

Think Twice

An Individual-Level, Single-Session,
Peer Delivered Intervention for MSM

Intervention Overview

- Focuses primarily around commonly used grassroots form of prevention called serosorting (limiting partners to those of same status)
- Uses graphic novel to deliver intervention content

Theory and Evidence

- Think Twice is a theory based behavioral intervention
- It was tested among both White and African American MSM
- Short term outcomes demonstrated substantial reductions in numbers of sexual partners among participants

The Development and Outcomes of an Intervention to Address Serosorting Among HIV Negative Men Who Have Sex with Men

Lisa A. Eaton, PhD

June 4, 2010

Research funded by NIMH grants
R01MH074371 and T32MH074387

Introduction

- Incident HIV prevalence is higher than previously estimated with 56,000 infections
- Men who have sex with men (MSM) are disproportionately affected by HIV
 - Make up half of new infections
 - Make up 2% of male population



What are MSM doing that places them at risk?

Risks for HIV

- Continued high rates of unprotected sex (Osmond, 2007)
 - Safer sex fatigue (Ostrow, 2008)
 - HIV treatment optimism (Schwarcz, 2007)
 - Substance use (Mayer, 2009)



Serosorting

- Limiting unprotected partners to those who are of the same HIV status (Eaton, 2007)
 - Commonly reported among MSM
 - Grassroots form of prevention
 - Alternative to condom use
- In theory, serosorting is effective; in practice, it's risky
 - Recently infected
 - Modeling of serosorting (Butler & Smith, 2007)



Serosorting

- Accuracy in knowledge of own and partners' HIV status (Eaton, 2009)
 - HIV testing infrequent
 - Uncertainty of HIV status when engaging in risk behavior
- Acute HIV infection
- Sexually transmitted infections (STI)



How can the risks of serosorting be addressed?

Risk reduction counseling

- Sexual risk reduction counseling has been shown to be effective
- Consideration must be given to:
 - Tailoring
 - Feasibility



Single-Session Interventions

- One contact with client
- Evidence for similar efficacy when compared to multiple-session interventions (Jemmott, 2007; Peterson, 1996)



Single-Session Interventions

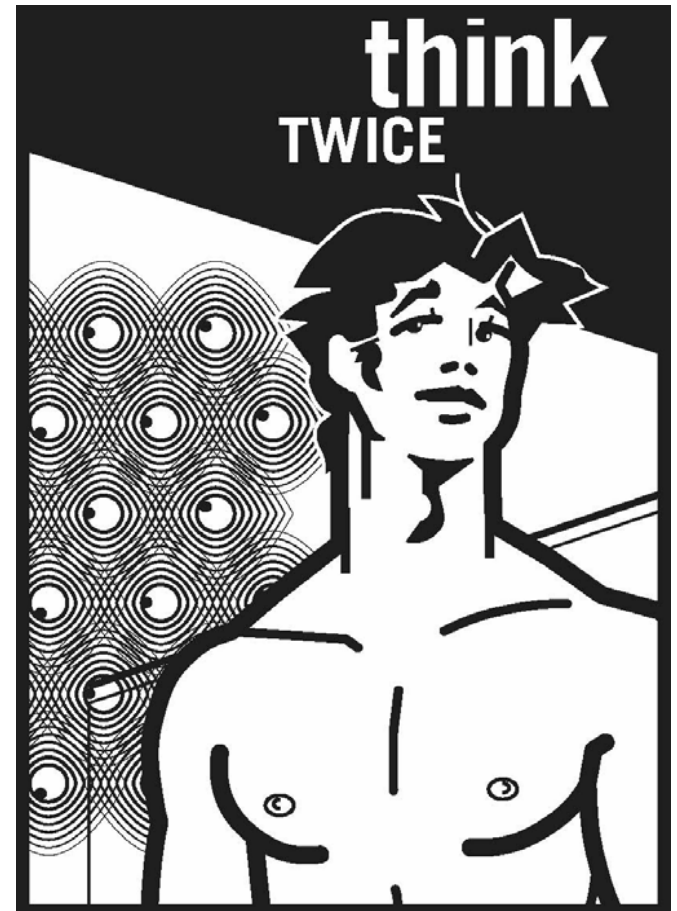
- Single-session interventions:
 - Reduce risk behavior (Warner, 2008; Choi 1996)
 - Reduce STI (O'Donnel, 1998)
- Reasonable option for health care setting
 - Require fewer resources
 - Can be implemented during routine care



**What would a serosorting
intervention look like?**

Methods-Intervention

- Single-session, one-on-one, counselor delivered, brief intervention
- Think Twice
 - Graphic novel
 - Personalized feedback
 - Real world, reasonable plan

