# Bridging the Gap between Prevention and Treatment

## How to integrate prevention into your existing program

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## Bridging the Gap

Prevention



**Treatment** 



### Learning Objectives

- Learn reasons to incorporate positive prevention
- Identify two types of positive prevention and seek them out in your community
- Learn ways to evaluate the program and make sense of the data

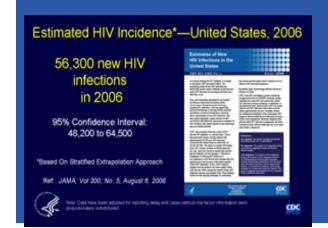


#### **Annual Infection rates**

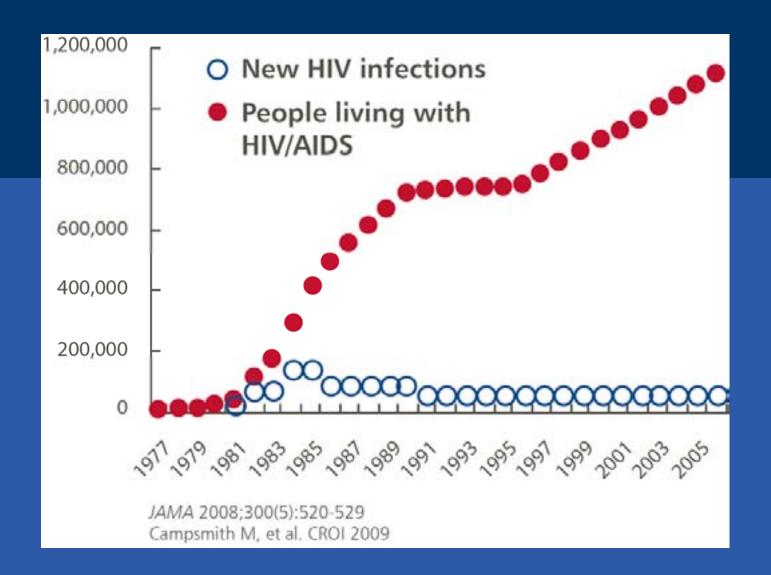
When you realize things are not getting any better......

# The New Estimates: U.S. HIV Epidemic Worse Than Previously Known

According to the new surveillance system, approximately 56,300 new HIV infections occurred in the United States in 2006. This number is approximately 40% higher than CDC's previous estimate of 40,000 new infections per year, which was based on less precise methods









#### Reason for providing positive prevention

- Annual infection rates
- Everyone is talking about it--IOM, CDC, HRSA
- Easy access to the positives! We have them in care!
- It can make a difference—starfish story





### What prompted us to bridge the gap

- Safer sex talks, prevention messages
- Patients not disclosing
- Patients drumming up business
- Stories
- Enough is enough!



### Where can you start?

- Google and search
- Read about positive prevention
- Attend workshops
- Search for funding
- Meet the folks providing prevention
- Obtain buy-in



#### Two interventions for positive prevention

The two interventions we chose

Healthy Relationships –group level

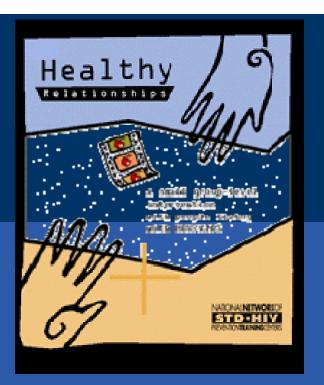
CLEAR—individual level

If it isn't feasible in your agency you can seek these and other interventions in your communities



### Healthy Relationships!

- Five sessions
- Movie clips to set up scenarios
- Modeling, role playing, and feedback



- Disclosure skills to family, friends, sexual partners
- Defining stress and reinforcing coping skills
- Teach decision making skills—awareness, triggers and barriers, problem solving, decision making, and action



#### Behind the Scenes



Adaptation
Make it unique-activities
Food by donation
Guided meditation
3 & 6 months follow-up survey
Free reunion



## Location, location!

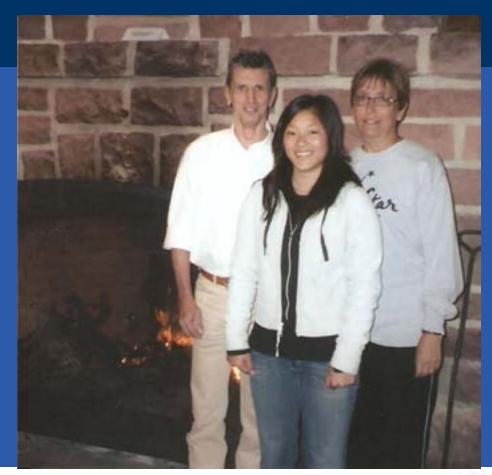




# Ivy Leaguers and Julie's Jewels 2009



## Local State Park Lodge





# Friendship bracelet as reminder of skills learned







# CLEAR Choosing Life: empowerment, action, results!

- Healthy living
- Five core skill sessions

Emotional awareness through use of the feeling thermometer and the link between feelings, thoughts, and actions

