

POSITIVE CHOICE: INTERACTIVE VIDEO DOCTOR

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- HIV-positive clinic patients

Goals of Intervention

- Eliminate or reduce sex risk behaviors
- Eliminate or reduce illicit drug use

Brief Description

Positive Choice is an individual-level, interactive computer-based intervention to improve screening and counseling about ongoing sex risk and substance use among HIV-positive patients. While waiting for the scheduled visit with a care provider, HIV patients first complete the Positive Choice risk assessment on a laptop computer. Based on the risk assessment, a video clip appears on the computer in which an actor-portrayed Video Doctor delivers interactive risk-reduction messages to the patient. The clip is matched and tailored to the patient's gender, risk profile, and readiness to change. This risk-reduction "Video Doctor" counseling session is based on Motivational Interviewing principles, which emphasize a patient-centered approach, non-judgmental tone, empathy, and support. The Video Doctor counseling session lasts an average of 24 minutes. After this brief session, the computer prints out two documents: (1) an educational worksheet for participants with questions for self-reflection, harm reduction tips, and local resources; and (2) a cuing sheet for health care providers, which offers a summary of the patient's risk profile and readiness to change, and suggested risk-reduction counseling statements to serve as a prompt for discussing risky behaviors with patients. A booster Video Doctor counseling session is provided 3 months later and includes feedback reflecting changes made since the initial visit, along with an updated output for the patient and provider to review and discuss during the clinic visit.

Theoretical Basis

- Motivational interviewing principles

Intervention Duration

- One Video Doctor counseling session, lasting 24-minutes on average; 3 months later, one booster Video Doctor counseling session, lasting about 24-minutes

Intervention Settings

- Outpatient HIV clinics

Deliverer

- Actor-portrayed physician (computer program)

Delivery Methods

- Discussion
- Goal setting
- Printed materials
- Video-based counseling

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Barbara Gerbert**, Center for Health Improvement and Prevention Studies (CHIPS), University of California San Francisco, 707 Parnassus Avenue, Box 0758, San Francisco, CA 94143-0758.

Email: barbara.gerbert@ucsf.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in San Francisco, California between 2003 and 2006.

Key Intervention Effects

- Reduced unprotected sex
- Reduced number of casual sex partners

Study Sample

The analytic study sample of 471 HIV-positive men and women is characterized by the following:

- *50% black or African American, 29% white, 13% Hispanic/Latino, 8% other*
- *79% male, 21% female*
- *51% MSM, 65% of men are MSM*
- *Mean age of 44 years*
- *82% completed high school education or more*

Recruitment Settings

Outpatient HIV clinics located in public hospitals, a community-based organization, a private hospital, and a health maintenance organization

Eligibility Criteria

HIV-positive clinic patients were eligible if they were 18 years of age or older and were HIV-positive for 3 months or longer.

Assignment Method

HIV-positive clinic patients (N = 476) were randomly assigned to 1 of 2 groups: Positive Choice (n = 243) or Usual Care comparison (n = 233).

Comparison Group

The comparison group received the HIV clinic's usual care. Any risk assessment and counseling for the comparison group was dependent on the medical providers' own initiative and clinical judgment and was not measured.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors during past 3 months (including any unprotected anal or vaginal sex, condom use with main partner or casual partner, and number of sex partners) were measured at 3 and 6 months after the initial Video Doctor counseling session. The 6-month assessment was conducted 3 months after the booster Video Doctor counseling session.

Participant Retention

- Positive Choice
 - 75% retained at 3 months after initial Video Doctor counseling session
 - 82% retained at 6 months (3 months after booster Video Doctor counseling session)
- Usual Care
 - 81% retained at 3 months after intervention
 - 83% retained at 6 months (3 months after booster Video Doctor counseling session)

Significant Findings

- Among HIV-positive clinic patients who reported unprotected anal or vaginal sex at baseline, intervention participants were significantly less likely than comparison participants to report unprotected anal or vaginal sex at 3 months after the initial Video Doctor counseling session ($p = .006$) and at 3 months after the booster Video Doctor counseling session ($p = .006$).
- Intervention participants also reported significantly fewer casual sex partners than comparison participants at 3 months after the booster Video Doctor counseling session ($p = .042$).

Considerations

- No significant intervention effect was found for absolute percent change in condom use with main partners or with casual partners at either follow-up.
- Among HIV-positive clinic patients who reported any drug use at baseline, intervention participants were significantly less likely than comparison participants to report any drug use at 3 months after the initial Video Doctor counseling session ($p = .029$) and at 3 months after the booster Video Doctor counseling session ($p < .001$).

REFERENCES AND CONTACT INFORMATION

Gilbert, P., Ciccarone, D., Gansky, S. A., Bangsberg, D. R., Clanon, K., McPhee, S. J., . . . Gerbert, B. (2008). [Interactive “Video Doctor” counseling reduces drug and sexual risk behaviors among HIV-positive patients in diverse outpatient settings](#). *PLoS ONE*, 3, e1988.1-e1988.10.

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