Peers for SafeTalk

Can a Motivational Interviewing-based Safer Sex Program for People Living with HIV Be Adapted for Peer Delivery?

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Webinar Objectives

• Describe the SafeTalk Program and evidence of its impact on safer sex behaviors

• Explain Motivational Interviewing and how it was used in the program

• Lead a discussion on how SafeTalk could be adapted for delivery by peers
  – Patients’ opinions of a peer SafeTalk
  – A Pilot SafeTalk peer training
  – Considerations of adaptation for peer-delivery
Background

• A substantial proportion of people living with HIV report practicing unsafe sex.

• Studies have shown multiple factors influence safer sexual practices of people living with HIV.

• Safer sex programs for people living with HIV must be able to address multiple risk factors.
Background

• Motivational interviewing (MI) is a theory-grounded, client-centered counseling style.

• The individualized nature of MI can facilitate addressing complex, multi-dimensional phenomena like safer sex among PLWH/A.

• Multi-component behavioral programs are more effective than single component programs.¹

The SafeTalk Program

• Based on Social Cognitive Theory
• Four monthly MI safer sex counseling sessions
• Delivered by Master’s Level counselors
• Week long SafeTalk MI Training
• Standardized 13-step MI safer sex program
  – Raises awareness of self-motivation
  – Enhances skills and self-efficacy
• A CD/booklet pair precede each MI session
• Interactive CD/booklet pairs prepare for each MI session using patient narratives and exercises
• Tailored booster letter sent after each MI
Safe Talk Program Materials

A menu of choices

Check off things below you want to talk about in your SafeTalk time:

What I want to talk about...

- Telling someone I am positive
- Talking about sex with partners
- Risks with oral sex
- Worries I have about infecting others
- Talking to my children about being positive
- How to be safer during sex
- Using condoms
- Having an STD
- Being high and having sex
- Having sex with someone who is HIV+
- Feeling afraid of my partner
- Something else __________________

Rating my topic

Thinking about what you chose, ask yourself:

How important is this to me?

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How sure am I that I can talk about this in SafeTalk?

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<td>Very Sure</td>
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(Look on pages 21–23 for extra copies of this page.)
What is Motivational Interviewing? Not Just a New Idea!

“People are generally better persuaded by the reasons they have themselves discovered, than by those which have come into the mind of others.”

*Pascal, 17th Century*

“Patients should be encouraged to produce arguments for change, and ways of achieving it, rather than have these presented to them by the practitioner.”

*Rollnick S., (1999).*
What is Motivational Interviewing?
Definition

“A directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.”

Four Elements of Motivational Interviewing (MI)

- Engaging
- Focusing
- Evoking
- Planning

Miller, W. & Rollnick, S. (2013)
SafeTalk Randomized Trial: Sample Characteristics

<table>
<thead>
<tr>
<th></th>
<th>New Leaf Control (N = 242)</th>
<th>SafeTalk (N=248)</th>
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<tr>
<td>Age (Mean, Std)</td>
<td>(42.7, 8.4)</td>
<td>246 (42.6, 9.7)</td>
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<tr>
<td>Black/African-American</td>
<td>165 (68.46)</td>
<td>182 (73.68)</td>
</tr>
<tr>
<td>Education &lt; HS</td>
<td>63 (26.14)</td>
<td>57 (23.08)</td>
</tr>
<tr>
<td>Income ≤ $10,000</td>
<td>128 (55.90)</td>
<td>139 (59.15)</td>
</tr>
<tr>
<td>Not working</td>
<td>160 (66.12)</td>
<td>165 (66.53)</td>
</tr>
<tr>
<td>Had undetectable viral load in last 6 months</td>
<td>128 (52.89)</td>
<td>121 (48.99)</td>
</tr>
<tr>
<td>Diagnosed &lt; one year</td>
<td>16 (6.69)</td>
<td>21 (8.57)</td>
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Predicted TRB over time by Arm

![Graph showing predicted mean TRB count by treatment groups]

- **NewLeaf Control**
  - Baseline: 2.00
  - 4-months: 1.67
  - 8-months: 1.90
  - 12-months: 0.40

- **SafeTalk Intervention**
  - Baseline: 1.10
  - 4-months: 0.41
  - 8-months: 0.27
  - 12-months: 0.11
Predicted UAVI by Treatment Arm

Predicted Mean UAVI Count by Treatment Groups

- **NewLeaf Control**
  - Baseline: 3.53
  - 4-months: 3.36
  - 8-months: 3.26
  - 12-months: 2.10

- **SafeTalk Intervention**
  - Baseline: 3.07
  - 4-months: 1.48
  - 8-months: 1.00
  - 12-months: 1.18

*Expected Number of UAVI Acts*
Study Conclusions

• MI delivered to HIV-positive patients monthly in clinic enhanced by audiovisual materials can provide an effective prevention intervention for a heterogeneous group of people living with HIV.

