Acceptability and Efficacy of Acceptance-Based Behavior Therapy to Promote HIV Acceptance, HIV Disclosure, and Retention in Medical Care

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Disclosures

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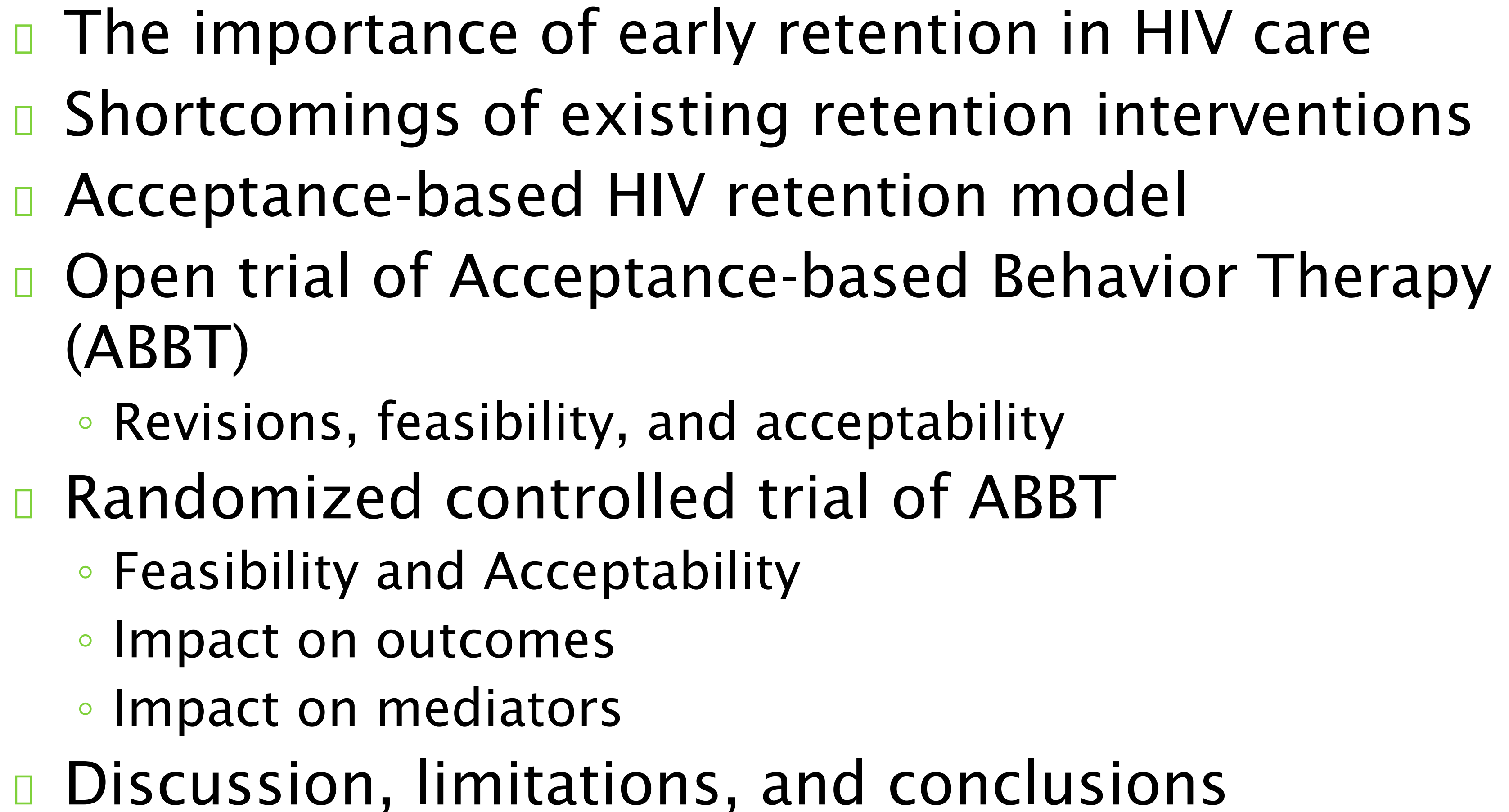
Outline



- The importance of early retention in HIV care
- Shortcomings of existing retention interventions
- Acceptance-based HIV retention model
- Open trial of Acceptance-based Behavior Therapy (ABBT)
  - Revisions, feasibility, and acceptability
- Randomized controlled trial of ABBT
  - Feasibility and Acceptability
  - Impact on outcomes
  - Impact on mediators
- Discussion, limitations, and conclusions

Retention: definition & guidelines

- Retention
  - A patient's longitudinal engagement in care as evidenced by consistency in attending appointments with medical provider.

