

**Project PRIDE (Promoting Resilience In
Discriminatory Environments):
A novel HIV-prevention intervention
addressing minority stress among
gay and bisexual men**

Chérie Moody, Amy C. Willis, Nathan Grant Smith, Trevor A. Hart,
Martin Blais & Barry Adam



McGill

**RYERSON
UNIVERSITY**

Background & Significance

- Gay-specific minority stress is associated with poor health outcomes (Meyer, 2003)
- For gay and bisexual (GB) men, increases in homophobia lead to higher rates of mental health problems & riskier sexual behaviours (Hatzenbuehler et al., 2008)
- MSM account for 49.6% of cases of HIV in Canada (PHAC 2011)
- Very few empirically-supported HIV prevention interventions for GB men exist, even fewer addressing minority stress, its correlates and coping

Study Objectives

- Develop and test an intervention program based on a stress and coping model to help 18-25 year old HIV-negative GB men cope with minority stress and reduce HIV risk behaviors
 - Groups of 6-10 young GB men
 - 2 facilitators (one peer and one mental health provider)
- Test the feasibility of the intervention program in reducing negative mental health outcomes and HIV risk behaviours
- To promote resilience among young GB men by assisting them in developing effective coping strategies

PHASE I: Focus Groups (Sept 2012-May 2012)

- Six focus groups were held (4 in Montréal, 2 in Toronto) in order to inform the content, delivery, and design of the intervention
- 17 GB men aged 18-25 participated in the focus groups plus 14 GB-related service providers; all were recruited from ASOs or GB community organizations
- Themes included: the need for safer sex education; connecting homo/biphobia with substance use; connecting substance use and risky sexual behaviours; and the need to develop coping strategies to manage minority stress

Phase II: Development of the Intervention (May 2012-June 2013)

- Based on the recommendations of the focus groups, a peer facilitator was hired (1 per city) and community advisory boards (CAB) were created
 - each CAB met twice to assist in development of the intervention
- Intervention developed using the key themes identified by the focus groups, CAB input and an extensive literature review

Intervention Program (8 sessions)

1. Group norms, exploration of gay/bi/queer/same-gender-loving identity
2. Introduction of the minority stress model
3. Introduction of the stress and coping model
4. Tie minority stress and stress and coping models together, identify adaptive coping strategies
5. The intersection of minority stress and sexual and substance use behavior
6. The intersection of minority stress and sexual behavior: Developing safer sex skills
7. Putting safer sex skills into practice, continuation of safer sex topics (communication, motivation)
8. Maintenance/troubleshooting and termination

Phase III: Pilot Intervention (July – October 2013)

- Recruitment: Participants were recruited through a combination of LISTSERVs, Grindr (a gay men's networking application), flyers in areas with large GB male populations, and word-of-mouth.
- Participants: 1 Anglophone group in Toronto ($n = 10$), 1 Anglophone group in Montreal ($n = 9$), and 1 Francophone group in Montreal ($n = 10$)
- The intervention began in July in both cities and finished in October 2013
- Measures administered at pre-intervention and post-intervention; follow-up measures will be administered 3 months after termination. Measures include:
 - Nungesser Homosexuality Attitudes Inventory-Revised (Nungesser, 1983; Shidlo, 1994)
 - Heterosexist Harassment, Rejection, and Discrimination Scale (Szymanski, 2006)
 - Ways of Coping Questionnaire (Folkman & Lazarus, 1988).

Preliminary Quantitative Findings

- Three group intervention programs were conducted with a total $N = 31$ GB men
- Preliminary results revealed (from pre-intervention to post-intervention):
 - medium effect sizes for decreases in depression and anxiety (Cohen's $d = .51$ and $.52$, respectively) and
 - small effect sizes for decreases in internalized homophobia, loneliness, sexual orientation concealment and unprotected anal intercourse (d s from $.16$ to $.29$)
- Promising results suggest the intervention is feasible & may be effective in reducing HIV risk behaviour

Preliminary Qualitative Findings for Toronto (n = 7)

- All participants reported enjoying the group sessions and having positive experiences with beneficial outcomes
- Participants felt they learned tangible tools: for managing stress, coping, setting goals
- Many participants commented that they appreciated the STI & sexual health information
- All participants reported that friendships were formed with other study participants

Next Steps

- Will follow participants through 3-months following the last session of each group intervention
- Upon completion of analysis, findings will be disseminated to academic and service-provider audiences
- The results will be used to further improve the intervention with the intention of conducting a randomized controlled trial (RCT)
 - Control condition will either be treatment-as-usual (e.g., HIV testing and counselling without a group program) or a general support group

Contact Information & Acknowledgments

- **Contact Information**

Chérie Moody, M.A., McGill University (cherie.moody@mail.mcgill.ca)

Nathan G. Smith, Ph.D., University of Houston (ngsmith@central.uh.edu)

Trevor A. Hart, Ph.D., C.Psych, Ryerson University and University of Toronto (trevor.hart@psych.ryerson.ca)

- **Acknowledgments**

This research was conducted with the support of the Canadian Institutes for Health Research (MOP-115157). The authors would also like to acknowledge the contributions of Samuel Feria Garcia and David Lewis-Peart to the design and development of the intervention program. Dr. Hart is funded by an OHTN Career Scientist Salary Award.