• The individualized nature of MI and the tailored nature of the SafeTalk materials allowed the counselors to target the program to each client’s unique needs and behaviors.

• However, dissemination could be expensive.
Discussion 1: Questions about Peer Delivery

- How well could SafeTalk be peer-delivered?
- Advantages/disadvantages of peer delivery?
- Could peers learn and apply MI skills?
- How should we define peer?
Focus Group Theme 1

All participants felt peer-delivered SafeTalk would be beneficial

• “I felt like if it would have been someone that was positive, they could have been more sympathetic just like when you first found out.”

• “I mean, I would love to be able to, when I am feeling like crap, go to the phone and call somebody who has been dealing with it as long as I have or longer.”

• “it’s you, it’s like looking in the mirror, it’s you ... they’re right there with you and they’ve had that scary moment of ‘oh my God I’m positive’.”
Focus Group Theme 2

Patients’ concerns about peer counseling: breach of confidentiality

- I think it’s a great idea as long as they are trained and the key word confidential, confidential, confidential, and they have proven themselves that they can be confidential.

- “Disclosing the information to someone else that um break your confidentiality agreement.
  - Interviewer: That the peer might break that?
  - “Yes”
Focus Group Theme 3

Peer characteristics participants would prefer

- **Religion:** "It’s not important as long as they don’t say stop taking your meds—that’s not the way; Jesus is the way, as long as they don’t say something like that then now we’re good."

- **Age:** "[If you] go talk to 65 year old people ... and if the person is 30 years old he says, ‘right.’[sarcasm] They are not going to listen to them. [They’ll think] ‘Why should I listen to this guy?’ ”

- **Experience:** “I don’t think the age [matters], I mean for me it would have to be somebody who has had it longer than me.

- **Emotional Health:** “I would want the person to be emotionally fit to take in whatever that peer is telling them. I wouldn’t want anybody to listen to my story and then break down crying.

- **Honest, Non-judgmental, Good listener, Not tell me what to do**
The Spirit of MI

- Collaborative Approach
  - Avoid the “Expert Trap”
- Develop intrinsic motivation
  - Listen to learn and reflect
- Meet the patient where they are
- Appreciate Ambivalence
  - Avoid the “Righting Reflex”
Motivational Interviewing Strategies

- Building Rapport & Opening the Conversation
- Open Questions
- Reflective Listening
- Elicit-Provide-Elicit (ASK – TELL – ASK)
- Importance & Confidence
- Rolling with Resistance
- Menu of Options
- Pros & Cons: Decisional Matrix
- Setting Goals
- Making a Plan
- Summarizing
SafeTalk Pilot Training for Peers

• 6 Peers (African Americans; 2 men; 4 women; no history of previous peer/counseling training)
• Collaboration w/ community partners & area clinics for recruitment and space for training
• Training focused on teaching MI skills
• 5 days of training, including two weekends
• High interest in receiving training; belief peer service needed
Adaptation of the Protocol

• Guidance from previous MI peer support studies with cancer patients and veterans (Allicock et al 2013)

• Training content:
  – HIV/AIDS info
  – Simplified MI skills
  – Examples specific to issues they will encounter
  – Extended the training time
  – Address literacy and learning styles
Safe Talk for Peers Pilot evaluation

• Pre- and post-test
• Observation
• Debriefing sessions
• Practice conversations (MITI scoring)
Lessons Learned

• MI provides practical skills to assist with peer support; unlearning previous communication styles (advice giving) challenging

• Proficiency levels varied

• Training emphasis: Peers not responsible for change; program nested within a larger system with access to professionals

• Literacy levels

• On-going supervision needed for skill maintenance
Discussion 2

• How can we improve SafeTalk for Peers?
• Is MI too complex to be delivered by peers?
• Is Safer Sex counseling too complex for peers?
• What challenges do HIV-infected peers face?
• How to identify appropriate peer counselors?
Next Steps: Where are we going from here?

- Publication of focus group data about from whom and how people living with HIV would like to get peer counseling
- Publication of adaptation and testing of training
- Plan larger (NIH) pilot study given having refined the materials
- Plan full trial of refined pilot-tested program
THANK YOU!
BACK UP INFORMATIONAL SLIDES ABOUT SAFETALK TRIAL
## Sample Characteristics

