



E-Health

PowerON: The use of instant message counseling and the Internet to facilitate HIV/STD education and prevention

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ABSTRACT

Objective: In recent years, Internet-based or online counseling has emerged as an effective way to assess psychological disorders and discuss destructive behaviors with individuals or groups of individuals. This study explores the application of online counseling to HIV/STD risk-taking behavior among men who have sex with men (MSM).

Methods: PowerON, an organization that provides sexual health information to MSM exclusively online, used instant message technology to counsel MSM in real time through computer-mediated means. A sample of 279 transcripts of instant message exchanges between PowerON counselors and Gay.com users were recorded and qualitatively analyzed.

Results: Approximately 43% of the instant message sessions discussed information about HIV/STD testing. Risk-taking behaviors were addressed in 39% of the sessions. Information about HIV/STDs and general counseling were given in 23% and 18% of the counseling sessions, respectively.

Conclusion: The data showed these instant message sessions to be a potentially feasible forum for HIV/STD counseling.

Practice implications: Information ordinarily disseminated at health clinics could be successfully distributed through the Internet to MSM.

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1. Introduction

Over the past few years researchers and healthcare service providers have recognized the possibilities for using the Internet as a venue for tailored prevention programs for those most at risk for contracting the human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs) [1–3]. This recognition may be particularly important for men who have sex with men (MSM): this group consistently reports the highest prevalence of HIV and STDs [4]; almost one in two MSM report using the Internet to find sexual partners [5]; and research suggests such men who use the Internet to seek sex may increase their risks for HIV and STDs [6,7]. However, only a handful of attempts have been made to study the Internet as a forum to reach high-risk communities [3,8–11]. Difficulties associated

with measuring behavioral change (attributable to online interventions) have impeded research into online counseling programs for those most at-risk for HIV [12]. It is hard to retain individuals who begin an online program or initiate Internet-based counseling, and therefore tracking psychological and behavioral changes is problematic [9,10]. Despite the lack of rigorous studies assessing the efficacy of online HIV prevention interventions, some community-based organizations, healthcare providers, and researchers remain devoted to bringing Internet-based programs, counseling, and other HIV/STD prevention techniques to MSM online [13].

While Internet HIV/STD interventions differ from offline prevention programs in their methods of reaching target populations, they still try to communicate the same prevention messages found in more traditional HIV prevention approaches [14]. For example, in Bowen and colleagues' [8] randomized control of an Internet-delivered program, online participants watched modules of HIV-negative and HIV-positive men talking to each other about risky sex. These modules stimulated awareness of unsafe sex and encouraged condom use. Similarly, Bull and colleagues [9] attempted an Internet-mediated

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intervention in which MSM were exposed to either didactic messages regarding HIV and STDs or to first-person vignettes in which the characters were demographically matched to participants. In both cases, the Internet-based interventions had limited participant engagement: participants tended to passively watch or read online content. This model of intervention contrasts with what has been learned from efficacy studies of traditional offline interventions. Active participant engagement, such as through group interactive sessions [15], one-on-one counseling [16], and peer leadership [17] usually results in the most significant decreases in risk behavior.

Current technology can accommodate such active and live participant engagement. With the increased speed of Internet connections and proliferation of the interactive capabilities of websites, computer-mediated interpersonal communication between interventionists and at-risk individuals is available [2]. This online counseling has emerged in other realms as an effective way to assess and treat psychological conditions (e.g., post-traumatic stress), discuss maladaptive or unhealthy behaviors (e.g., sexual fetishes), and provide support for individuals or groups of individuals (e.g., cancer survivors) [18]. Community-based organizations have begun to use this sort of methodology to counsel MSM with respect to risk-taking behavior (e.g., Internet counseling and referrals by Howard Brown Health Center in Chicago, Illinois; the “IMsexED” program by the AIDS Resource Center of Wisconsin in Milwaukee). However, instant message counseling as applied to HIV/STD prevention has appeared only a few times in the literature [19].

