Training Counselors on an HIV Risk Reduction Intervention: How Much Practice is Enough?

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A CTN PLATFORM STUDY

Introduction

- Several obstacles exist to the dissemination and implementation of evidence-based treatments in substance abusing populations,[1] such as:
  - Inadequate training
  - Lack of post-training support in the treatment agency
- Understanding these obstacles is necessary to successful intervention dissemination and to reducing the research-to-practice gap
- Consensus exists that active (vs passive) training, followed by agency support via supervision and practice, are two key elements to achieving therapist competence in an evidence-based treatment[2,3]
- Documenting fidelity to HIV prevention interventions is critical for consistent and accurate delivery to patients
- However,
  - No standardized, psychometrically sound adherence scale exists for the evidence-based HIV risk reduction intervention, Real Men Are Safe-Culturally Adapted (REMAS-CA)
  - Little work exists on the amount of practice needed for substance abuse counselors to achieve acceptable competence

Aims

- Develop an adherence scale for REMAS-CA
- Measure improvement in counselors' intervention delivery skills over time
- Identify which modules of REMAS-CA were hardest to deliver

Methods

- REMAS-CA, a 5-session HIV risk reduction intervention, was piloted at 4 addiction treatment programs
- Two counselors per site ran 3 or 4 rounds of REMAS-CA over ~9 months
- Group session recordings were reviewed by a team of 4 (lead- and co-investigator + 2 undergrads) for
  - Manual adherence
  - Avoidance of proscribed behaviors
  - Global empathy and co-therapy skill
- Inter-rater reliability was calculated via intra-class correlation coefficient (ICC)
- ICC was calculated for all raters, 2 sets of 3 raters, and 2 pairs of raters
- Adherence and skill scores were compared for counselors' first and last cohorts using paired-t-tests

Results

Inter-Rater Reliability
- ICC for all four raters (105 items) was 0.845
- ICCs for two sets of 3 raters (210 items) were 0.618 and 0.696
- ICCs for two raters (1006 items) was 0.734

Counselor Improvement Across Time, From First to Last Cohort
- Adherence and competence scores showed little evidence of improvement in their delivery of REMAS-CA over time, except on Global Empathy (Table 1)

Table 1: Change in adherence ratings between first and last cohort in REMAS-CA pilot study

Rating Variable	First Cohort Mean (sd)	Last Cohort Mean (sd)	Paired *t*	*p*
Extensiveness of Module Coverage	4.66 (0.32)	4.54 (0.48)	0.76	ns
Skill of Module Delivery	4.09 (0.39)	3.92 (0.43)	1.23	ns
Use of Proscribed Behaviors	1.41 (0.43)	1.37 (0.25)	0.30	ns
Quality of Co-Therapy	3.77 (0.52)	4.01 (0.82)	1.12	ns
Global Empathy	**4.44 (0.77)**	**4.76 (0.53)**	**2.28**	**0.04**
Global Skill	4.12 (0.72)	4.03 (0.60)	0.43	ns

Session Difficulty
- Counselors were rated for how thoroughly (i.e. extensively) and how well (i.e. skilled) they delivered each module in a given session.
- Ratings were on a 1 (minimially) to 5 (extensively) Likert scale (Table 2).

Table 2: Extensiveness and skill ratings for main REMAS-CA modules (final cohort)

	Modules	Extensiveness	Skill
Session 1	Risky Behaviors Exercise-Part 1	5.00	4.38
	HIV/AIDS Update	4.88	4.00
	HIV Risky Behaviors Exercise-Part 2	4.67	4.50
Session 2	Review Drug Use Practices & Safe Sex Hierarchy	4.75	**3.75**
	Male Condom Demonstration	4.50	4.38
	Male Condom Practice	4.67	4.83
	Female Condom Demonstration	4.50	4.38
	Barriers to Condom Use: Brainstorming Solutions	4.63	4.38
Session 3	Building Skills for Making & Communicating Safer Sex Decisions: movie clips	4.50	**3.88**
	Experience with Sex & Drugs: Brainstorming	4.75	4.13
	Enhancing Sex without Drugs: Brainstorming	4.75	4.38
Session 4	"Who's Got the Power? Who's Showin' the Love?"	4.63	**3.88**
	Cultural Values & Intimate Relationships	4.33	**3.67**
	Ideal Man/Ideal Woman	4.50	4.00
	Changing Social Norms	**3.83**	**3.67**
Session 5	Communicating about Safe Sex: TALK Tools	4.83	4.33
	Practice TALK Tools: Excuses for NOT Using Condoms	4.83	4.17
	Practice TALK Tools: Come-ons for Sex Under the Influence	**3.17**	**3.83**
	TALK Role Plays	**3.33**	**3.17**
	Personalizing Commitment to Sexual Safety	4.83	4.00

Conclusions

Aim 1 - *Develop an adherence scale for REMAS-CA*
- Our fidelity measure showed acceptable inter-rater reliability, suggesting that it is a promising tool to assess adherence and competence with REMAS-CA

Aim 2 - *Measure improvement in counselors' intervention delivery skills over time*
- Counselors showed significant improvement only on Global Empathy
- Counselors neither improved nor drifted from first to last cohort on thoroughness, skill, adherence to the intervention, or co-therapy ability.
- Reasons may include a ceiling effect of the instrument, or of counselor skill, or insufficient practice.
- There is still "room for improvement" after 3 or 4 full rounds of REMAS-CA

Aim 3 – *Identify the hardest REMAS-CA modules to deliver*
- Session 1 (educational content) was easiest
- Sessions 4 & 5 were hardest
  - Leading discussions of:
    - exploring cultural origins for patients' own beliefs about power/love/communication
    - how to change their social/cultural norms
    - how to communicate assertively (TALK tools)
  - Leading role plays practicing TALK tools

Take Home Message
- Intensive training using didactic teaching and role plays—but not a complete practice round of REMAS-CA--adequately trained counselors in a manualized intervention
- However, achieving high levels of skill may take more than 3-4 rounds of REMAS-CA

Acknowledgements

This study was supported by the National Institute on Drug Abuse (NIDA), grant 1RC1DA028245 (Donald Calsyn, PI). The authors wish to thank the patients, counselors, and research staff of participating CTPs:

- Hartford Dispensary, Hartford, CT
- Lexington-Richland Alcohol & Drug Abuse Council (LRADAC), Columbia, SC
- The LifeLink, Santa Fe, NM
- The Matrix Institute, Los Angeles, CA

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