

# SAFETALK

## Good Evidence – Risk Reduction

### INTERVENTION DESCRIPTION

#### Target Population

- Sexually active HIV-positive adult clinic patients

#### Goals of Intervention

- Increase safer sex practices

#### Brief Description

*SafeTalk* is an individual-level intervention that includes four consecutive monthly, one-on-one motivational interviewing-based counseling sessions based on a thirteen step protocol that encourages client autonomy. Each session is conducted by a trained counselor and uses motivational interviewing to enhance motivation, self-efficacy, and skills to foster safer sex behavior change. In addition to the monthly sessions, the intervention includes a series of four audio CD/booklet pairs that help prepare patients for each session, and a fifth audio CD/booklet pair that provides tailored safe sex information. The intervention also includes four booster letters, each linked to the content of the preceding sessions. The intervention emphasizes setting small realistic goals that are based on harm reduction.

#### Theoretical Basis

- Motivational Interviewing (MI)
- Social Cognitive Theory

#### Intervention Duration

- Four consecutive 40-60 minute monthly sessions

#### Intervention Settings

- HIV clinic
- Telephone

#### Deliverer

- Trained counselor

#### Delivery Methods

- Audio CDs
- Counseling
- Goal setting
- Printed material
- Risk assessment
- Skills building

## INTERVENTION PACKAGE INFORMATION

**An intervention package is not available at this time.** Please contact **Carol E. Golin**, University of North Carolina, Department of Medicine, Division of General Medicine and Clinical Epidemiology, 5034 Old Clinic Building, CB 7110 Chapel Hill, NC 27599.

**Email:** [carol\\_golin@med.unc.edu](mailto:carol_golin@med.unc.edu) for details on intervention materials.

## EVALUATION STUDY AND RESULTS

**The original evaluation was conducted in North Carolina between 2006 and 2009.**

### Key Intervention Effects

- Reduce unprotected sex with HIV serodiscordant sex partners

### Study Sample

The baseline study sample of 490 HIV-positive adults was characterized by the following:

- 71% black or African American, 20% white, 8% other
- 65% male, 35% female
- 38% MSM
- Mean age of 43 years
- 25% did not complete high school; 33% graduated high school or obtained a GED; 42% completed at least some college or technical school training

### Recruitment Settings

HIV clinics

### Eligibility Criteria

Patients were eligible if they were at least 18 years old, HIV-infected, receiving HIV treatment at one of the three study sites, English-speaking, cognitively able to complete consent and counseling, self-reported having oral, anal, or vaginal sex in the last 12 months, were not deemed to be too sick to participate, had attended the study clinic more than once, and had not participated in another safer sex MI program in the previous 6 months.

### Assignment Method

HIV-positive adults (N = 492) were randomly assigned to 1 of 2 groups: SafeTalk intervention (n = 248) or New Leaf attention-matched comparison (n = 244).

### Comparison Group

The New Leaf attention-matched comparison focused on nutrition and physical activity to prevent cardiovascular disease. It consisted of 4 consecutive monthly one-on-one counseling sessions, lasting approximately 40-60 minutes, delivered by a trained counselor, and mirrored the SafeTalk format and materials.

### Relevant Outcomes Measured and Follow-up Time

- Sex behaviors (including unprotected anal or vaginal sex<sup>†</sup> with any partner, unprotected anal or vaginal sex<sup>†</sup> with a sero-discordant [HIV-negative or unknown serostatus] partner in the last 3 months) were measured at 4, 8, and 12 months post-enrollment, which translates to during intervention, immediate post-intervention and 4 months post-completion of intervention.\*

### Participant Retention

- SafeTalk Intervention
  - 74% retained at 8 months (immediately after intervention)\*
  - 62% retained at 12 months (4 months after completion of intervention)\*
- New Leaf Comparison
  - 77% retained at 8 months (immediately after intervention)\*
  - 63% retained at 12 months (4 months after completion of intervention)\*

### Significant Findings

- Intervention participants reported significantly greater reduction in number of unprotected anal or vaginal sex acts<sup>†</sup> with an HIV serodiscordant partner than comparison participants at 4 months after the completion of intervention (B = -1.86, SE = 0.92, p = 0.04).\*

### Considerations

- This intervention fails to meet the best-evidence criteria due to less than 70% retention rate per arm at the 12 month assessment (4 months after the completion of intervention).\*
- At the 8 months assessment (immediately after completion of intervention), intervention participants reported a significant reduction in the number of unprotected sex acts<sup>†</sup> with an HIV serodiscordant partner (p < 0.0001) and unprotected anal or vaginal sex acts<sup>†</sup> (p < 0.0001) than comparison participants. The findings did not meet the criteria for follow-up time point.
- There was a significant difference between those lost to follow-up and those retained with regard to participants' sexual preference (p = 0.001), gender (p = 0.0357), and time since HIV diagnosis (p = 0.0344), with a larger proportion of participants retained in the study reporting being MSM, male, and being diagnosed less than 1 year ago.\*

\*Information obtained from author

†Unprotected sex measured as sex without a condom

## REFERENCES AND CONTACT INFORMATION

Golin, C. E., Earp, J. A., Grodensky, C. A., Patel, S. N., Suchindran, C., Parikh, M., . . . Groves, J. (2011). [Longitudinal effects of SafeTalk, a motivational interviewing-based program to improve safer sex practices among people living with HIV/AIDS.](#) *AIDS and Behavior*, *16*, 1182-1191.

Golin, C. E., Davis, R. A., Przbyla, S. M., Fowler, B., Parker, S., Earp, J. A., . . . Grodensky, C. A. (2010). [SafeTalk, a multicomponent, motivational interviewing-based, safer sex counseling program for people living with HIV/AIDS: a qualitative assessment of patients' views.](#) *AIDS Patient Care and STDs*, *24*, 237-245.

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