

HEALTH IMPROVEMENT PROJECT (HIP)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Psychiatric outpatients receiving care for mental illness

Goals of Intervention

- Increase HIV-related knowledge, interpersonal skills, and attitudes favoring condom use
- Avoid unsafe sex practices (including unprotected vaginal sex)

Brief Description

The *Health Improvement Project (HIP)* intervention is a small group, skills training intervention to reduce risky sex behavior among persons with mental illness. Through interactive group discussions and motivational exercises, the first 4 sessions provide participants the facts about sexual behavior, HIV, and STDs; increase awareness of HIV risk; offer healthy alternatives to unsafe sex; discuss social norms concerning risky and safe sex; and address the benefits and costs of behavior change. Through the use of role plays, the remaining 6 sessions provide participants the skills necessary to use male and female condoms, develop coping strategies to deal with risky situations, and negotiate condom use with sex partners. Standard outpatient psychiatric care—including medication, psychotherapy and case management—is also provided on an ongoing basis.

Theoretical Basis

- Information-Motivation-Behavior (IMB) Skill model

Intervention Duration

- Ten sessions delivered twice weekly for 5 weeks

Intervention Setting

- Community-based hospital outpatient psychiatric clinics

Deliverer

- Male and female co-facilitator teams; the primary facilitator has doctoral-level clinical training, and the co-facilitator has at least masters-level clinical training

Delivery Methods

- Counseling
- Exercises/games
- Group discussion
- Practice
- Role plays

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Michael P. Carey**, Miriam Hospital, Centers for Behavioral and Preventive Medicine, Coro West – Suite 309, 164 Summit Avenue, Providence, Rhode Island 02906.

Email: michael_carey@brown.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in Syracuse, New York between 1997 and 2000.

Key Intervention Effects

- Reduced unprotected vaginal sex
- Reduced number of total and casual sex partners
- Increased safer sex communication

Study Sample

The baseline study sample of 408 psychiatric outpatients is characterized by the following:

- 67% white, 21% black or African American, 12% other
- 54% female, 45% male
- Mean age of 37 years
- 67% had at least a high school degree

Recruitment Settings

Psychiatric clinics at two not-for-profit hospitals

Eligibility Criteria

Patients were considered eligible if they were aged 18 years or older, sexually active in the previous year, used alcohol or drugs in the previous year, diagnosed with a major mood or thought disorder using standard diagnostic procedures, and able to participate as determined by mental status exam.

Assignment Method

Participants were randomly assigned to one of three conditions: HIV risk reduction intervention (n = 142), substance use reduction comparison intervention (n = 140), or standard care control (n = 126).

Comparison Group

The substance use reduction intervention was delivered over 10 sessions (twice weekly for 5 weeks), and sought to enhance knowledge, motivation, and behavioral skills regarding the elimination or reduction of substance use (i.e., alcohol, nicotine, and caffeine consumption). The standard care control included outpatient psychiatric care including medication, psychotherapy, and case management provided by a therapist on an ongoing basis.

Relevant Outcomes Measured and Follow-up Time

- Sexual risk behaviors during the prior 3 months (including unprotected vaginal sex, number of sex partners, and number of casual sex partners) were measured at 3- and 6-months post-intervention.
- Number of safer sex communications before intercourse during the prior 3 months was measured at 3- and 6-months post-intervention.
- Self-reported newly diagnosed STDs were measured at 6-months post-intervention.

Participant Retention

- HIV Intervention
 - 73% retained at 3 months
 - 75% retained at 6 months
- Substance Use Reduction Comparison
 - 79% retained at 3 months
 - 76% retained at 6 months
- Standard Care Control
 - 81% retained at 3 months
 - 79% retained at 6 months

Significant Findings

- Over 6 months of follow-up, patients in the HIV risk reduction intervention showed greater significant reductions in their frequency of unprotected vaginal sex ($p = .004$ and $p = .001$) and number of casual sex partners ($p = .001$ and $p = .015$) than patients in the standard care group and substance use reduction intervention, respectively.
- Patients in the HIV risk reduction intervention also reduced their total number of sex partners significantly greater than patients in the standard care group ($p = .037$).
- Compared to patients in the substance use reduction intervention, those in the HIV intervention reported a significantly greater increase in safer sex communication over time ($p = .001$).

Considerations

- Women were more responsive than men to the HIV intervention with regard to frequency of unprotected vaginal sex. Patients diagnosed with a major depressive disorder were more likely to benefit from the intervention than patients diagnosed with schizophrenia or bipolar disorder.

REFERENCES AND CONTACT INFORMATION

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