- Guidelines
  - After HIV diagnosis, at least one medical care visit every 3-6 months
    - If initiated antiretroviral treatment (ART), one visit every 3 months

Why study retention in HIV care?

- Initial retention in HIV care is poor
  - Newly diagnosed people living with HIV (PLWH) are at high risk for dropping out of medical care.
    - 50% drop out in the first months of care[1]
    - 31-46% drop out after the first visit[2]
    - Only 45-55% of PLWH complete at least one visit every six months[3]
- Consequences of poor (early) retention
  - Late initiation of ART[4]
  - Increased risk of progression to AIDS[4]
  - HIV transmission to others (e.g., “U=U”)[5]

1. Rumptz et al., (2007).
2. Marks et al., (2010).
3. Hall et al., (2012).
4. Ulett et al., (2009).
5. Metsch et al., (2008)

Shortcomings of existing retention interventions

- In the past decade, there have been approximately 20 intervention studies aimed at improving early HIV retention in care.[6]

- Results are mixed and most interventions are highly labor intensive, costly, and not scalable
  - Example: Raj et al. (2018) – standard care vs. intensive retention package among 583 PLWH
    - 7 community-based sites in the U.S.
    - Case management, peer navigators
    - Structural supports (e.g., transportation)
    - Individual counseling, SMS texting support
    - NO DIFFERENCES!

