

Eurosupport 6

“Developing a training and resource package to improve the sexual and reproductive health for people living with HIV in Europe”

Report of the 1st Training Workshop
March 11-12, 2010



SENSOA



Table of Contents

| | |
|---|----|
| Venue: | 3 |
| Participants at the meeting:..... | 3 |
| Part 1: ES 6 - Introduction | 4 |
| Project Context..... | 5 |
| Overview Eurosupport 6 Project and Evaluation Study | 5 |
| Part 2: CISS Training | 7 |
| Supporting Counselling Exercises..... | 7 |
| Presentation of the CISS intervention..... | 9 |
| Part 3: Next steps and practical issues..... | 12 |
| Open Issues for Further Discussion | 13 |

Annexes:

- Annex 1: Presentation ITM
- Annex 2: Presentation Sensoa
- Annex 3: Presentation CNWL
- Annex 4: Intervention handout
- Annex 5a: Flowchart CISS/MSM
- Annex 5b: Flowchart CISS/Minorities

Venue:

Institute of Tropical Medicine, Antwerp, Belgium (meeting room Broden).

Participants at the meeting:

Belgium / Sensoa

Ruth Borms
Sanne Graulus
Ria Koeck

Belgium / Institute of Tropical Medicine

Christiana Nöstlinger
Tom Platteau
Veronica van Wijk

Italy/ San Raffaele Hospital, Fondazione Centre San Raffaele del Monte Tabor

Elisa Gasparotto

France/AIDES:

Dominick Descharles
Daniela Rojas Castro

Germany/ Ludwig Maximilians University

Stefanie Döbele
Matthias Müller

Netherlands/ University of Maastricht

Maria Mergelsberg
Astrid Paulussen

Poland/ University Zielona Gora

Zbigniew Izdebski
Joanna Dec

Portugal/ Instituto de Higiene e Medicina Tropical

Sónia Dias
Rita Rodrigues

Slovakia/ Slovak medical university

Barbora Kuchrova
Daniča Stanékova

Spain/ Complutense University

Olga Borrego

United Kingdom/St-Mary's Hospital, Central North West London NHS Trust

Agnes Kocsis
Eleanor Hodgson

Part 1: ES 6 - Introduction

The First Eurosupport 6 Training Workshop was organised by Sensoa, the Flemish expert centre on sexual health and HIV, for all associated partners (AP's) of the Eurosupport 6 (ES6) project. In this project we develop and test the effectiveness of a computerised intervention for safer sex (CISS). CISS is a theory-based brief counselling intervention, using the information-motivation-behavioural skills building model and the stages of change theory as theoretical underpinnings. Elements of motivational interviewing techniques are being integrated to guide the patient-focussed counselling sessions. CISS targets men having sex with men (MSM) and ethnic minorities, as these two groups are the most affected by HIV throughout Europe. It can be delivered both in clinical care settings and in community based organisations that provide care and support for MSM and/or migrants living with HIV.

The main goal of this training workshop was to present the CISS to the associated partners, and to train counsellors of participating centres in working with this intervention. As coordinating centre of the project, the Institute of Tropical Medicine in Antwerp, Belgium (ITM) was represented by Christiana Nöstlinger and Tom Platteau, who gave an overall introduction to the ES6 project.

The intervention was presented by Agnes Kocsis of St. Mary's Hospital in London, UK. She showed the materials, and modelled how to use them. The workshop was an important occasion to give feedback to the CISS: the materials, as well as the role plays, were discussed by all participants in terms of feasibility in their own settings.

Throughout the workshop, participants were also trained in basic counselling skills to support them in the use of the CISS. These practical hands-on-skills were delivered by Ruth Borms and Ria Koeck (Sensoa, Belgium). Throughout the two day training, feedback moments were organised for participants to exchange experiences and information. The results of this workshop will contribute to fine-tuning the intervention and to make final adaptations for the pilot implementation. The CISS will then be tested in an experimental design using an intervention and a control condition as described in the study protocol. The CISS intervention will be available on DVD.

