TREATMENT ADVOCACY PROGRAM (TAP)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- HIV-positive sexually active men who have sex with men (MSM) clinic patients

Goals of Intervention

- Reduce unprotected sex†
- Reduce number of sex partners

Brief Description

Treatment Advocacy Program (TAP) is an individual-level, primary-care-based counseling intervention, comprised 4 modules that are delivered by peer advocates in 4 sessions (1 module each in the first three sessions and a selection of 1 of 5 "focus" modules in the final session). Session 1 uses active dialogue and cognitive-behavioral techniques to the emphasize sexual safety and medication adherence; active HIV coping in terms of drug and alcohol reduction, regulating negative affect, and social support; and self-efficacy for adherence. Session 2 helps the participant articulate his values and coping goals; assesses current adherence levels, self-efficacy, and skills; links skills building to problem areas; and provides a "coping analysis," which is used to develop a written behavioral plan for rehearsal. Session 3 includes a motivational interview to articulate the participant's sexual values and goals, current intimacy and sexuality satisfactions and dissatisfactions, and commitment to change areas; a cognitive-behavioral analysis of sexual risks that links problem areas to skills or coping exercises and leads to a concrete, written behavioral change plan. Session 4 starts with analysis and discussion of the behavioral plan, then accordingly progresses to 1 of 5 focus modules: (1) HIV transmission information, (2) basic safety skills, (3) HIV communication, (4) alcohol and drug use, and (5) moods and feelings. Two follow-up sessions that use the same structure and content as the core intervention are delivered at 6 and 12 months.

Theoretical Basis

- Basic coping framework
- Motivational interviewing
- Self-regulation framework

Intervention Duration

- Four 60-90 minute individual counseling sessions delivered every 1-2 weeks over approximately 8 weeks; two 15-90 minute follow-up sessions at 6 and 12 months.

Intervention Settings

- Primary care clinics

Deliverer
- Ethnically diverse, trained HIV-positive MSM peer counselor/treatment advocate

Delivery Methods
- Cognitive-behavioral techniques
- Computer-based
- Counseling
- Discussion
- Exercises
- Goal setting/plan
- Teach
- Risk-reduction plan

INTERVENTION PACKAGE INFORMATION

The complete PowerPoint intervention materials are available at http://www.uic.edu/depts/psch/tap/.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Chicago, Illinois starting in 2004.

Key Intervention Effects
- Reduced unprotected anal intercourse (UAI)†
- Reduced number of transmission risk partners (defined as number of HIV-negative or serostatus unknown partners with whom participants had any UAI)

Study Sample
The baseline study sample of 313 HIV-positive men who have sex with men (MSM) is characterized by the following:
- *47% white, 31% black or African-American, 17% Hispanic/Latino, 5% Asian/other*
- *100% male*
- *100% MSM*
- *13% 18-29 years old, 30% 30-39 years old, 44% 40-49 years old, 13% 50+ years old*
- *26% completed high school/GED/or less, 39% completed some college/technical, 24% completed a college degree, 11% completed any post college*

Recruitment Settings
Chicago-area HIV primary care settings (i.e., gay/lesbian health center, public clinic, private medical center)

Eligibility Criteria
Men were eligible if they had received an HIV diagnosis at least 3 months prior to eligibility screening, were enrolled in primary care at one of the target clinics, reported MSM sexual activity within the previous year, did not intend to move within the next year, and spoke English.

Assignment Method
MSM (N = 317) were randomly assigned to 1 of 2 study arms: TAP (n = 166) or a wait-list comparison arm (n = 151).

Comparison Group

The comparison condition was a 12-month waitlist during which participants received standard HIV primary care at their respective clinics.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors (including total number of anal intercourse partners, total number of insertive/receptive UAI partners, and total number of transmission risk partners during the last 60 days) were measured at 6 and 12 months post-baseline; this translates to 4 and 10 months after the 4 core intervention sessions.

Participant Retention

- TAP
  - 80% retained at 4 months after the 4 core intervention sessions
  - 92% retained at 10 months after the 4 core intervention sessions

- Control
  - 81% retained at 4 months after the 4 core intervention sessions
  - 92% retained at 10 months after the 4 core intervention sessions

Significant Findings

- Intervention participants reported a significantly greater decline in any UAI from baseline to 4 months post-intervention than comparison participants (X^2 (1, N = 249) = 4.02, p = 0.045).
- Intervention participants reported a significantly greater decline in mean number of partners from baseline to 4 months post-intervention than did comparison participants (X^2 (1, N = 249) = 5.19, p = 0.023).
- There was a significantly greater decline in proportion of participants reporting any transmission risk behavior (defined as any UAI with an HIV-negative or serostatus unknown partner) in the intervention group compared to the comparison group over 12 months (X^2 (2, N = 249) = 6.59, p = 0.037), from baseline to 4 months post-intervention (X^2 (1, N = 249) = 6.57, p = 0.01), and from baseline to the mean of 4 and 10 months post-intervention (X^2 (1, N = 249) = 5.47, p = 0.019).
- There was a significantly greater decline in the number of transmission risk partners in the intervention group compared to the comparison group over 12 months (X^2 (2, N = 249) = 7.16, p = 0.008), from baseline to 4 months post-intervention (X^2 (1, N = 249) = 7.01, p = 0.008), and from baseline to the mean of 4 and 10 months post-intervention (X^2 (1, N = 249) = 6.3, p = 0.012).

Considerations

- The intervention effects on any UAI and the number of UAI partners were found at 4 months post-intervention but failed to maintain significance at the 10 months post-intervention assessment.
- Substance abuse, self-efficacy for sexual safety, disclosure of HIV status, negative affect, abstinence, and number of anal sex partners were measured as potential intervention mediators. Self-efficacy for sexual safety showed a greater increase in the intervention group than in the comparison group from baseline to 10 months post-intervention and from baseline to the mean of 4 and 10 months post-intervention (X^2s (2, N = 249) > 4.5, p's <0.05). The joint effect of substance use and self-efficacy for sexual safety mediated the intervention's effects on the number of transmission risk partners.
- Latino MSM were less likely to be retained at the 4 months post-intervention follow up assessment.
- Seventy-five percent of intervention participants attended all four sessions; 14% attended 3 sessions; 7% attended 2 sessions, 4% attended 1 session, and 1% attended 0 sessions.

- The intervention addresses HIV medication adherence but it is unclear if the study measures adherence, as no outcome data are reported.

†Unprotected sex or UAI measured as sex without a condom

REFERENCES AND CONTACT INFORMATION

McKirnan, D. J., Tolou-Shams, M., & Courtenay-Quirk, C. (2010). The Treatment Advocacy Program: A randomized controlled trial of a peer-led safer sex intervention for HIV-infected men who have sex with men. *Journal of Consulting and Clinical Psychology, 78*, 952-963.

Researcher: David J. McKirnan, PhD
University of Illinois at Chicago
Department of Psychology, M/C 285
1007 West Harrison
Chicago, IL 60607-7137
Email: davidmck@uic.edu