

CTN 0019: HIV/STD Safer Skills Groups For Women In
Methadone Maintenance or Drug-Free Outpatient
Treatment

(A parallel study to CTN 0018:
HIV/STD Safer Skills Groups For Men In Methadone
Maintenance or Drug-Free Outpatient Treatment)

Long Island Node Implementation Team

- Susan Tross – LI
- Jennifer Manuel – Project Director
- Aimee Campbell – Co-Project Director
- Lisa Cohen – Co-Project Director
- Gloria Miele – Training Director
- Jim Robinson – Director, Data Management Center
- Karen Loncto – QA Director
- Jen Lima – Regulatory Director
- Ned Nunes – Co-Investigator
- Nabila El-Bassel – Intervention Specialist
- Don Calsyn – LI CTN0018
- Mary Hatch Maillette – Project Director CTN0018

CTP Partners

- Thomas Jefferson; Robert Wood Johnson (Delaware Valley) 2
- Hartford Dispensary (New England) 1
- Staten Island (Long Island) 1
- Southlight; Greensboro (North Carolina) 3
- Compass; Presteria Center (Ohio Valley) 2
- Bay Area Addiction, Research & Treatment (Pacific) 1
- Lexington Richland (South Carolina) 1
- Evergreen (Washington) 1

HIV /STD Risk In Women

- Heterosexual Women Are Among The Fastest Growing Subgroups of People With AIDS in the US
 - While Female AIDS Cases Due to Injection Drug Use Have Declined (32%), Cases Due to Heterosexual Transmission Have Accelerated (66%)
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- Rates of STDs Are Substantial Among Poor Women:
 - * Family Planning Clinics:
Chlamydia Rates = 2.4 – 11.3%
 - * US Job Corps:
Chlamydia Rates = 4.6 – 20.3%

Features Of Effective HIV Preventive Interventions

- Gender Specificity
- Comprehensive Skills Building
- ≥ 4 Sessions

Skills Underlying Safer Sex

- Sense of Self-Efficacy About Trying Safer Sex
- Problem-Solving Skills
- Negotiation and Refusal Skills – In As Much As Male Condoms Are Controlled By Men
- Skills For Using Female Condoms
- Eroticizing Safer Sex Skills
- Partner Abuse Risk Assessment and Safety Planning

Theory

- Social Cognitive Learning Theory:
Behavior is learned through the social processes of observation, modeling, skill rehearsal, and feedback, especially with one's peer group
- Empowerment Theory:
Individuals are empowered to action by the processes of: skill mastery; peer support; and ability to impact on one's world

Design:

- Randomized Clinical Trial Of:
 - * Safer Sex Skills Building
 - * HIV/STD Education (Treatment-As-Usual)

Design

- Screening (for unprotected sex with opposite sex partner in past 6 months)
- End of intervention follow-up
- 3-month post-intervention follow-up
- 6-month post-intervention follow-up

Sample

Eligible

- Participating in CTP drug treatment
- Had unprotected vaginal or anal sex in past 6 months
- Willing to participate in randomized trial
- Understands and speaks English

Ineligible

- Immediately planning pregnancy
- Grossly mentally impaired (on MMSE)

Outcomes

- Primary outcome: Unprotected penetrative (vaginal or anal) intercourse within the past 3 months
- Secondary outcomes: proportion of unprotected occasions (of all occasions); proportion of drug-with-sex occasions (of all occasions); carrying condoms; perceived self-efficacy to carry out safer sex; gender role beliefs

Assessment

Screen

- RBS; MMSE; Demographic Form

Assessments

- ASI-Lite (After baseline: drug & alcohol only)
- CIDI (Baseline)
- RBS – injection
- Sexual Risk Behavior ACASI
- HIV Safer Sex Attitude Questions: Perceived HIV risk; perceived self-efficacy (to use condoms; to negotiate safer sex); perceived peer norms about safer sex
- Bem Sex Role Inventory
- Condom Use Skills Checklist
- Negotiation Skills Vignette Questions
- Abuse Questions

Safer Sex Skills Group Intervention Overview

- HIV/STD education
- HIV/STD risk assessment
- HIV/STD safer sex obstacle problem-solving
- Condom use skill-building
- Negotiation skill building
- Assertiveness training
- Partner risk assessment and safety planning

Session 1: Introduction and HIV/STD Education
(HIV/STD Education Will Also Serve as Comparison Condition)