6. Higa et al. (2016).

Acceptance-based HIV retention model

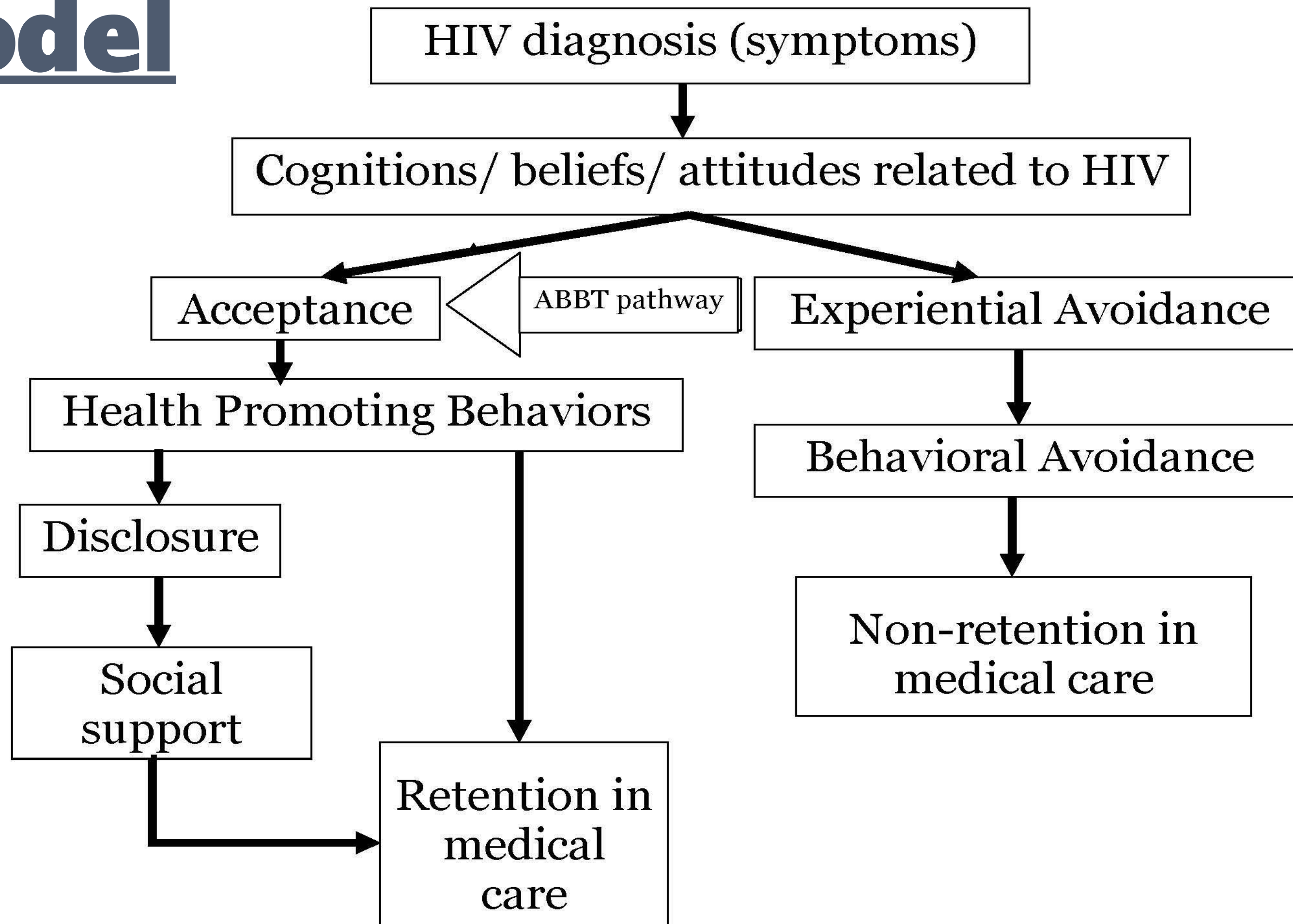
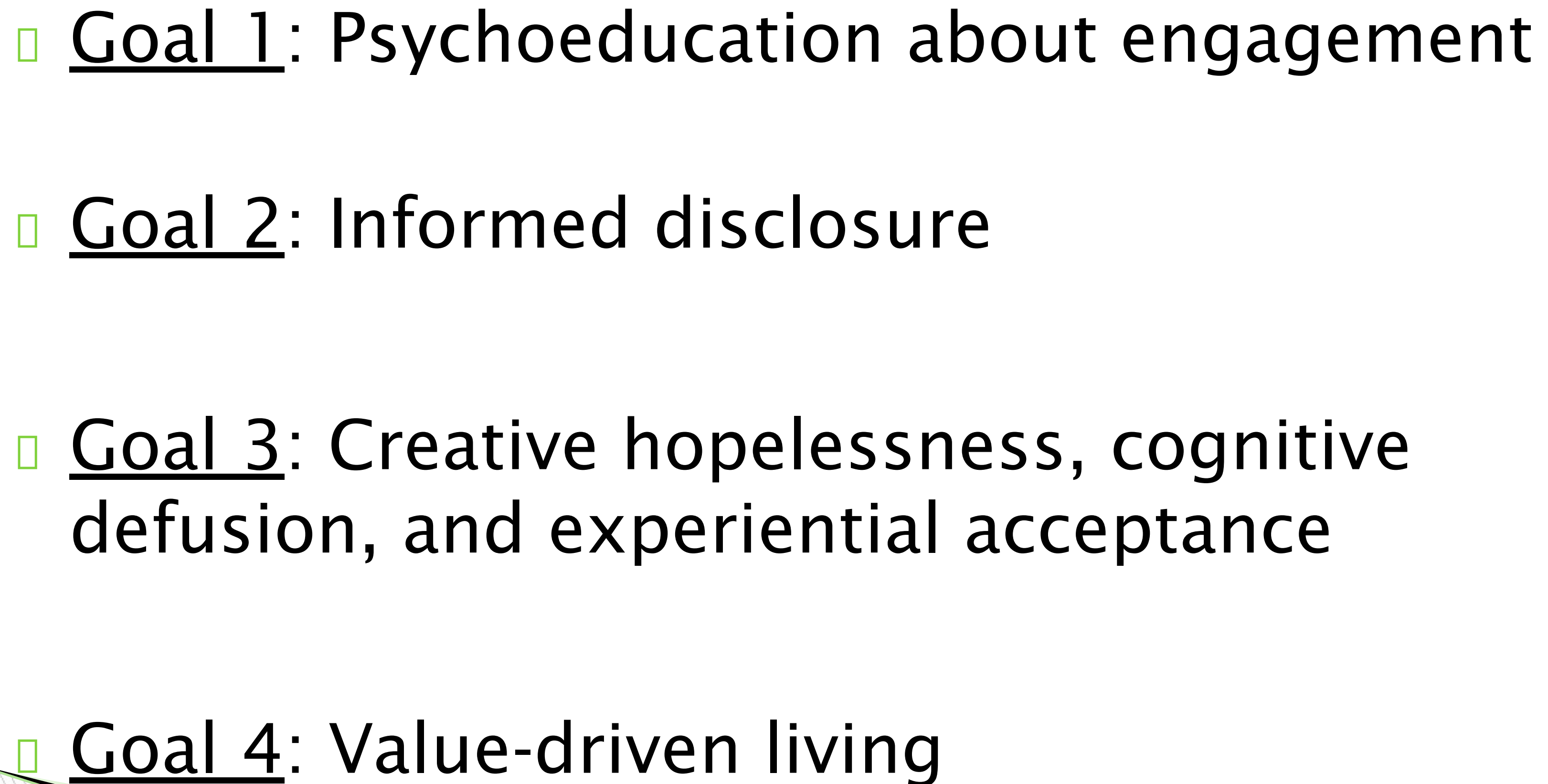


