

A New Integrated HIV Prevention and Mental Health Counselling for Social Anxiety Program for HIV-Negative Gay and Bisexual Men

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Gay and Bisexual Men and HIV

- Gay, bisexual and other men who have sex with men (MSM) identified as high priority for prevention initiatives (e.g., CPHA, 2005)
- MSM comprised over half (61.4%) of new positive HIV tests among adult males in 2011, and almost half (48.6%) of all positive HIV tests among all adults (Public Health Agency of Canada, 2012).
- HIV prevalence of 22.4% among MSM in Ontario (Remis & Liu, 2009) similar to high HIV prevalence in endemic countries.

Rationale

- Limited success of traditional risk reduction programs (Herbst et al., 2003, 2005; Johnson et al., 2003, 2005; Koblin et al., 2004)
- Need to address psychosocial factors (Hart & Schwartz, 2010; O'Cleirigh & Safren 2008; Safren et al., 2010)

Social Anxiety and HIV Prevention

- Why we are integrating social anxiety into HIV prevention?
 - Developmental vulnerability of MSM for social anxiety (Safren & Pantalone, 2006)
 - Social anxiety predicts risky sex among MSM (Hart & Heimberg, 2005; Hart et al, 2008; 2009)
- Mediators of relationship between social anxiety and risky sex among MSM:
 1. Fear of being rejected in sexual situation
 2. Substance use in sexual encounters

Hypotheses

- Primary hypotheses: intervention will:
 1. Be acceptable and feasible to administer
 2. Reduce UAI with sexual partners who are HIV-positive or of unknown HIV status
- Secondary hypotheses: intervention will reduce:
 1. Social anxiety
 2. Substance use in sexual situations
 3. Number of UAI acts

Methods

- Participants
 - All study participants will be HIV-negative men 18-65 years of age who have had UAI with at least one male sexual partner who was HIV-positive or of unknown status in the past 3 months.
 - Social anxiety on the screening question on the Mini-International Neuropsychiatric Interview (Sheehan et al., 1998).
 - Diagnosis of social anxiety disorder not required
 - Alcohol or other substance use within 2 hours or during sexual activity at least once in the past 3 months.
- Procedure
 - Baseline assessment
 - 10 counselling sessions
 - Post-intervention assessment
 - 3- and 6-month follow-up assessments
 - Knowledge translation and exchange

Methods

- Measures
 - Clinical assessment (LSAS, ADIS-IV, MINI, WHO ASSIST)
 - Self-report questionnaire
 - Qualitative exit interview
- Statistical Analysis-McNemar's
 - Goal to reduce by 27% unprotected anal intercourse at 6mo FU.
- Repeated Measures ANOVA
 - Repeated measures analysis will be performed to compare reported levels of social anxiety (and other measures) at baseline, post-intervention, 3-month follow-up, and 6-month follow-up.

Outline of Sessions

- **Session 1:** Understanding sexual behaviour
 - Discuss sexual history, sexual risk limits, and barriers to staying within limits
 - Identify targets for sexual behaviour change
- **Session 2:** Understanding sexual relationships
 - Identify relationship history and desired relationships
 - Discuss how needs are met by sex
 - Identify barriers to sexual behaviour change

Outline of Sessions

- **Sessions 3-9:** CBT for social anxiety
 - Psychoeducation on social anxiety and HIV risk
 - Creation of fear/avoidance hierarchy addressing social and sexual situations
 - Cognitive restructuring
 - In-session and in-vivo exposures for social and sexual/dating situations
 - Problem solving to manage alcohol and drug use
- **Session 10:** Relapse prevention

Preliminary Results: 3 cases

- **Reductions in unprotected anal intercourse at 3-month follow-up:**
 - 2 participants reported no UAI
 - 1 participant reported eliminating receptive UAI
- **Reductions in social anxiety:**
 - Reduction in fear/anxiety and avoidance scores on LSAS for 2 participants who engaged in sexual activity during course of treatment
 - Reduction in fear/anxiety and avoidance scores on LSAS for remaining participant observed only from post-treatment to follow-up; corresponds with period of sexual activity

Reductions in Social Anxiety (LSAS total score)