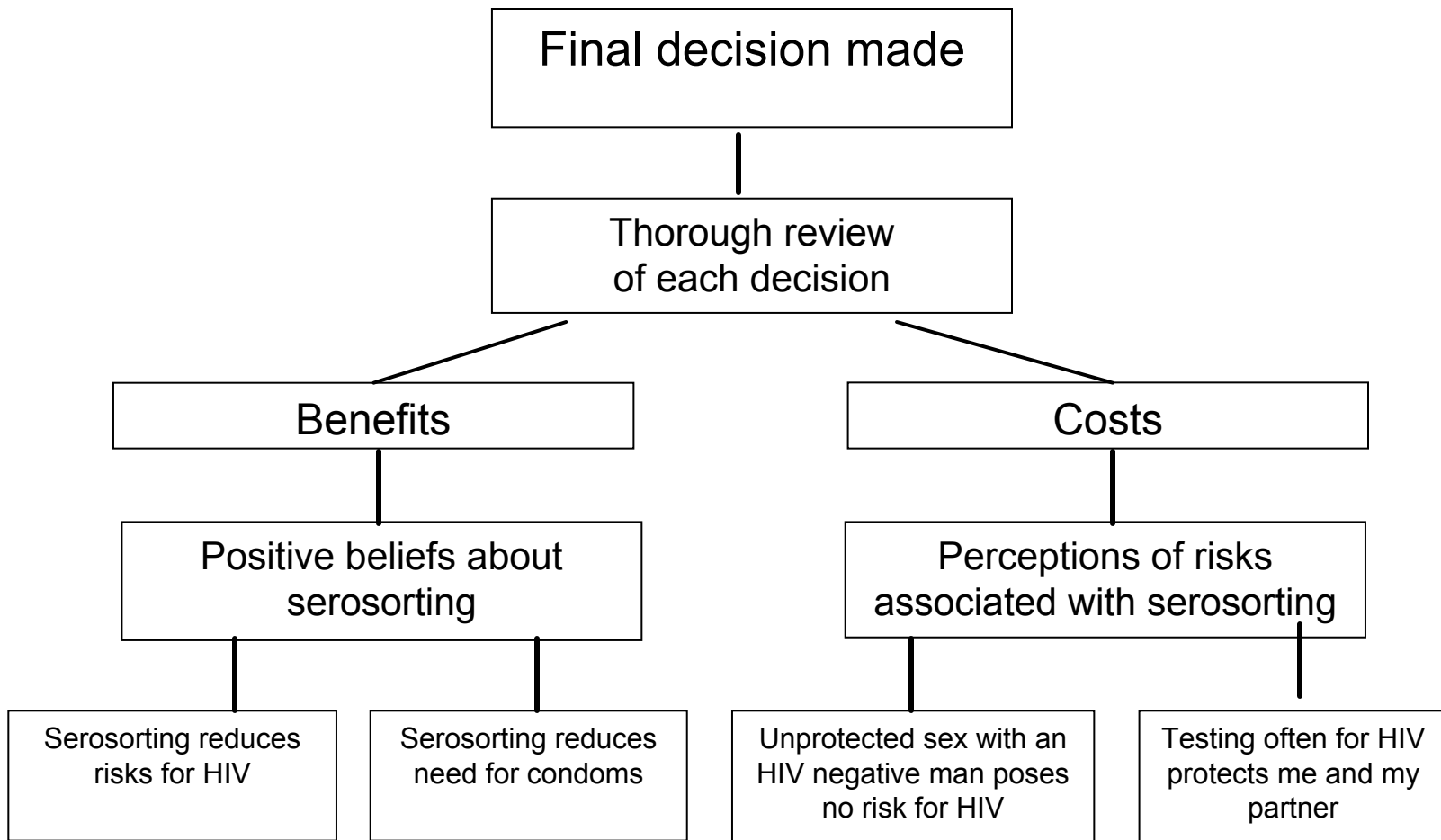


Intervention

- Conflict Theory of Decision Making (Janis & Mann, 1977)
 - Weigh all options
 - Consider new information
 - Determine best decision
- Allows for informed decision making



