Not surprisingly, family members or significant others are often frustrated by the physical and mental debilitation their loved one has experienced. There may be a “Need to blame” present, and unconsciously, they may act this out by attributing a patient’s forgetfulness to noncompliance to willful stubbornness or manipulation. This is a common occurrence, and the clinician must be vigilant to educate those close to the demented patient what actual limitations exist for their loved one. Slowing, confusion and forgetfulness are all characteristics of the HIV–Associated Dementia and when present likely do not reflect intentional manipulation but rather, actual brain changes resulting in clinical symptomatology.

Providing information and educational resources to patients diagnosed with more or less severe cognitive decline associated with HIV is another important factor in HIV care. Many patients have little or no understanding of neurological functioning or the diseases that affect cognition. Thus, it is often a useful intervention for the therapist to suggest a “Family” session for the patient and all of the important caregivers in his or her system. The focus of this session should be psychoeducational in which all present are educated about the nature of HIV dementia, what new symptoms to be on the look out for, and suggestions for managing the cognitive impairment. Most patients upon hearing the term “Dementia” envision the most severe clinical characteristics, usually those associated with Alzheimer’s Disease, such as complete memory loss and vegetable like mannerisms. Helping patients to better understand neuropsychological functioning and the kind of changes associated with sub–cortical disease will greatly reduce the fears and worries of those affected.