<table>
<thead>
<tr>
<th></th>
<th>New Leaf</th>
<th>SafeTalk</th>
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<tbody>
<tr>
<td><strong>Sex preference subgroup</strong></td>
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<tr>
<td>MSM</td>
<td>97 (40.59)</td>
<td>88 (36.21)</td>
</tr>
<tr>
<td>MSW</td>
<td>63 (26.36)</td>
<td>67 (27.57)</td>
</tr>
<tr>
<td>WSM</td>
<td>75 (31.38)</td>
<td>86 (35.39)</td>
</tr>
<tr>
<td>WSW</td>
<td>4 (1.67)</td>
<td>3 (1.23)</td>
</tr>
<tr>
<td><strong>Not living with a partner</strong></td>
<td>157 (65)</td>
<td>168 (68)</td>
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<tr>
<td><strong>Identifies as Straight/heterosexual</strong></td>
<td>128 (53.33)</td>
<td>145 (59.18)</td>
</tr>
<tr>
<td><strong>Number of sex partners</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (Std)</td>
<td>1.4 (2.0)</td>
<td>1.3 (1.4)</td>
</tr>
<tr>
<td><strong>Had main sex partner</strong></td>
<td>131 (55.74)</td>
<td>139 (57.44)</td>
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Tests of Efficacy

- Controlling for baseline TRB and site, SafeTalk reduced the average number of TRB acts at 8-month follow-up by 87% compared with controls (p < 0.0001).

- Controlling for baseline UAVI and site, SafeTalk reduced the number of UAVI acts at 8-month follow-up by 73% compared with controls (p < 0.0001).
Eligibility Criteria

• HIV-infected patients at 1 of 3 NC clinics:
  • University-affiliated infectious diseases clinic
  • Urban county health department clinic
  • Smaller city community health center HIV clinic
• > 18 years old
• English-speaking
• Cognitively able to complete consent and MI
• Had oral, anal, or vaginal sex in last 12 months
• Not first clinic visit, plan to stay for 12 months
Recruitment

• We posted fliers and screening forms at clinics and an affiliated AIDS service agency.
• Clinics screened all patients July 2006-July 2008.
• Potentially eligible, interested patients were referred to study staff.
• Researchers completed eligibility screening and informed consent in a private room.
• We provided $25 gift card for each survey and $15 for each counseling session.
### SafeTalk Recruitment

<table>
<thead>
<tr>
<th>Category</th>
<th>Count (N)</th>
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<tbody>
<tr>
<td>All Patients (1278)</td>
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<tr>
<td>Declined Screening (N=376)</td>
<td>Missed (N=67)</td>
</tr>
<tr>
<td>Underwent Screening (N=835)</td>
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<tr>
<td>Not eligible (N=179)</td>
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<tr>
<td>Eligible (N=656)</td>
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<tr>
<td>Declined Study (N = 164)</td>
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<tr>
<td>Enrolled in Safe Talk Study(492)</td>
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<tr>
<td>SafeTalk (N = 248)</td>
<td>New Leaf (N=244)* [2 later withdrew]</td>
</tr>
</tbody>
</table>

*New Leaf (N=244) represents the number of participants from New Leaf who enrolled in the study.*
Study Sample and Data Collection

Randomize (N=492)

New Leaf (N=242)

2 withdrew

SafeTalk (N=248)

8 Month (N=187)

8 Month (N=183)

12 Month (N=153)

12 Month (N=154)

Baseline ACASI

4 month ACASI

8 month ACASI

12 Month ACASI
Outcome Measures

• **Primary outcome**: Unprotected anal or vaginal intercourse with an HIV-negative or unknown serostatus partner (*Transmission Risk Behavior, or TRB*)

• **Secondary outcome**: Unprotected anal or vaginal intercourse with any status partner (*Unprotected Anal or Vaginal Intercourse, or UAVI*)

• ACASI gathered detailed information about sexual behaviors over a 3-month recall period by partners’ gender and serostatus
  – Number of times had anal or vaginal intercourse
  – Number of times used a condom
Statistical Analyses

• Two-sample test of equal proportions of drop-out rate by treatment arm
• Descriptive statistics of each arm
• Multiple imputation procedures
• Poisson regression model to test the difference in rate of occurrence of sexual acts in two arms, controlling for site
• GEE to test group difference over time with a treatment*time interaction term
Strengths

• Block-randomized
• Extensive formative program development
• One year follow-up
• ACASI surveys
• Quality control
• Equal drop-out rates

Limitations

• Reliant on self-reported data
• Limited to one state
• Loss to follow-up
• Does not intervene at structural level
Acknowledgements

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- Shilpa N. Patel, Project manager
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- Megha Parikh, Statistical support
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- Sarah Przybyla, Research Assistant
- LaToya White, Research Assistant
- Meheret Mamo, Research Assistant
- Megan Kays, Research Assistant
- Robert Michael, Research Assistant
- Jessica Kadis, Research Assistant
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- John Santa, Studio producer
- Roger Akers, Data supervisor
- Niasha Brown, Counselor
- Kemi Amola, Counselor
- Tyndall Harris, Counselor
- Katherine Tiller, Counselor
- Rebecca Davis, Res Asst., Counselor
- Andrea Wong, Statistical Res Asst.
- Ross Oglesbee, Admin Asst
- Clinic staff
- All the Participants

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