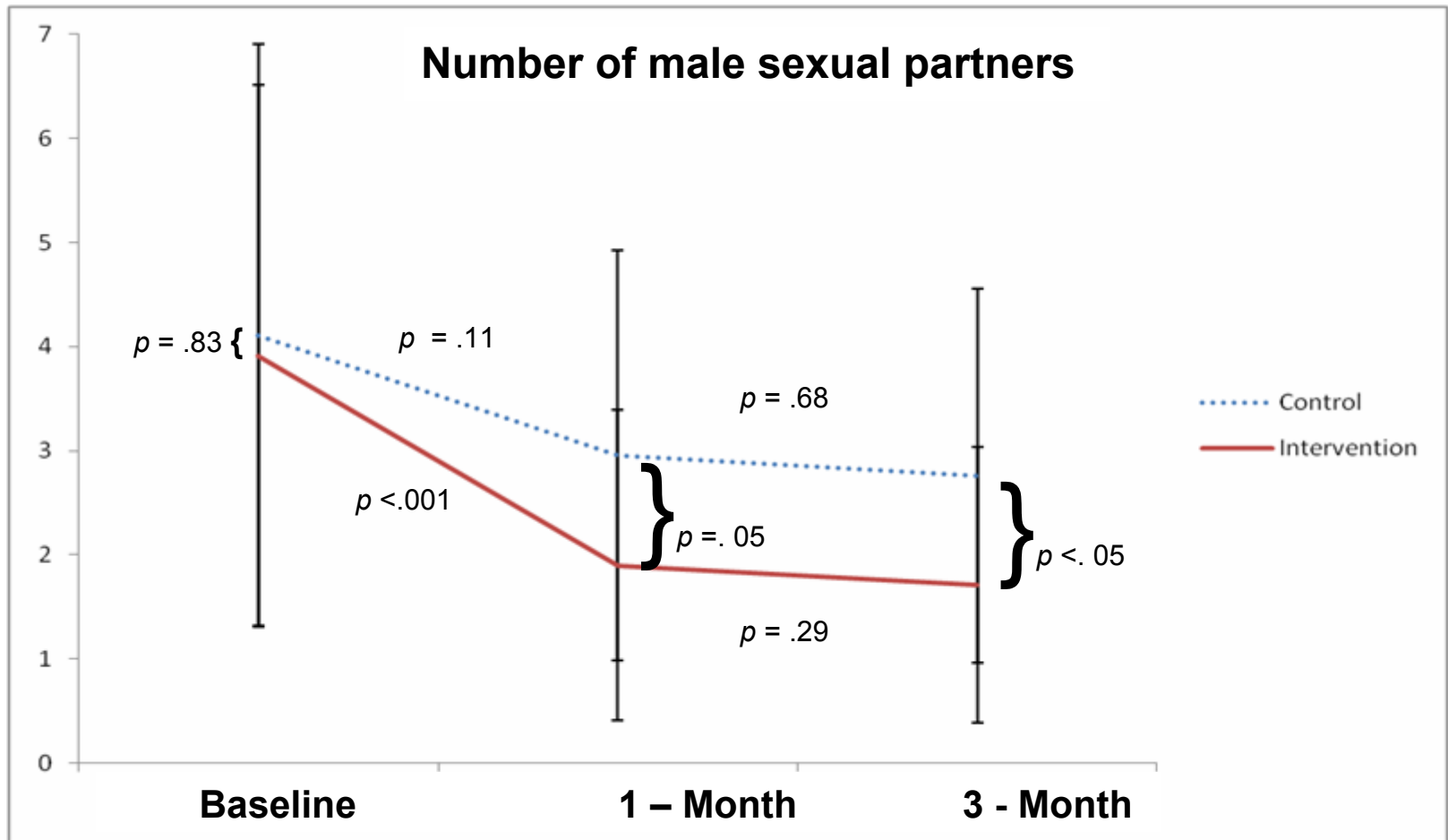
Conceptual Model



Demographics

	Intervention (n=74)		Control (n=75)	
	M	SD	M	SD
Age	28.3	10.4	30.0	9.6
Education	14.0	2.0	13.8	2.0
	n	%	n	%
DAST-drugs percent 3 or higher	44.6%		37.3%	
AUDIT-alcohol percent 7 or higher	39.2%		44.0%	
Ethnicity				
White	18	24.0	14	17.9
Black	50	69.3	55	73.1
Hispanic	2	2.7	3	3.8
Other	3	4.0	3	5.1
Have you ever had a sexually transmitted disease (STD)?				
Yes	36	48.0	35	47.3
No	39	52.0	39	52.7

Results-Main Outcome



Discussion

- Evidence for reduction in overall risk for HIV
- Factors driving change need further investigation
- Serosorting intervention could be implemented as a form of HIV counseling during testing



Future Directions

- Blanket messages for risk reduction are not sufficient
- Informed decision making
 - Allows for educated decisions
 - Prepares men for making decisions during potential risk taking