1.1. PowerON

The Prevention Organization with Empowerment Resources on the Net, or PowerON, was first designed in 2002 as a website that could meet the health information needs of the MSM community in Seattle, Washington. As part of PowerON, Washington State health education counselors visited various Internet “men-4-men” chatrooms, and when appropriate, referred participants to the website or to specific information on the site. In 2004, Kansas-based Healthy Living Projects, Inc. (HLP) adopted the PowerON model for the Kansas City metropolitan area. Poweronkansascity.org, a PowerON website, was created, and HLP outreach workers went through the PowerON HIV/STD training certification program. This certification program was not particularly different than that required for most offline workers in its content, however it had more of an emphasis on computer and Internet literacy. Counselors were instructed to orient any communication exchanges with the Kansas City MSM towards HIV/STD information dissemination. However, any topics could be introduced by the MSM (e.g., reconciling sexuality, depression) and the content of the instant message sessions had the potential to vary highly. Thus, the effectiveness of using instant message sessions to disseminate HIV/STD information and counsel MSM needed to be explored.

Our specific research questions were: what questions were introduced by MSM via instant messaging and what information was covered during the exchanges? Additionally, how often were questions or information exchanged in the sessions? Was instant messaging a good potential method for HIV/STD information interventions?

2. Methods

From 2005 to 2007, two counselors based in Kansas City created profiles on Gay.com in order to counsel MSM by using instant messaging. There was one main counselor, but another HLP worker trained to counsel occasionally worked online too; we received no

complaints from MSM in the chatrooms about either of the counselors. Because no terms of service were broken and we were not advertising through banners or purchasable webspace, we did not need permission from, or need to negotiate with, Gay.com to become members (with the intent to counsel). This particular website was selected because it offered group chatting space for up to 200 individuals to enter into geographic-based rooms (e.g., Kansas City) in order to connect, browse each other's profile, and instant message for one-on-one conversations. Anything posted to the group could be seen by individuals who were virtually connected to that chatroom. PowerON outreach counselors entered this chatroom between 8 and 10 times a month, usually at peak cruising times (6 p.m.–midnight), under the screen name, “PowerONKansasCity.” They never denied they were counselors but did not broadcast it. They did broadcast messages, which were suggested by the PowerON training certification program, soliciting men with questions to privately contact the outreach worker for more information. Example messages included, “Catch more than a kiss on Valentines Day? Private me for more information on STDs or HIV testing.” This back and forth messaging process, or instant messaging, was visible by only the counselor and the individual Gay.com user, and was therefore confidential. Additionally, because individuals logged on to Gay.com using a personally created screen name, it was nearly impossible for the counselor to know the offline identity of the MSM. After the sessions concluded, the outreach worker stored the conversations in a password-protected, encrypted database online, visible only to the authors of this paper and the counselors. In the 36 months of operation, 279 instant message counseling sessions were conducted.

2.1. Data coding and measures

An iterative process was employed whereby we used structural coding to identify large informational segments. Then, we reviewed the transcripts for emergent themes [20]. Conducting additional sessions would not have produced new evidence, and we achieved saturation after four rounds of extensive transcript review by two researchers. According to Internet-based HIV/STD interventions, and data presented by HIV/STD specialists [8–12,21], HIV prevention information usually covers (but is not limited to) four broad categories: testing, risk-taking behaviors, information regarding HIV/STDs, and general counseling. A coding scheme was structured on these four broad categories and applied to transcripts of the instant message exchanges between counselors and MSM. This coding scheme was further refined through *in vitro* coding of the transcripts, resulting in 11 codes. Table 1 describes each category, subcategory, the inter-rater reliabilities of each subcategory, and a truncated version of the coding scheme used by the two raters.

A total of 279 instant message sessions occurred between counselors and MSM. After the removal of the men's usernames, two independent behavioral psychologists coded the sessions according to our scheme. These raters coded for the presence of the 11 different topics that could be contained in each of the sessions. Because all of the topics were measured on a binary scale and chance agreement could have been a substantial factor, Cohen's kappa (κ) was calculated for each coded topic in order to establish inter-rater reliability. All 11 categories and subcategories were coded with acceptable inter-rater reliability given previously published standards [22]. After this initial reliability was assessed, the raters debated discordant cases in a second round until there was 100% agreement between them. The results reflect that second round, complete agreement.

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