

THINK TWICE (Pilot)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- High-risk[†] men who have sex with men (MSM)

Goals of Intervention

- Reduce number of sexual partners*
- Reduce unprotected sex*[†]
- Shape accurate beliefs and perceptions of risk about the effectiveness of serosorting

Brief Description

Think Twice (Pilot) is a single-session, individual-level intervention that promotes informed decision-making around partner selection and HIV risk reduction among men who have sex with men (MSM). The intervention focuses on preparing participants to make the safer decisions when they are in risky situations. Through the use of a graphic novel to convey messages about the risks of serosorting, development of a visual sexual network diagram depicting potential HIV exposure pathways, and guided discussion around ways to reduce HIV risk, the peer counselor addresses misconceptions about selecting sexual partners and helps participants to shape accurate beliefs and perceptions of risk about serosorting. Using their own sexual network diagram as a guide, participants reflect on occasions in which they put themselves at risk for HIV and develop a realistic plan--through weighing the risks and benefits of increased condom use, reductions in sexual partners and acts, alternatives to unprotected anal intercourse, and greater inquiry into a sexual partner's HIV status and testing history.

Theoretical Basis

- Conflict Theory of Decision-Making

Intervention Duration

- One 40-minute session

Deliverer

- Peer counselor

Delivery Methods

- Counseling
- Discussion
- Graphic novel
- Risk-reduction plan
- Visual diagram

Intervention Setting

- Community-based research site

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Lisa Eaton**, University of Connecticut, 2008 Hillside Road, Unit 1248, Storrs, CT 06269.

Email: lisaanne.eaton@gmail.com for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Atlanta, Georgia between March 2009 and October 2009.

Key Intervention Effects

- Reduced number of male sex partners
- Reduced number of unprotected anal sex acts[†] with HIV-positive partners or partners with unknown status

Study Sample

The baseline study sample of 149 MSM is characterized by the following:

- 71% black or African American, 22% white, 4% other, 3% Hispanic/Latino
- 100% male
- 74% gay, 24% bisexual, 2% heterosexual
- 93% HIV-negative, 7% HIV-status unknown (based on self-report)
- Mean age of 29 years
- Mean education of 14 years

Recruitment Settings

HIV testing sites, treatment centers, gay-identified venues (e.g., bars, bathhouses and clubs), gay newspapers and an Internet classifieds web site

Eligibility Criteria

MSM were eligible if they were biologically male or transgendered, 18 years or older, reported that they were not HIV-positive, and reported having 2 or more male unprotected anal sex partners in the preceding 6 months.

Assignment Method

MSM (N = 149) were randomly assigned to 1 of 2 arms: Think Twice (n = 74) or standard HIV risk-reduction counseling comparison (n = 75).

Comparison Group

The comparison group received an individual counseling session consistent with the guidelines of the Centers for Disease Control and Prevention. Counselors used client-centered counseling techniques to discuss individual HIV risks and the strategies that participants could use to reduce their risks.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors in the past month (including total number of male sexual partners, number of HIV-negative partners, HIV-positive partners, and partners of unknown status; and number of unprotected anal sex acts[†] with HIV-negative partners, HIV-positive partners, and partners of unknown status) were measured at 1 and 3 months post-intervention.

Participant Retention

- THINK TWICE intervention
 - 87% retained at 1 month post-intervention
 - 81% retained at 3 months post-intervention
- Standard HIV risk-reduction counseling comparison
 - 88% retained at 1 month post-intervention
 - 77% retained at 3 months post-intervention

Significant Findings

- At 3 months post-intervention, intervention participants reported significantly fewer male sex partners than comparison participants (Adj Mean = 1.31 vs 2.44, $p < 0.05$).
- While the above finding meets the best-evidence criteria, two additional findings at 1 month post-intervention meet the good-evidence criteria because the assessment time point was < 3 months post-intervention:
 - Intervention participants reported significantly fewer unprotected anal sex acts[†] with HIV-positive or status unknown partners (Adj Mean = 0.26 vs 0.79, $p < 0.05$)
 - Intervention participants reported significantly fewer male sex partners (Adj Mean = 1.42 vs 2.67, $p < 0.05$) than comparison participants.

Considerations

- Additional intervention effects (all p -values < 0.05) were observed for condom use negotiation self-efficacy at 3 months post-intervention and perception of risk at 1 month post-intervention.
- There were no significant intervention effects on the number of unprotected anal sex acts[†] with HIV-negative partners at 1 or 3 months post-intervention.
- The significant intervention effect on the number of unprotected anal sex acts[†] with HIV-positive or status-unknown partners at 1 month was not sustained at 3 months post-intervention.
- A newer version of this intervention has been identified by PRS as a Best Evidence-Based Intervention (EBI). The information sheet for the newer version can be accessed [here](#).

‡High risk defined as being HIV-negative or HIV-status unknown and having condomless anal sex with two or more male partners

*Information obtained from author

†Unprotected sex measured as sex without a condom

REFERENCES AND CONTACT INFORMATION

Eaton, L., Cherry, C., Cain, D., & Pope, H. (2011). [A novel approach to prevention for at-risk HIV-negative men who have sex with men: Creating a teachable moment to promote informed sexual decision-making](#). *American Journal of Public Health*, 101, 539-545.

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