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Measuring fidelity to a culturally adapted HIV prevention intervention for men in substance abuse treatment

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ABSTRACT

A fidelity measure was developed for use with Real Men Are Safe-Culturally Adapted (REMAS-CA), an HIV prevention intervention for ethnically diverse men in substance abuse treatment. The aims of this analysis were to: 1) assess the reliability of the Fidelity Rating and Skill Evaluation (FRASE); 2) measure improvement in therapist competence and adherence over time while delivering REMAS-CA; and 3) identify which modules of REMAS-CA were most difficult to deliver. Results showed that, 1) the FRASE was a reliable instrument; 2) therapists achieved adequate adherence and competence after training and demonstrated significant improvement over time in Global Empathy; and 3) Sessions 4 and 5 of REMAS-CA contained the most challenging modules for therapists to deliver. Recommendations for future REMAS-CA therapist trainings and fidelity monitoring are made.

1. Introduction

Real Men Are Safe-Culturally Adapted (REMAS-CA), an HIV prevention intervention for men in substance abuse treatment, was recently piloted and showed promising efficacy (Calsyn et al., 2013). To ensure correct implementation of any clinical intervention, therapist adherence and competence must be systematically evaluated using a standardized tool. No such tool as yet exists for REMAS-CA or for its parent intervention, Real Men Are Safe (REMAS; Calsyn et al., 2009).

1.1. REMAS is effective

In a large-scale randomized clinical trial within the National Drug Abuse Treatment Clinical Trials Network, REMAS (Calsyn et al., 2009) was shown to be effective at reducing unprotected sex. Specifically, Calsyn and colleagues reported that from a group of 590 treatment-seeking men, those randomized to the 5-session REMAS HIV prevention intervention engaged in fewer unprotected vaginal and anal intercourse occasions in the 90 days prior to the 3- and 6-month post intervention follow-ups compared to those randomized to a 1-session HIV Education intervention. Also, compared to men who attended the HIV-Education session, those attending REMAS were less likely to have engaged in sex under the influence of alcohol or drugs during their most recent sexual encounter prior to the 3-month follow-up. In other words, REMAS appeared to be effective at reducing unprotected vaginal and anal sexual activity and sex under the influence. However, post-hoc analyses showed that for an important outcome measure, condom use with casual partners, a differential outcome based on ethnicity existed: Whites benefited more from REMAS than did African-Americans. And, although there were not enough Hispanics to be included in the post-hoc analyses, follow-up data showed that Hispanics had not increased their condom use either.

1.2. REMAS-CA is promising

In response to this differential effect, Calsyn and colleagues revised REMAS to be more culturally relevant to a diverse group of treatment-seeking men (Calsyn et al., 2012). REMAS-CA differs from REMAS in the following ways: 1) REMAS-CA includes more focus on the impact of culture, social norms and upbringing on sexual behaviors and relationships. In fact, one full session is devoted to family, neighborhood, and subcultural factors that influence relationships with women. 2) In response to expert feedback, REMAS-CA sessions include more active learning and fewer didactic presentations by the

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facilitators. 3) Each session ends with a Talking Circle, an activity modeled after a Native American tradition of passing around an object with symbolic meaning to the group (e.g., feather, coin) to provide an opportunity for each person to share any personal reactions to the session without interruption. 4) Movie-clips are included in REMAS-CA to facilitate discussion on ways to initiate safe sex in real life situations. 5) The language and the names used in case studies are both revised to be more familiar to the target group.

In a pilot study of 95 men in two methadone maintenance and two outpatient psychosocial treatment programs in the United States, REMAS-CA proved to be more effective for African-American and Hispanic men compared to the original REMAS intervention: minority participants showed improved treatment session attendance and reduced levels of unprotected sex with casual partners (Calsyn et al., 2013). Given these positive findings, a valid tool to assess therapist adherence and competence seemed necessary for future use with the manual.