Project Context

Christiana Nöstlinger welcomed workshop participants and explained the main goals of the workshop. It was emphasised that this was a training workshop in which participants were given the chance to get familiar with the intervention, learn how to work with different tools, and clarify how this intervention will be implemented and evaluated by the trial study (in the next project phase, i.e. work-packages 6 and 7). In order to enable participants to understand the framework of the Eurosupport 6 project and how the CISS fits in there, a scientific presentation was given (see below) on the planned evaluation trial. This was important, since both study coordinators and counsellors were present at the training workshop. The latter are expected to deliver the CISS, but are not fully familiar with the the study design.

Overview Eurosupport 6 Project and Evaluation Study

Tom Platteau's presentation was supported by a PowerPoint presentation: → see slides in annex 1.

Summary of the presentation:

The main objective of the Eurosupport 6 project is to develop an evidence-based and theory-guided **intervention** to improve positive prevention for men having sex with men (MSM) and ethnic minorities (heterosexual men and women) in treatment centres in Europe. Apart from the research and development track, there is also a capacity building objective to develop tools for counsellors in reducing sexual risk behaviour, as well as for training, and online-training tools.

The ES 6 intervention study will test the effectiveness of a computer-assisted counselling intervention on safer sex (CISS) for two main target groups among people living with HIV (PLHIV). The CISS intervention consists of **3 face-to-face sessions**. These sessions are individual counselling sessions with a trained counsellor, supported

by audio and video materials presented on a computer. These sessions will be done in the timeframe of 5 to 7 weeks and will take up around 45 – 50 minutes per session.

In total 220 MSM will be included in the study spread over 7 centres and 220 migrants in another 7 centres. That means 30 to 40 study participants per centre/country. Not every country will test both target groups (MSM and migrants).

Half of the study participants in each centre will receive CISS, the other half will receive the standard care.

Part 2: CISS Training

Supporting Counselling Exercises

Ruth Borms' presentation was supported by a PowerPoint presentation: see slides in annex 2.

Ruth Borms and Ria Koeck explain that throughout the workshop, feedback moments are included to provide space and time to exchange ideas and knowledge on effective risk reduction counselling and how the CISS may work in the different settings. This is to enhance the feasibility of the intervention and adapt it as much as possible to the needs of the local settings by safeguarding an overall standardisation.

A number of practical exercises were done, starting with an ice-breaker.

Introduction exercise: Bad Habits:

Participants were asked to present themselves by talking about one of their bad habits. They were also invited to think about the possibility to change this behaviour.

The goal of this exercise is:

- to experience how it feels to share personal issues with others
- to make clear that people always have a choice in what they want others to know
- to get familiar with the different stages of change

What participants may have experienced during this exercise can serve as an example for sexual risk behaviour. It was pointed out that PLWH may find themselves in different stages of change at different times according to their motivation whether or not to change behaviour.

This was followed by exercise on ways to elicit information, such as open and vertical questioning.

Open questioning:

Contrary to closed questions that require a simple “No/Yes” answer, open questions are questions that can be responded to more extensively. This encourages clients to do most of the talking.

The goal of open questioning is to:

- learn more about the client’s situation
- encourage the client to talk
- give the client the chance to think about his situation more profoundly

Group exercise: one participant was invited to think about a case. She was asked to sit in front of the group. Other participants were invited to ask open questions and explore the situation of their client.

Vertical questioning:

By using the technique of vertical questioning or laddering, the counsellor continues to ask questions about an event or thought of the client: “What would happen if that thought would be true?” or “What would that mean to you if that would happen to you”? We call this the process of vertical questioning, because we try to find out the most fundamental reasons of a specific thought, idea or fear.

The goal of vertical questioning is to:

- Explore fears (or other barriers) and reasons behind client’s thoughts of which they were not aware.

