(9) = -2.03$ ,  $p = .07$ ]. Although the RCBT improved the spiritual well-being of the PLHIV, the pastoral care offered by PhilCHAN may have helped the PLHIV improve their coping with and adjustment to new situations.

Prior to the RCBT, these PLHIV coped with issues such as depression, anxiety, ART initiation, fear of disclosure, stigma, and discrimination brought about by their diagnosis (Hortillas & Gayoles, 2018). In response, these PLHIV were prompted to make sense of what was happening (Magpusao, 2019). Resilience, as one of the positive well-being features, was yet to be tapped and enhanced by these PLHIV (Gottert et al., 2019).

RCBT provided the opportunity for these PLHIV to effectively deal with their physical, social, and mental health concerns (Koenig et al., 2016) by prompting their cognitive and religious insights (Pearce et al., 2015). The findings of this study are supported by the study of Koenig et al. (2016), which revealed that RCBT reduced depressive symptoms of the medically ill and confirmed clinical observations that RCBT helped them effectively manage their emotional problems.

PhilCHAN is an excellent service provider for HIV education and prevention, advocacy, treatment-care-support, spiritual enrichment for PLHIV and those who care for them. Services include recollection, retreat, spiritual counseling and discernment, scripture studies, and recollections, medical services, psychosocial support, shelter, protection, and nutrition (Magpusao, 2011). It is suitable for PhilCHAN to provide PLHIV with RCBT as an effective adjunct to their faith-based services and programs for all PLHIV in the Philippines. The participants shared that they were prompted to participate in the study after finding out that PhilCHAN was coordinating the event.

Before receiving RCBT, these PLHIV experienced increased levels of shame, isolation, and decreased value and connections with God, others, the environment, and the self, and self-blame (Yu et al., 2018). This is consistent with the findings of the study of Mistretta et al. (2017), which revealed that PLHIV with significant depressive symptoms also scored significantly lower in their spiritual well-being assessment. As Filipinos, the spiritual wellness of these PLHIV is culturally influenced to keep afloat due to resiliency and coping mechanisms in hurdling adversity (Magpusao, 2019), also with the help of PhilCHAN. As such, these PLHIV had high spiritual well-being. Despite their high spiritual well-being, these PLHIV still experience the roller coaster of the highs and lows of spiritual well-being as they go on with their everyday life.

After RCBT, the increase in spiritual well-being was not statistically significant. The increase can be attributed to RCBT, which initiated and inculcated spiritual components founded on the scriptures that focused on acceptance, forgiveness, generosity, and engagements in altruistic activities (Bogdan et al., 2018). Listening intently and questioning these PLHIV about their spiritual needs plays a key role in the efficacy of any intervention that they are receiving. RCBT is an effective intervention for these PLHIV that integrated religious insights into psychotherapy and helped in the increase of their overall health (Bogdan et al, 2018).

## 5.0. Conclusion

These PLHIV undergo immense changes by manifesting anxiety symptoms such as worry, nervousness, fear, and tension, and depressive symptoms such as apathy, a loss of interest in the future, and a lack of energy. Through the Religiously Integrated Cognitive Behavioral Therapy (RCBT) group counseling program, the PLHIV from PhilCHAN Western Visayas improved their psycho-spiritual well-being.

As PLHIV continue to face the challenges and changes in their lives as a result of their HIV status, they should learn to adapt a positive attitude toward seeking help from family, friends, and supportive communities. While the pastoral care of PhilCHAN helps these PLHIV experience healing of their brokenness brought about by their HIV status, pastoral counseling through RCBT group counseling will further assist these PLHIV cope with their physical, emotional, and moral stressors as well as with a crisis of meaning.

The Department of Health (DOH), medical professionals, mental health professionals, and the Catholic Church, through PhilCHAN, should work together to develop programs that integrate the medical, psychological, and spiritual fields in caring for PLHIV. The RCBT program will serve as a paradigm of care for PLHIV in the Philippines.

The general public should be made aware of service providers that offer programs that focus not only on the medical health of PLHIV in the Philippines, but also those that focus on their mental health, such as RCBT for PLHIV.

The present study should be a point of reference for PhilCHAN to include more chapters across the Philippines to reach more PLHIV under their care. Future researchers are encouraged to use this study as a basis in establishing the effectiveness of pastoral counseling so as to develop a comprehensive program designed to improve and sustain the psycho-spiritual well-being of PLHIV in the Philippines.

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