1.3. Therapist adherence and competence in substance abuse and HIV prevention trials

Webb, DeRubeis, and Barber (2010) defined "therapist adherence" as the extent to which a therapist delivers an intervention as specified in the manual, and "therapist competence" as the level of skill with which s/he delivers the intervention. These constructs have been measured in a variety of ways in prior HIV prevention and substance abuse treatment studies. For example, in Project RESPECT, a randomized controlled trial comparing the efficacy of three models of HIV prevention counseling for high risk individuals, Kamb, Dillon, Fishbein, Willis, and The Project RESPECT Study Group (1996) used multiple tools to monitor adherence and competence. These included post-training supervision and session review by supervisors and third-party monitors, and assessments of participants' reports of what happened during each session. Supervisors and the independent observers used a measure with a 1 ("Not achieved") to 5 ("Excelled") scale to indicate how well counselors delivered specific pieces of each intervention (e.g., "Assessed barriers to HIV risk reduction") as well as their counseling skills (e.g. "Demonstrated professionalism throughout session"). The NIMH Multisite HIV Prevention Trial similarly used a centralized training, counselor certification procedures, and audiotaped sessions to monitor fidelity. Monitoring occurred via assessments of the extent of topic coverage (Poor/Adequate/Excellent) and the presence (1 = not at all, 5 = maximum) of process skills such as reinforcement, goal setting, role playing, and problem solving (NIMH Multisite HIV Prevention Trial, 1997). Finally, the NIDA Collaborative Cocaine Study's therapist adherence and competence scale also measured the frequency and quality with which the counselor engaged in a particular intervention during each session using a 1 (low) to 7 (high) scale (Barber, Mercer, Krakauer, & Calvo, 1996).

1.4. Changes in adherence and competence over time

Changes in therapist performance after training jeopardize the efficacy of an intervention. Even though a number of studies have been conducted on therapist improvement over time, the findings have been inconsistent. Crits-Christoph et al. (1998) demonstrated that therapists delivering cognitive therapy *improved* their skill over time and across clients. However, Baer et al., (2004), Miller and Mount (2001) and Walters et al., (2005) reported a *deterioration* in skills if not accompanied by supervision or monitoring. Still other researchers reported that counselors who demonstrate adequate competence in motivational interviewing (MI) *maintained* their skills over the subsequent 24 weeks without additional training (Martino, Canning-Ball, Carroll, & Rounsaville, 2011). The inconsistent findings across protocols suggest a need to evaluate each protocol on its potential for therapist improvement, maintenance, or deterioration of skills over time after training.

Pertaining to this question of counselor skill development, Calsyn and colleagues conducted a series of post-intervention focus groups, one with participants and one with counselors, at each of the REMAS-CA pilot study sites. Investigators asked questions about what parts of the REMAS-CA intervention went well, what did not, and what was difficult for participants to understand or engage with. A key question was what session(s) and/or module(s) was most difficult to present to participants. Similar discussion topics were also broached on the monthly supervision calls with counselors while the study was running. In both settings, counselors consistently reported that they struggled with modules in Sessions 4 and 5 that pertained to how culture had influenced participants' views on gender roles, power, sexuality, and responsibility for sexual safety. Therefore, the authors sought to determine whether this anecdotal evidence regarding what were the more challenging modules in REMAS-CA was supported by objective measures of counselor competence, and whether their competence and skill changed over time post-training.

1.5. Study aims

The purpose of this study was threefold: 1) to develop an adherence scale for REMAS-CA that can be paired with the manual and be a resource for treatment settings in their implementation; 2) to measure improvement in counselors' intervention delivery skills over time across cohorts; and 3) to identify which modules of REMAS-CA were most difficult to deliver, so as to guide future training and supervision resources appropriately.

2. Methods

2.1. Real Men Are Safe-Culturally Adapted (REMAS-CA)

REMAS-CA (Calsyn et al., 2012) is a five-Session HIV risk reduction intervention designed for men in substance abuse treatment. It is a culturally adapted, and recently piloted, version of Real Men Are Safe (Calsyn et al., 2009), an evidence-based intervention listed on HIV/AIDS Prevention Research Synthesis Project of the Center for Disease Control and Prevention (CDC, 2012). Two male counselors, at least one of whom was a person of color, delivered the intervention via 90-minute group sessions. Groups typically occurred over a three week period. Although a cohort of 8–10 men was considered to be ideal, it was not uncommon for groups to be smaller due to attendance barriers. The five sessions of REMAS-CA use a combination of didactic, skill-building, and motivational methods to deliver content around HIV/safe sex education, relationship/communication skills, negotiating safe sex, the overlap of sex and drug use, and the ways in which the men's self-described culture (e.g., ethnic, social, religious) has influenced their attitudes toward sex and drug risk. Session titles are: Session 1, HIV/AIDS Update/Identifying Risks; Session 2, HIV/AIDS Update/Planning & Prevention; Session 3, Sex Without Drugs: Can It Happen/Is It Pleasurable?; Session 4, Intimate Relationships: Understanding the Origins of Attitudes, Beliefs, Hopes; and Session 5, Beyond the Pick-Up Line – Communicating About Sex.

2.2. Performance sites

The data for this study were collected during a pilot study of REMAS-CA at four substance abuse Community Treatment Programs (CTPs) within the NIDA Clinical Trials Network (CTN). Two sites provided opioid agonist therapy (Matrix Institute, Los Angeles, CA and Hartford Dispensary, Hartford, CT). The other two sites were psychosocial treatment programs offering a wide variety of treatment