COGNITIVE BEHAVIORAL STD/HIV RISK-REDUCTION

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population
- Heterosexual adult STD clinic patients

Goals of Intervention
- Increase STD/HIV knowledge
- Increase decision-making and communication skills
- Eliminate or reduce STD/HIV risk behaviors
- Prevent new STD infections

Brief Description

The *Cognitive-Behavioral STD/HIV Risk-Reduction* is a multi-component, individual-level intervention that aims to prevent STDs among high risk heterosexual adults. The four intervention sessions, delivered to adults attending a public STD clinic, emphasize a cognitive/behavioral approach to reduce patient's risk of acquiring STD/HIV. The sessions include information on the transmission, types, symptoms, and treatment of various STDs. The counselor and the patient discuss patient's risk, personal triggers, and alternative behaviors. The counselor helps the patient develop a risk reduction plan, follows up on the plan in following sessions, and provides feedback and support for enacting the plan. Discussions also include key elements to successful communication with sex partners, ways to begin risk-reduction strategies, and sources for social support. In addition, patients practice condom application skills and are provided condoms. Through video, written materials, individual counseling, discussion, goal setting, vignettes, and role play, patients are able to recognize their risky behaviors, make a commitment to change, and enact risk reduction strategies to prevent STD/HIV infection.

Theoretical Basis
- AIDS Risk-Reduction Model (ARRM)

Intervention Duration
- Four 60-minute sessions delivered over 4 consecutive weeks

Intervention Setting
- Public STD clinic

Deliverer
- Trained intervention counselor

Delivery Methods
- Counseling
- Develop risk-reduction plan
- Printed materials
- Practice
- Risk reduction supplies (condoms)
- Video

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Cherrie B. Boyer**, Associate Director for Research and Academic Affairs, Adolescent Medicine, University of California, San Francisco, 3333 California Street, Suite 245, San Francisco, CA 94143-0503.

Email: cherrie.boyer@ucsf.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted at the San Francisco Department of Public Health STD Clinic between 1992 and 1993.

Key Intervention Effects
- Reduce unprotected sex
- Increased condom use

Study Sample
The analytic study sample of 284 clinic patients is characterized by the following:
- *46% black or African American, 29% white, 17% Hispanic/Latino, 8% other*
- *63% male, 37% female*
- *100% heterosexual*
- *Age range: 18-35 years*

Recruitment Settings
Public STD clinic

Eligibility Criteria
Patients seeking care at the San Francisco Department of Public Health were eligible if they were between the ages of 18-35 years, heterosexual, and residing in San Francisco at the time of recruitment. In addition, patients were required to have a past STD diagnosis, STD symptoms, or to be a sexual contact to a person diagnosed with an STD. Patients at the clinic for a follow-up examination or who were non-English speaking were excluded.

Assignment Method
Participants (N = 399) were randomly assigned to 1 of 2 groups: Cognitive/behavioral intervention (n = 199) or standardized risk-reduction counseling comparison (n = 200).

Comparison Group
The standardized risk-reduction counseling comparison was a single 15-minute session, typically offered to all patients by San Francisco Department City Clinic counselors at the time of their clinic visit.

Relevant Outcomes Measured and Follow-up Time
- Sex behaviors during past 2 months (including frequency of condom use with each partner, number of sex partners by type, and number of reported vaginal/anal sex acts without a condom) were measured at 3- and 5-month follow-ups.
- New STD infections were diagnosed during the 5 month follow-up using standard laboratory tests to identify Chlamydia, gonorrhoea, primary and secondary syphilis or trichomoniasis. Probable STD infections were measured during the 5 month follow-up based on diagnoses of pelvic inflammatory disease, mucopurulent cervicitis, non-gonococcal and non-chlamydial urethritis, presumptive treatment on the basis of contact with an infected sexual partner, and pregnancy.

Participant Retention
- Intervention
  - 61% retained at 3 months
  - 61% retained at 5 months

- Stress Management Comparison
  - 68% retained at 3 months
  - 66% retained at 5 months

Significant Findings
- Overall, intervention participants reported significantly fewer sexual encounters without condoms than comparison participants at the 3-month follow-up ($p < .05$).
- Among men, intervention participants reported significantly fewer sexual encounters without condoms than comparison participants at the 3-month follow-up ($p = .04$).
- Among sexually active men, intervention participants reported a significantly greater percentage of sexual encounters with condoms than comparison participants at the 3-month follow-up ($p < .05$).
- Among sexually active men, intervention participants reported significantly fewer sexual partners without condom use than comparison men at the 5-month follow-up ($p < .01$).

Considerations
- This intervention fails to meet the best-evidence criteria due to low retention rates.
- In the article by Boyer et al. (1997), an error occurred in one outcome label in Table 5 on page 365. The label should have read “Mean % of sexual intercourse with condoms,” to agree with the text on page 363-364, “Among men who reported sexual intercourse at 3 and 5 months, those in the intervention group increased the percentage of the time in which they used condoms at 3 months compared with those in the control group (56.8% versus 42.3%).” Correspondence with the author confirmed the information in the text is correct and the table label should read “with condoms.”

- There were no statistically significant intervention effects on the acquisition of new or probable STDs at the 5-month follow-up.
- The overall intervention effect on sex without condoms was primarily due to a significant effect among men; there were no significant intervention effects on any behavioral outcome for women alone.
- Intervention effects on mean number of sexual encounters with condoms or mean number without condoms were not found to be significant at the 5-month follow-up ($p < .01$).

REFERENCES AND CONTACT INFORMATION

Boyer, C. B., Barrett, D. C., Peterman, T. A., & Bolan, G. (1997). Sexually transmitted disease (STD) and HIV risk in heterosexual adults attending a public STD clinic: Evaluation of a randomized controlled behavioral risk-reduction intervention trial. *AIDS, 11*, 359-367.

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