Comments on behalf of the

American Psychological Association

USPSTF DRAFT Recommendation Statement
Behavioral Counseling to Prevent Sexually Transmitted Infections

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The American Psychological Association (APA) is the largest scientific and professional organization representing psychology in the United States. APA supports the (USPSTF) DRAFT Recommendation of intensive behavioral counseling for all sexually active adolescents and adults at increased risk for sexually transmitted infections (STIs) and is pleased to take this opportunity to comment.

HOW COULD THE USPSTF MAKE THIS DRAFT RECOMMENDATION STATEMENT CLEARER?

A comprehensive identification of effective treatment factors that ensure intervention success would make this recommendation statement clearer. While the statement acknowledges that successful interventions often incorporate a targeted approach that is sensitive to the “age, sex, and ethnicity of the participants,” the discussion of counseling effectiveness in this draft focused primarily on intervention intensity (or treatment duration). It is not clear if other unidentified variables may have interacted with intervention intensity to produce the reported results or outcomes, such as the use of culturally, ethnically, and linguistically responsive approaches, and fidelity, frequency and quality of treatment. It is possible that the authors of the draft intended to make the point that high treatment intensity produced moderate to substantial program outcomes above and beyond the effects of other treatment factors. However, a statement of limitations (e.g., variables that were not assessed or controlled for in the study) and directions for future research would be helpful.

BASED ON THE EVIDENCE PRESENTED IN THIS DRAFT RECOMMENDATION STATEMENT, DO YOU BELIEVE THAT THE USPSTF CAME TO THE RIGHT CONCLUSIONS? PLEASE PROVIDE ADDITIONAL EVIDENCE OR VIEWPOINTS THAT YOU THINK SHOULD HAVE BEEN CONSIDERED.

Yes.

WHAT INFORMATION, IF ANY, DID YOU EXPECT TO FIND IN THIS DRAFT RECOMMENDATION STATEMENT THAT WAS NOT INCLUDED?

Demographic characteristics. The recommendation statement briefly mentions the importance of approaches that consider demographic characteristics, but the statement does not discuss in enough detail the ways in which successful and effective interventions consider and/or address these characteristics. Researchers have consistently highlighted the need for sexual risk reduction intervention programs to be developmentally and culturally appropriate, while also being sensitive to the socio-political factors that may influence the population of interest (Belgrave et al., 2004; DiClemente, et al., 2004; Donenberg & Poa, 2004; Guthrie et al., 1996; Townsend et al., 2006; Wingood & DiClemente, 2000).
In a related point, when describing successful approaches, the statement focuses almost exclusively on social cognitive factors, such as knowledge and communication or negotiation skills. For many populations, programs that exclusively employ social cognitive components may not be as effective in changing sexual behavior and decision making. Programs may have to include other components of behavioral health therapies. Cochran and Mays (1993) note that many social cognitive models rely on the assumption that behavior is individualistic and rational. Yet, many African Americans engage in behavior outside of social, family, and/or community social norms. Similarly, studies have shown that some girls and women may fail to practice safe sex even when they possess the knowledge and basic risk reduction skills (e.g., how to appropriately use a condom) to do so (Purdie & Downey, 2000; Wingood & DiClimente, 2000). In these instances, factors such as low self-efficacy or limited perceived behavioral control due to the power imbalance in heterosexual relationships may represent barriers to risk reduction. There is now a growing recognition that girls’ and women’s vulnerability to STIs is rooted in pervasive gender inequities (WHO, 2004).

**Childhood sexual abuse and trauma.** Primary care physicians and other healthcare providers need to be aware of a potential abuse history and the impact of abuse on sexual development, behaviors, and decision-making when providing behavioral counseling in the prevention of STIs. A significant association between childhood sexual abuse and/or interpersonal trauma and risky sexual behavior has been found (Loeb et al., 2002). In fact, a study conducted by Cohen and colleagues (2000) found that women who reported a childhood sexual abuse history were four times more likely to have an HIV positive status when compared to women who did not report such a history. Another study found high rates of childhood sexual abuse among sexual minorities and that sexual minorities were at higher risk of contracting HIV and STIs (Sweet and Welles, 2012). If evidence of abuse emerges during prevention counseling, physicians and other healthcare providers need to refer the identified patient/client to an appropriate mental health provider. This should help to ensure the trauma is appropriately treated and reduce the risk that the abuse will influence subsequent sexual decision making.

**Provider Characteristics.** Research studies on which specific professions within the primary care setting are best suited for delivering high-intensity behavioral interventions and the specific skills required for successful delivery are missing from this recommendation. Preventive therapies have been shown to reduce morbidity and mortality from STIs. However, many healthcare providers are not addressing prevention and not treating patients according to evidence-based guidelines. Some barriers to delivering behavioral change inventions by healthcare providers include lack of time, no training or skills to provide counseling, a lack of confidence in their own skills, and skepticism regarding intervention efficacy/effectiveness. There are a number of skills
and attributes considered essential to promote behavioral change and risk reduction. It is not evident from this recommendation who within a primary care setting would be most likely to possess the requisite skills. These skills and attributes include, but are not limited to, specialized expertise and knowledge regarding behavior change strategies, skills for assessing readiness for behavior change, relationship building skills, stigma reduction techniques, skills in considering a patient's attitudes and beliefs about the disease or treatment, and techniques for effective communication. Providers may need training to obtain or strengthen such skills.

Research literature from the fields of psychotherapy (Wampold, 2001) and primary care (e.g., Kim, Kaplowitz & Johnston, 2004) suggests that the relationship between provider and client/patient is an important factor in patient behavior change. These findings are likely to generalize to physician offices, STI clinics, and other venues where sexual behavior change is discussed. When behavioral counseling is provided in efforts to prevent or reduce risk of STIs, development and maintenance of rapport should be considered an important part of the counseling.

**Intervention Intensity.** Although the “Draft Recommendation Statement” includes a list of elements present in many of the successful interventions, the primary characteristic defining level of intervention intensity was duration. There may be additional factors that contribute to an intervention’s intensity. These have not been enumerated.

Three other important issues are not addressed in this recommendation: 1) how high-intensity counseling might fit into an integrated care model; 2) information about the specific behavioral-change strategies that have demonstrated effectiveness and efficacy in the research literature; and 3) factors that may contribute to intervention failure.

**WHAT RESOURCES OR TOOLS COULD THE USPSTF PROVIDE THAT WOULD MAKE THIS RECOMMENDATION STATEMENT MORE USEFUL TO YOU IN ITS FINAL FORM?**

Resources or tools that would be useful include those that provide:

1) Guidance on essential elements of effective behavioral counseling. A resource that provides a description of factors related to high intensity behavioral counseling models with links to additional information about those models would be helpful (e.g., Stage-based Behavioral Counseling, RESPECT, Motivational Interviewing).

2) Guidance and best practices on how to integrate behavioral counseling into federally funded (e.g. CDC, HRSA and SAMSHA) HIV testing programs. Clear articulation of the role of counseling in HIV testing has critical implications for the health and well-being of patients, public health and for achieving National HIV/AIDS Strategy targets for reducing new HIV infections (APA, 2014).
DO YOU HAVE OTHER COMMENTS ON THIS DRAFT RECOMMENDATION STATEMENT?

Widespread communication and dissemination of the final recommendations are critical to achieve desired improvements in health outcomes. The USPTF can work with health and mental health professionals, public/private payors, and consumer groups - especially those representing often overlooked and hard to reach populations, such as racial/ethnic minorities, sexual and gender minorities, and persons with mental illness, disability and history of sexual abuse - towards this end.

References