- WORTH (Women On The Road To Health) Introduction: Purpose; (Counselor and Participant) Roles and Rules
- Warm-up: Why I Want To Take Care Of Myself
- HIV Information
- STD Information
- HIV Testing and Counseling
- Living With HIV (Including HIV Treatment Information)
- Closing: Homework; Worth Affirmation

Session 2: Making It Real: HIV and STDs In Our Lives

- Check-In
- HIV In Our Lives
- HIV Risk Rationalizations
- Challenging Rationalizations: Story Of Jesse & Mathilde
- Challenging Rationalizations: Our Own
- Triggers For HIV/STD Risk Behavior: People, Places, Things
- Identifying Our Supports For Taking Care Of Ourselves
- Closing: Homework; Worth Affirmation

Session 3: Making It Real: Tuning Up Our HIV/STD Safer Sex Skills

- Check-in
- Getting Smart About HIV/STD Risk: Red, Yellow & Green Light Behaviors
- Condom Use Practice and Feedback
 - Male
- Condom Use Practice and Feedback
 - Female
- * Eroticizing safer sex
- Self-Talk In Tough Risk Situations
- Problem-Solving the SODAS Way
- Closing: Homework; Worth Affirmation

Session 4: Making It Real: Making HIV/STD Safer Sex Happen

- Check-In
- Identifying Barriers to Safer Sex
- Safer Sex Negotiation and Refusal: The Basics
- Safer Sex Negotiation: Demonstration and Discussion
- Safer Sex Negotiation: Pairing Up
- Assessing Risk of Partner Abuse and Making Safety Plans
- * Closing: Homework; Worth Affirmation

Session 5: Keeping It Going

- Check-in
- Where We've Been Together: Review
- Getting Ready: Common Slip Situations (Especially Involving Drugs & Alcohol)
- Slip Plans: The SODAS Way
- Program Evaluation and Feedback
- Graduation

Safer Sex Negotiation: Talking It Out

- Latricia just met this guy James at this party. She kind of knew James before. Latricia and James go back to James's house. Latricia is feeling a little uncomfortable, but she is horny, and James is coming on to her, and he is looking real good. She wants to have sex with him, but she will only have safer sex, because she doesn't want to get anything.

What is Latricia's problem?

- She wants to have sex with him, but she will only have safe sex and she is feeling unsure of herself and uncomfortable with James.

Safer Sex Negotiation: Taking It Apart

- **What are Latricia's options?**
 - She can negotiate with him to use a condom
 - She can slip the condom on when she gives him "head"
 - She can have an alternative to intercourse that is safer, like giving him a hand job till he cums
 - She can refuse to have any sex: directly (saying no) or indirectly (make an excuse)
- **What are the consequences or outcomes of each option?**
 - She is feeling unsure of herself, and she might not be able to hold up her "bottom line" of having safer sex and using a condom (he might be able to talk her out of it).
 - This might work best. She can avoid having to ask him directly. He may find this sexy, and he won't be able to talk her out of it.
 - She can avoid having to ask him directly. He may find this sexy
 - This would protect her, but her goal of having sex would not be achieved

Safer Sex Negotiation: Taking It Apart

Let's say she decides to refuse to have sex, how can she do this?

- **Direct Ways of Refusing:**

- Tell him she will not have sex with him
- Suggest they have sex another time

- **Indirect Ways of Refusing:**

- She can tell him she gets infections from sperm and Dr. told her she needs to use a condom
- She can tell him she has her period and either gets infections if she does not use a condom, or she can tell him it grosses her out to have sex during her period without a condom

- **What are the possible consequences of each of these ways of refusing?**

- She's not going to do this - she wants to have sex. Besides, who knows whether James might get violent
- If Latricia's really horny, this will be hard to follow through on & James might be able to easily persuade her otherwise
- 3. This takes the reason for use off of him, however James may not care about the consequences to her
- 4. Again, this takes the reason for use off James

Questions For Our CTP Partners

- What does it really take to do CTN0019?
 - Who needs what time and effort ?
 - What space and stuff do you need?
- How does it fit/not fit into CTP daily life?
 - What strain might it put on CTP daily operating?
 - What redundancy with CTP daily operating is there?
 - What service gaps might it fill?
 - What clinical problems might it open up?

Questions For Our CTP Partners

- How do clients feel about it?
- How do staff (i.e. people doing it/not doing it) feel?
- What's your 'standard' and 'threshold' (i.e. stop rule) for group attendance?
- What would you do differently ?
 - 'Dose'
 - Format (e.g. rolling participation, make-ups, etc.)
 - Leaders
 - Clients
- Might you keep it going?
- How might you make it fiscally sustainable (e.g. fee-for-service, grants)?