

# PERSONALIZED COGNITIVE COUNSELING

(with optional sex diary)

**Best Evidence – Risk Reduction**

## INTERVENTION DESCRIPTION

### Target Population

- Men who have sex with men (MSM) who are HIV seronegative and have undergone repeat HIV testing

### Goal of Intervention

- Reduce high-risk sexual behavior (i.e., unprotected anal sex with non-primary partners of unknown or discordant HIV status)

### Brief Description

The *Personalized Cognitive Risk-Reduction Counseling* intervention (previously referred to as Self-Justifications Counseling) involves a single counseling session delivered to clients during the 1- to 2-week period between standard “pre-test” (risk-assessment) and “post-test” (results disclosure) HIV counseling. During the session, counselors ask the client to recall a recent encounter of unprotected anal sex with another man of unknown or serodiscordant HIV status. The client describes the encounter with as much detail as possible. The client is then encouraged to identify and express the thoughts, feelings, or attitudes that might have led to the high-risk behavior. Together, the client and the counselor examine the encounter to identify any thoughts that may have led the client to make a decision to engage in high transmission risk sex. Finally, the client and the counselor agree on strategies that can be used to deal with similar situations in the future.

An optional sex diary can be used to supplement the single counseling session. The diary asks clients to keep track of and describe all sex encounters for 90-days. The sex encounters include type of sex act (e.g., anal sex or oral sex), whether a condom was used, relationship to sex partners, and HIV serostatus of sex partners.

### Theoretical Basis

- Gold’s Model of “on-line” vs. “off-line” self-appraisal of risk behavior
- Model of Relapse Prevention

### Intervention Duration

- 1 session that lasts approximately 1 hour

### Intervention Settings

- HIV testing clinic

### Deliverer

- Counselor, a licensed mental health professional

### Delivery Methods

- Counseling
- Goal setting

## INTERVENTION PACKAGE INFORMATION

An intervention package was developed with funding from CDC's Replicating Effective Programs (REP) Project. **The intervention package and training are available through CDC's High Impact Prevention Project (HIP): [Personalized Cognitive Counseling \(PCC\)](#).**

## EVALUATION STUDY AND RESULTS

**The original evaluation study was conducted in San Francisco, California, between 1997 and 2000.**

### Key Intervention Effect

- Reduced unprotected anal sex

### Study Sample

The study sample of 248 men who have sex with men (MSM) of negative or unknown HIV serostatus is characterized by the following:

- 74% white, 11% Hispanic/Latino, 6% Asian/Pacific Islander, 3% black or African American, 6% other
- 100% male
- Median age of 33 years

### Recruitment Settings

Anonymous HIV testing clinic

### Eligibility Criteria

Men between the ages of 18 and 49 years, having at least one HIV-negative test result during the prior 6 months, and engaged in at least one episode of receptive/insertive unprotected anal sex with a man of unknown or discordant HIV status during the prior 12 months.

### Assignment Method

Men were randomly assigned to one of four groups: standard HIV counseling control (n = 62), standard HIV counseling + sex diary (n = 62), standard HIV counseling + risk-reduction counseling (n = 62), and standard HIV counseling + risk-reduction counseling + sex diary (n = 62).

### Comparison Group

Standard HIV pre- and post-test counseling that followed CDC guidelines and was delivered by a licensed counselor. The counseling assessed reasons for testing, current HIV status, testing history, risk factors, proposed areas for behavior change, and means to stay safe until receipt of test results.

### Relevant Outcomes Measured and Follow-up Time

- Episodes (mean number and percent) of unprotected anal sex with any non-primary partner of unknown or discordant HIV status during the prior 3 months were assessed 6- and 12-months post-intervention.

## Participant Retention

- Standard + Personalized + Diary
  - 79% retained at 6 months
  - 71% retained at 12 months
  
- Standard + Personalized
  - 94% retained at 6 months
  - 82% retained at 12 months
  
- Standard + Diary
  - 94% retained at 6 months
  - 84% retained at 12 months
  
- Standard Only
  - 92% retained at 6 months
  - 84% retained at 12 months

## Significant Findings

- At 6- and 12-month follow-ups, men receiving the Standard + Personalized Cognitive Risk-Reduction Counseling intervention had a significant decrease in percent ( $p < 0.002$  and  $p = 0.001$ , respectively) and in mean number of episodes ( $p < 0.008$  and  $p < 0.001$ , respectively) of unprotected anal sex compared to those receiving standard HIV counseling alone.

## Considerations

- The addition of the diary to the Standard + Personalized Cognitive Risk-Reduction Counseling intervention also produced significant positive results, but did not produce results significantly better than those produced by the Standard + Personalized Cognitive Risk-Reduction Counseling intervention. Thus, the inclusion of the sex diary is optional.
- Coffin and colleagues (2014) evaluated an adaption of Personalized Cognitive Risk Reduction Counseling (PCC), called *Project ECHO*, against a rapid HIV testing only comparison in a randomized controlled trial. *Project ECHO* consists of a single, individualized counseling session and a booster session at 3 months and is designed to reduce HIV-related sexual risk behaviors among ethnically diverse, HIV-negative, episodic substance-using MSM.
  - Across the three assessments (baseline to 3 months after completion of the intervention and booster session), several intervention effects were observed:
    - Among the subgroup of non-substance dependent MSM, intervention participants reported a significantly greater reduction in number of unprotected anal intercourse events with the three most recent non-primary partners (RR = 0.56, 95% CI = 0.34, 0.92,  $p = 0.02$ )
    - Among the subgroup of non-substance dependent MSM of color, intervention participants reported a significantly greater reduction in number of unprotected anal intercourse events (RR = 0.41, 95% CI = 0.18, 0.95,  $p = 0.04$ ) and in the number of unprotected anal intercourse events with their three most recent non-primary partners (RR = 0.37, 95% CI = 0.16, 0.87;  $p = 0.02$ )
- *Project ECHO* meets Best Evidence Criteria and the info sheet can be accessed [here](#).
- The original PCC intervention was updated to include some components of the *Project ECHO* intervention for episodic substance using MSM. An updated PCC intervention manual can be accessed at <https://effectiveinterventions.cdc.gov/>.

## REFERENCES AND CONTACT INFORMATION

Coffin, P. O., Santos, G. M., Colfax, G., Das, M., Matheson, T., DeMicco, E., & Herbst, J. H. (2014). [Adapted personalized cognitive counseling for episodic substance-using men who have sex with men: A randomized controlled trial](#). *AIDS and Behavior*, *18*, 1390-1400.

Dilley, J. W., Woods, W. J., Sabatino, J., Lihathsh, T., Adler, B., Casey, S., . . . McFarland, W. (2002). [Changing sexual behavior among gay male repeat testers for HIV: A randomized, controlled trial of a single-session intervention](#). *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *30*, 177–186.

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