

MOTIVATIONAL INTERVIEWING-BASED HIV RISK REDUCTION

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Recently incarcerated, HIV-negative women at risk for HIV

Goals of Intervention

- Reduce HIV sex risk behavior
- Reduce HIV injection risk behavior
- Reduce intimate partner violence (IPV) risk
- Establish or improve life stability issues (food, housing, education, employment, legal services)

Brief Description

Motivational Interviewing-based HIV Risk Reduction is an individual-level intervention to enhance motivation for HIV preventive behaviors among women who are not diagnosed with HIV infection and are recently involved in the criminal justice system. The 12 one-on-one intervention sessions are conducted by an interventionist trained in Motivation Enhancement. There are 4 components that address HIV risk behavior: first a participant identifies recent episodes of substance use and sexual activity; second, she discusses her self-assessed risk for HIV, STIs, and hepatitis C; third, she completes an assessment of readiness to address her risk and tackle issues; and fourth, the interventionist leads stage-based discussions addressing ambivalence about behavior change, plans of action, or maintenance of behavior change. Women also have the opportunity to identify life stability concerns (e.g., housing, employment, legal issues) and address these concerns through an assessment of their readiness and stage-based discussions with the interventionist. All women receive counseling and testing for HIV, STIs, and hepatitis C, as well as a handbook of services available in the community.

Theoretical Basis

- Transtheoretical Model of Behavior Change
- Motivational Interviewing principles

Intervention Duration

- Up to 12 sessions, 30-45 minutes each, delivered over 3 consecutive months

Intervention Setting

- Not reported

Deliverer

- Community health specialists with the County Health Department and trained in Motivation Enhancement

Delivery Methods

- Counseling
- Discussion
- Risk reduction plan
- Risk reduction supplies

INTERVENTION PACKAGE INFORMATION

The intervention package and training are available through [Sociometrics Corporation](#) under the name [Portland Women's Health Program](#).

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Portland, Oregon between 2001 and 2005.

Key Intervention Effects

- Reduced unprotected sexual intercourse

Study Sample

The baseline study sample of 530 women is characterized by the following:

- 54% white, 18% black or African American, 15% multiracial/other, 6% Native American/American Indian, 6% Hispanic/Latino
- 100% female
- Mean age of 36 years, range: 18-62 years
- 73% completed high school education or more

Recruitment Settings

Jail, home, and public area/community

Eligibility Criteria

Women were eligible if they were at least 18 years of age, incarcerated in the past year or currently on parole or probation, engaged in HIV risk behavior in the past year (i.e. injection drug use, crack use, intercourse with a male injection drug user, sex exchange, or sex with 10 or more partners), not diagnosed with HIV infection, not homeless for 3 or more months at the time of screening, and not at high risk of future homelessness.

Assignment Method

Women (N = 530) were randomly assigned to 1 of 3 groups: HIV Risk Reduction intervention (n = 177), HIV & Intimate Partner Violence (IPV) Risk Reduction intervention (n = 178), or control group (n = 175).

Comparison Group

The control group received standard HIV counseling and testing for HIV, hepatitis C, and STIs, as well as a handbook of services available in the community.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors (including any unprotected vaginal or anal intercourse and number of episodes of unprotected intercourse during the last 30 days) were measured at 3, 6, and 9 months post-baseline; this translates to immediate, 3, and 6 months post-intervention.
- Drug behaviors (including any injections with a shared needle and number of episodes of injection drug use with a shared needle during the last 30 days) were measured at 3, 6, and 9 months post-baseline; this translates to immediate, 3, and 6 months post-intervention.

Participant Retention

- HIV Risk Reduction intervention
 - 71% retained immediate post-intervention
 - 76% retained at 3 months post-intervention
 - 85% retained at 6 months post-intervention
- HIV & IPV Risk Reduction intervention
 - 71% retained immediate post-intervention
 - 71% retained at 3 months post-intervention
 - 84% retained at 6 months post-intervention
- Control
 - 80% retained immediate post-intervention
 - 75% retained at 3 months post-intervention
 - 83% retained at 6 months post-intervention

Significant Findings

- Participants from the HIV Risk Reduction and HIV & IPV Risk Reduction interventions (combined) were significantly less likely to report any unprotected vaginal or anal intercourse compared to control participants at 3 months post-intervention ($p < .05$) and 6-months post-intervention ($p < .05$)
- Participants from the HIV Risk Reduction and HIV & IPV Risk Reduction interventions (combined) reported significantly fewer episodes of unprotected intercourse at 3 months post-intervention ($p < .05$) and 6 months post-intervention ($p = .05$) than control participants.

Considerations

- Across 3 assessment time periods, including the immediate post-intervention assessment, participants from the HIV Risk Reduction and HIV & IPV Risk Reduction interventions (combined) reported significantly fewer episodes of injecting with a shared needle than the control participants ($p = .02$).
- Although data from the HIV Risk Reduction and HIV & IPV Risk Reduction interventions groups were combined for analysis, we recommend the HIV Risk Reduction intervention as a best evidence intervention for the following reasons:
 1. There were no significant differences at any assessment time point between the 2 intervention groups with regard to HIV risk behavior;
 2. Both interventions are delivered in 12 sessions over 3 months and include the same 4 Motivational Interviewing components to address HIV risk behavior; the only major difference was the use of a similar approach to include IPV issues in the HIV& IPV Risk Reduction intervention;
 3. The IPV portion was not intended to affect HIV risk behavior outcomes;
 4. The HIV & IPV Risk Reduction participants, compared to the control participants, did not show a significant effect in reducing IPV ($p > .05$).

REFERENCES AND CONTACT INFORMATION

Weir, B. W., O'Brien, K., Bard, R. S., Casciato, C. J., Maher, J. E., Dent, C. W., . . . Stark, M. J. (2009). [Reducing HIV and partner violence risk among women with criminal justice system involvement: A randomized controlled trial of 2 motivational interviewing-based interventions](#). *AIDS and Behavior*, *13*, 509-522.

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