

# OPTIONS/OPCIONES PROJECT

## Good Evidence – Risk Reduction

### INTERVENTION DESCRIPTION

#### Target Population

- HIV-positive clinic patients

#### Goals of Intervention

- Eliminate or reduce risky sexual and drug use behaviors

#### Brief Description

*Options/Opciones* is an individual-level, clinician-delivered HIV risk reduction intervention for HIV-positive persons during their routine clinical care visits and repeated at each visit. The intervention consists of a brief, patient-centered discussion (5-10 minutes) between clinician and patient at each clinic visit. Based on motivational interviewing techniques, clinicians evaluate sexual and drug-use behaviors of HIV-positive patients, assess the patient's readiness to change risky (or maintain safer) behaviors, and elicit various methods from patients for moving toward change or maintaining safer behaviors. Clinician and patient then negotiate an individually tailored behavior change goal or plan of action, which is written on a prescription pad, for the participant to achieve by the next visit.

#### Theoretical Basis

- Information-Motivation-Behavioral (IMB) Skills Model
- Motivational Interviewing principles

#### Intervention Duration

- A brief 5-10 minute session repeated at each clinic visit over 18 months

#### Intervention Settings

- HIV clinics

#### Deliverer

- HIV care clinicians

#### Delivery Methods

- Counseling
- Goal setting
- Risk reduction plan

### INTERVENTION PACKAGE INFORMATION

An intervention package is available from **Deborah H. Cornman**, University of Connecticut, Institute for Collaboration on Health, Intervention and Prevention (InCHIP), 2006 Hillside Road, Unit 1248 Storrs, CT 06269-1248.

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## EVALUATION STUDY AND RESULTS

The original evaluation was conducted in New Haven and Hartford, Connecticut between October 2000 and August 2003.

### Key Intervention Effects

- Reduced unprotected vaginal and anal sex

### Study Sample

The baseline study sample of 497 HIV-positive men and women is characterized by the following:

- 38% black or African American, 35% Hispanic/Latino, 22% white, 5% other
- 58% male, 42% female
- 78% heterosexual, 22% gay/bisexual men and women
- 15% MSM, 26% of men are MSM
- Mean age of 43, range 22-70 years
- 56% completed high school education or more

### Recruitment Settings

Examination and waiting rooms of two large HIV clinics

### Eligibility Criteria

Men and women were eligible if they were at least 18 years of age, had documented HIV infection, and were receiving HIV clinical care.

### Assignment Method

Two HIV clinics (497 participants) were assigned to 1 of 2 groups: Options/Opciones intervention (n = 1 clinic; 252 participants), or standard-of-care control (n = 1 clinic; 245 participants). The intervention and control clinics were selected on the basis of their similarity in population served and structure of services.

### Comparison Group

HIV-positive patients in the standard-of-care control group met with their clinicians for scheduled visits and received standard medical care, which did not systematically include HIV prevention discussions.

### Relevant Outcomes Measured and Follow-up Time

- Sex behaviors during past 3 months (including total number of unprotected insertive or receptive anal or vaginal sexual events with all partners or with partners whose HIV serostatus was negative or unknown) were measured every six months at 6, 12, and 18 months post baseline; since the intervention was given at almost every clinical care visit, the time between intervention delivery and the next assessment averaged between 1 and 4 months.

### Participant Retention

- Options/Opciones Intervention
  - 80% retained at 6 month post baseline
  - 63% retained at 12 months post baseline
  - 49% retained at 18 months post baseline
- Standard-of-Care control
  - 82% retained at 6 month post baseline
  - 66% retained at 12 months post baseline
  - 52% retained at 18 months post baseline

### Significant Findings

- Across the three post-baseline assessments, Options intervention participants reported significantly fewer unprotected anal and vaginal sexual events with any partner than the control group ( $p = .01$ ).

### Considerations

- This intervention fails to meet the best-evidence criteria due to retention rates  $< 70\%$  at the 12- and 18-month post-baseline assessments.
- Intervention participants reported fewer unprotected anal and vaginal sexual events with HIV-negative or unknown serostatus partners ( $p = .06$ ) than comparison participants across the three post-baseline assessments.
- The findings reported here are based on analysis models adjusted for baseline risk behaviors (required for non-randomized controlled trial) and were obtained directly from the authors.

## REFERENCES AND CONTACT INFORMATION

Fisher, J. D., Fisher, W. A., Cornman, D. H., Amico, K. R., Bryan, A., & Friedland, G. H. (2006). [Clinician-delivered intervention during routine clinical care reduces unprotected sexual behavior among HIV-infected patients](#). *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 41, 44-52.

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