Identification of one's Ideal Self to help motivate behavior change

Teaching, modeling, and practicing short and long term goals

Teaching, modeling, and practicing SMART problem solving

Teaching, modeling, and practicing assertive behavior and communication



### Adding prevention goals

- Six domains
- Examples of real clients
- 1. Sexual risk
- 2. Substance use
- 3. Adherence
- 4. Stigma
- Disclosure
- 6. Health care issues



# Tangible reminder of goals and infinite possibilities





# Making sense of the data and how to create outcomes

- Observation monitoring tool
- 3-month and 6 month phone calls
- Outcome objective--% of participants who demonstrate the use of the skills
- Process objective--# of people who complete the intervention



#### Clear Observation Record

Use this to monitor your observation of the client utilizing the new skills (not the teaching of but the practice of). Examples: As you observe the client defining his/her Ideal Self or linking his/her Ideal Self to his/her feelings; as you observe the client utilizing the feeling thermometer during life activities and reporting this to you; as you observe the client linking his/her feelings to their actions; as you observe the client using assertive behavior either during the sessions or reporting a life experience.

Name	Feeling Thermometer	Feel-Think- Do frame Work	SMART Problem Solving	CLEAR thinking	Assertive Behavior and Commun- ication	Ideal self	Comments
	Development of emotional awareness and identification of link between feelings, thoughts, actions, etc	Utilized the F-T- D framework, etc	Development of a goal and or used SMART Problem Solving, etc Identified a prevention goal and developed an individual prevention plan, etc	Used CLEAR thinking to counter unhelpful thoughts, etc	Used appropriate assertive behavior or communication Practiced through role- plays Practiced a relaxation technique, etc	Developed the Ideal Self, linked the Ideal Self to F-T-D framework, linked Ideal Self to goals, etc	
Week 1							
Week 2							
Week 3							
Week 4							



Behind the Scenes							
3 Month Survey Evaluation							
Name	Date						
After the intervention I used a condom or other barrier:							
None □ 25% of the time □ 50% of the	time □ 60-100% of the time□						
NA (didn't have sex) □							
The friendship bracelet was a reminder to me of the intervention:							
Strongly agree   Agree   Disagree	Strongly disagree □						
The friendship bracelet assisted me in remembering to reduce unsafe sex behaviors:							
Strongly agree   Agree   Disagree	Strongly disagree □						
Staff signature							



#### Research shows.....

- Increased condom use
- Decreased unprotected vaginal or anal intercourse
- Decreased unprotected anal intercourse with negative sex partners

"Best-Evidence Interventions: Findings From a Systematic Review of HIV Behavioral Interventions for US Populations at High Risk, 2000–2004" | Cynthia M. Lyles, PhD, Linda S. Kay, MPH, Nicole Crepaz, PhD, Jeffrey H. Herbst, PhD, Warren F. Passin, MPH, MSW, Angela S. Kim, MPH, Sima M. Rama, MPH, Sekhar Thadiparthi, BS, Julia B. DeLuca, MLS, and Mary M. Mullins, MLS, for the HIV/AIDS Prevention Research Synthesis



#### Additional research

- Crepaz et al. (2006) meta-analysis of 12 controlled trials 1988-2004 showed that behavioral interventions for HIV positive people led to a 43% relative reduction in unprotected sexual intercourse and reduced acquisition of sexually transmitted diseases.
- In this study, health care providers delivered the interventions in settings where routine medical services were received. It included skills building and addressed mental health and adherence.



### What is relevant in your community?





- Lyles, C; Kay, L; Crepaz, N; Herbst, J; Passin, W; Kim, A; Rama, S, Thadiparthi, S; DeLuca, J; Mullins, M. Best-Evidence Interventions: Findings From a Systematic Review of HIV Behavioral Interventions for US Populations at High Risk, 2000–2004. <a href="http://ajph.aphapublications.org/cgi/content/full/97/1/133">http://ajph.aphapublications.org/cgi/content/full/97/1/133</a>
- Incorporating HIV Prevention into the Medical Care of persons living with HIV—MMWR, July 2003 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm
- A Guide To Primary Care For People With HIV/AIDS, 2004 edition Rationale for HIV Prevention in Primary Care Settings <a href="http://hab.hrsa.gov/tools/primarycareguide/PCGchap4.htm#PCGchap4ay">http://hab.hrsa.gov/tools/primarycareguide/PCGchap4.htm#PCGchap4ay</a> Care
- Crepaz, N; Lyles, C; Wolitzki R; Passin, W; Rama S; Herbst, J; Purcell, D; Mallow, R; & Stall, R. Do Prevention Interventions Reduce HIV Risk Behaviors Among People Living with HIV? A Meta-analytic Review of Controlled Trials. <a href="http://www.medscape.com/viewarticle/521053\_4">http://www.medscape.com/viewarticle/521053\_4</a>
- HIV in the United States at a Critical Crossroads, August 2009 http://www.cdc.gov/hiv/resources/reports/hiv\_prev\_us.htm



### Thank you!

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