Group exercise: participants were asked to sit in groups of three and practice the technique of vertical questioning. Participants were encouraged to interchange the roles of client, counsellor and observer.

Presentation of the CISS intervention

Agnes Kocsis welcomed everyone to the CISS training. Her introduction was supported by a PowerPoint presentation: see slides in annex 3. At the time of holding the workshop the DVD version of the CISS was not available yet, but examples of the material were presented on the screen.

CISS stands for **Computerised Intervention for Safer Sex**. CISS is also an acronym for a **Condom is Safe and Simple**.

Background:

Sex is emotionally and psychologically driven. Sexual decision taking is not a rational process. Clients need to be engaged in a way that allows them to better understand their motivations and the way decision are taken. Different parts of the brain are responsible for the decision-making process related to sex as compared to rational, cognitive processes, which are only partially reliable when taking decisions on sexuality and risk behaviour.

The aim is to get different parts of the brain to work together, i.e. the motivation (located in the limbic system) and cognitive decision making (located in the frontal lobe). The goal is to motivate people by involving their emotions. In order to change behaviours, goals have to be set and solutions need to be decided on and concretely planned. This is how the three sessions map on the theoretical background.

The Eurosupport 6 intervention or CISS consists of **3 sessions of 45-50 minutes each**. These sessions are individual face-to-face counselling sessions with a trained and experienced HIV-counsellor, supported by audio/video material and quizzes, presented on a computer.

Brief content of each session:

❖ **Session 1:** Who am I? *Motivation of changing sexual behaviour*

Within this session, individual issues and barriers that complicate safer sex will be identified by the participant. The counsellor is guiding the participant through the material in order to identify these issues.

❖ **Session2:** Working through solutions. *Decision making process*

The second session aims to set concrete goals to tackle the issues identified in the first session. Within this session, the task of the counsellor is facilitating the decision-making process of the client by helping to find alternative solutions.

❖ **Session 3:** To plan for today and tomorrow. *Planning process*

During the third session, counsellor and participant will work towards an individual risk reduction plan, which consists of planning the necessary steps to achieve the goals (set in session 2). In this session the counsellor stands again in the role of the facilitator who guides the client in planning the future. The counsellor helps the client to identify an immediate and/or long term goal. The plan needs to be set out in concrete steps.

Video clips, homework, and other tools:

The **video clips** are used as tools to discuss sexual behaviour. Sexual behaviour is just one aspect of understanding how someone identifies him/herself, there is more to talk about when it comes to understanding how different personalities deal with sexual risk taking and behaviour change. Stories that are presented in the clips are just a starting point for clients to relate to and for counsellors to use in encouraging their client to talk and think about possible solutions for achieving a behavioural goal. The aim is always to focus on what is possible and realistic to achieve. Counsellors help clients to highlight the solutions they may choose, i.e., finding solutions that will work for them. Counsellors will work out tailored solutions with clients and will support, help and guide them in this process, which is user-driven but counsellor-guided. Counsellors play the role of facilitators. Difficulties with adhering to safer sex need to be normalised; by accepting the clients' problems a first step towards normalisation and subsequent solutions is made.

Homework: The goal is getting to know the client, so that you could advise which materials could be useful to look at as homework. Client and counsellor start watching the DVD together during the session. The counsellor provides the client with a DVD to take home. If the client needs more time to watch the different clips, this can be part of the home-work. If the client does not have access to a computer in a confidential atmosphere at home, non-computer-related homework can be given. They should also focus on barriers relating to condom use. The intervention manual will contain a number of suggestions for homework that is not related to the computer.

Session 2 will start with discussing the homework together with the client.

Other tools that are included in the CISS are quizzes, FAQ's, resources and links to websites, the risk thermometer and a planning tool for the third session to visualise the individual behavioural plan, etc. These tools will be made available on the DVD for client's to choose from. Counsellors receive an intervention manual, additional to the DVD, which will give step-by-step-instructions on how these tools should be used.