Figure 1. Acceptance-based model of HIV medical care retention

Acceptance-based behavior therapy (ABBT) for early HIV care retention



- Goal 1: Psychoeducation about engagement
- Goal 2: Informed disclosure
- Goal 3: Creative hopelessness, cognitive defusion, and experiential acceptance
- Goal 4: Value-driven living

Open trial of ABBT[7]

- ABBT = 2 sessions
  - #1: face-to-face in medical clinic (20-30 min.)
  - #2: telephone one week later (10-15 min.)

- 9 PLWH in Providence, RI, USA
  - Recruited at initial visit at Infectious Diseases clinic
  - Minimal exclusionary criteria

  - 3 females, 6 males
  - <u>Ethno-racial group</u>
    - 2 Black/African American
    - 4 Latinx
    - 3 non-Latinx White

7. Moitra et al. (2015)

Open trial of ABBT - Results

- Feasibility
  - 75% of those approached agreed to participate
  - 89% (n=8) completed both ABBT sessions
  - No Adverse Events

- Acceptability (End of Treatment)

Agreement Items	Min	Max	Mean (SD)	Median
Program was Helpful.	6	7	6.71 (.49)	7.0
Understood what was discussed.	7	7	7.00 (0.00)	7.0
Plan to continue to use and practice what I learned.	6	7	6.86 (0.38)	7.0
Feel the program helped me.	6	7	6.86 (0.38)	7.0
Feel Hopeful I'll continue to benefit.	7	7	7.00 (0.00)	7.0
Usefulness Items				
Discussion of how my life has changed.	6	7	6.71 (.49)	7.0
Discussion of how Challenging Living with HIV can be.	0	7	5.43 (2.57)	7.0
Discussion of barriers to attending medical appointments	0	7	6.00 (2.65)	7.0
Discussion of life values.	4	7	6.43 (1.13)	7.0
Discussion of Difficulties caused by struggling with HIV.	5	7	6.57 (0.79)	7.0
Assignments to do things.	6	7	6.86 (0.38)	7.0
Having the meetings at the primary care clinic.	6	7	6.86 (0.38)	7.0

Revisions to ABBT

- Creative hopelessness and willingness metaphors were tested and excluded
  - Dropped *Person in the Hole* metaphor
  - Switched from *Tug-of-War with a Monster* metaphor to *Quicksand* metaphor
- Increased emphasis on engagement psychoeducation
  - Additional data regarding treatment drop-out
- Changes to values clarification
  - *Values Card*

RCT of ABBT[8]

- Expanded to second site
  - HIV Outpatient Program at Louisiana State University – New Orleans, L.A.

- Interventionists
  - 3 doctoral-level psychologists

- Assessments
  - Baseline, 1-, 3- and 9-month follow-ups

- Control condition
  - Treatment-as-Usual (TAU)
    - Varied by site and patient needs

8. Moitra et al. (2017)

RCT Measures

- Primary Outcome
  - Medical appointment attendance (electronic medical record)

- Mediators
  - Multidimensional Scale of Perceived Social Support (MSPSS)
  - Brief HIV Disclosure and Safer Sex Self-Efficacy Scales (BHD) – Disclosure subscale
  - Acceptance and Action Questionnaire-2 (AAQ-2)
    - Two items modified to include ‘HIV’
  - HIV Stigma Scale

- Acceptability
  - Client Satisfaction Questionnaire-Revised (CSQ-8-R)
  - Open-ended qualitative feedback

RCT Sample

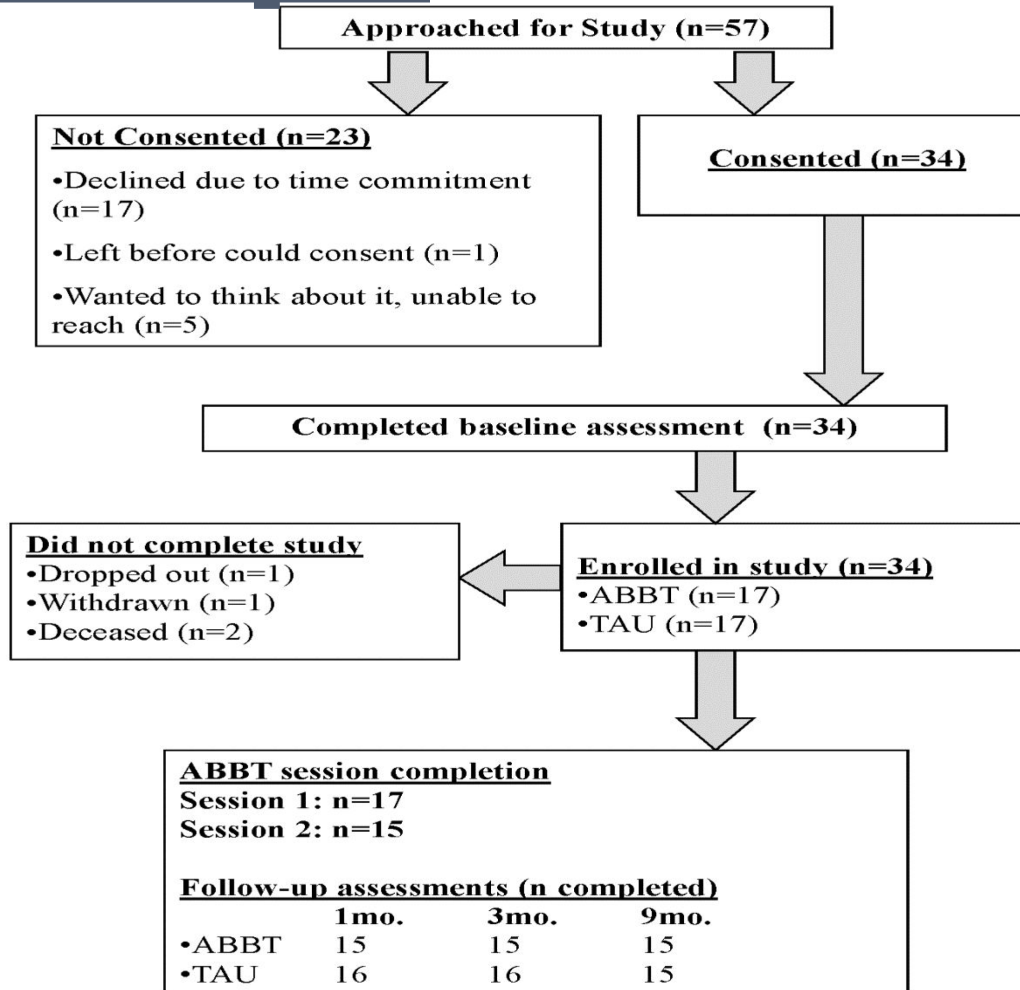
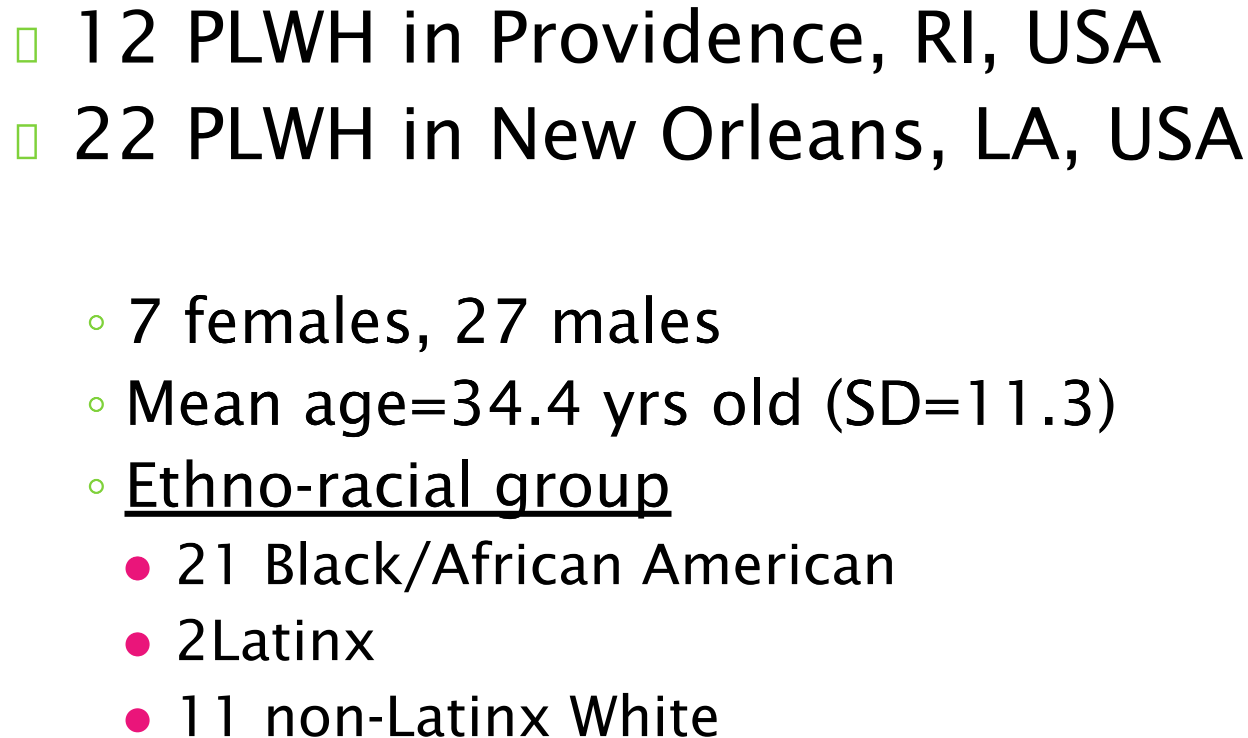


Figure 2. Participant flow chart in R34 pilot RCT

RCT Sample (n=34)



- 12 PLWH in Providence, RI, USA
- 22 PLWH in New Orleans, LA, USA
  - 7 females, 27 males
  - Mean age=34.4 yrs old (SD=11.3)
  - Ethno-racial group
    - 21 Black/African American
    - 2Latinx
    - 11 non-Latinx White

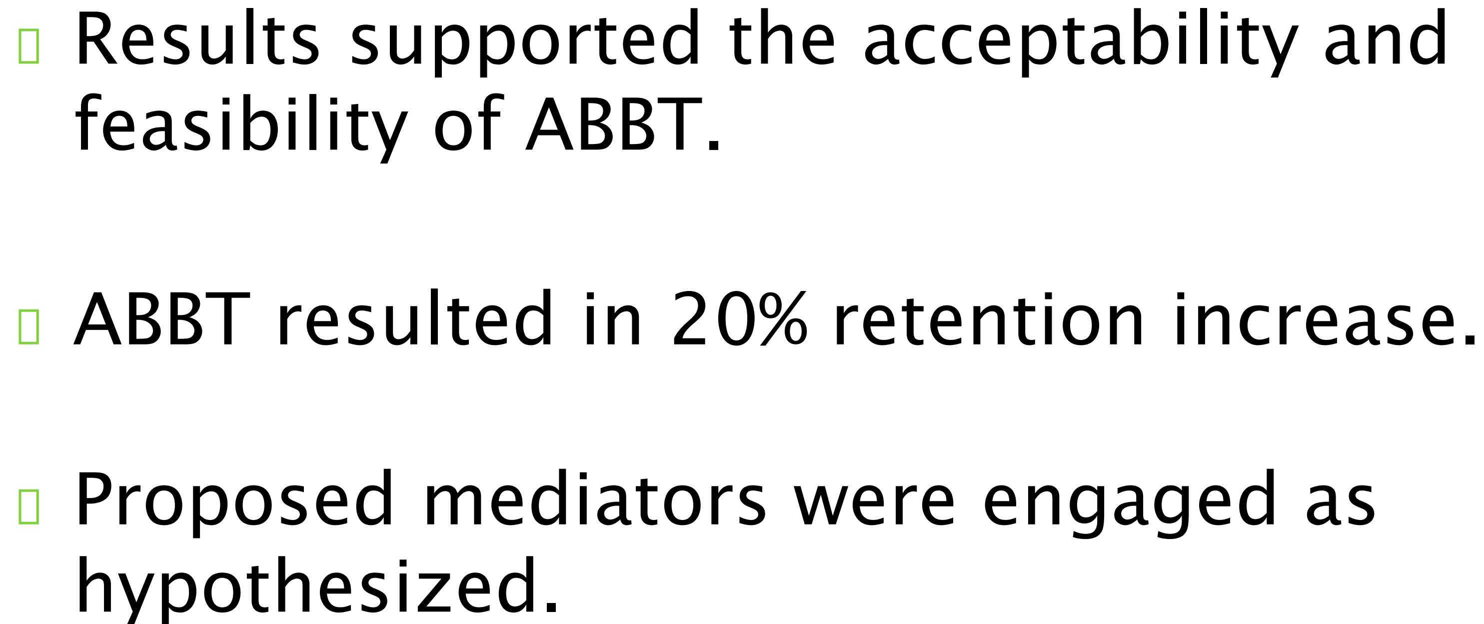
RCT Results: Outcomes

- Retention over 9-months
  - TAU: 73.3% attended at least 2 medical visits
  - ABBT: 93.3% attended at least 2 medical visits
- ABBT resulted in 20% increase in retention
  - TAU retention was higher than expected
- Acceptability
  - CSQ-8-R was high: mean=29.9 (*SD*=2.8)
    - (*Possible max CSQ-8-R=32*)
  - Qualitative feedback was very positive.

RCT Results: Mediators

Baseline » 9-month standardized differences in mediator means favor ABBT over TAU			
Measure	1-month Cohen's d (95%CI) reflecting differences in change scores	3-month Cohen's d (95%CI) reflecting differences in change scores	9-month Cohen's d (95%CI) reflecting differences in change scores
Experiential avoidance of HIV	-.35 (-1.10; 0.40)	-.59 (-1.36; 0.19)	-.44 (-1.20; 0.33)
Willingness to disclose HIV	.18 (-0.56; 0.92)	.53 (-0.25; 1.29)	.13 (-0.62; 0.88)
# of disclosures	.84 (0.06; 1.61)	.58 (-0.20; 1.35)	.32 (-0.44; 0.48)
Perceived social support	.43 (0.32; 1.18)	.35 (0.42; 1.11)	.29 (0.47; 1.05)

Discussion



- Results supported the acceptability and feasibility of ABBT.
- ABBT resulted in 20% retention increase.
- Proposed mediators were engaged as hypothesized.

Limitations & Next steps

- Limitations
  - Open trial and RCT had small samples
  - TAU was control condition; not attention matched
  - Doctoral-level clinicians

- Next steps
  - Fully powered efficacy trial