Part 3: Next steps and practical issues

Continuation of the feedback process with associated partners:

After the Training Workshop, all AP's will have access to an **e-stream** (made available by the UK partner) on which all CISS material (videos, screen shot's, quizzes, slide shows, etc.) are published. AP's will be given a login and password to access the material and they can provide their feedback. The UK partner is responsible for organising the feedback loop with the AP's and all should give timely feedback.

Country-specific resources:

Participants will also be asked to provide **resources and website**, specific to their country or region, which can be added to the CISS. The UK partner is responsible for collecting the feedback.

Translation of the CISS material:

The CISS will be made available in English with **subtitles in all required languages**. St. Mary's Hospital (UK) will perform the translation of all CISS material. By the beginning of April, all translations will be completed and AP's will be given a week to check the language, to see if it is culturally appropriate. The UK partner is responsible for organising the translation and all APs should give timely feedback on the quality of the translation.

Intervention outline:

There will be **three versions** of the CISS (see flow-chart overview of sessions): one for MSM, one for heterosexual migrant women and one for heterosexual migrant men. The CISS will be made available to counsellors **on three separate DVDs**. In addition to the CISS DVDs, an **intervention manual** is being developed which will support counsellors in using the CISS. The current intervention handout (see annex 4) is the basis for this intervention manual, which will contain specific references to the material, i.e. the various clips, solution power-points and the behavioural plan.

The UK partner is responsible for the draft intervention manual and ITM and Sensoa are the main partners to give feedback. The DVD and manual should be available and ready for use to start the study by the 14th of May.

Trial implementation:

Testing the effectiveness of the intervention is planned between May 2010 and January 2011. In 10 settings throughout Europe (1 centre per country), HIV-positive migrants and MSM will be enrolled in a study comparing the CISS intervention with the offered standard care. ITM will work out the standard operating procedures (SOPs) for the trial on the basis of the available study protocol, i.e. the practical implications of enrolling clients, delivering the intervention, organising the follow-up assessments, retaining clients in the study, dealing with lost to follow-up and other points of practical relevance. ITM is responsible for drafting the SOPs by mid April, to be sent out for feedback to all partners.

Evaluation of the workshop:

An online survey to evaluate the training workshop will be prepared by Sensoa and sent out to all partners by the end of March.

Open Issues for Further Discussion

Concluding session 3:

The decision should be made on whether or not a software program (such as the goal enhancer tool presented at the workshop) can be useful for the individual goal-setting and planning the personalised behavioural plan in session 3. During the discussions on the last day of the workshop, the question arose whether this would be applicable in all settings. Concerns were raised that it could distract the counsellor from focusing on the client and the conversation, if the tool is not user-friendly; on the other hand, it would allow having a written individualised behavioural plan, which could be printed out and is a required output of the intervention. It could also be just a hand-written note, like a prescription. There was consensus among the group that such a tool should have a

mind-mapping structure to enable the client to distinguish between primary and secondary goals. The central goal should always be connected to condom-use, and the steps to reach that goal should be included (as sub-goals). If we integrate such an instrument for use by the counsellor, it must be user-friendly and an additional instruction manual should be developed for counsellors.

Implementation of pilots

At the workshop no decision was made with respect to the organisation of pilots to test the CISS for practical feasibility before starting the trial study. ITM will come up with a suggestion for organising the pilots, including all practical issues concerned. This will then be discussed with all partners. This will be communicated at the beginning of April.

Reporting:

Sanne Graulus and Ruth Borms (Sensoa), and Christiana Nöstlinger (ITM). With thanks to Sanne Graulus and Tom Platteau for taking minutes during the workshop.

EUROSUPPORT 6

This project has received funding from the European Commission within the framework of the Public Health Programme 2008-2013. Grant agreement 20081204.

Disclaimer

“This presentation reflects solely the authors’ view. The European Commission is not liable for any use that may be made of the information provided in this report” Also sponsored by:

