SESSIONS ON

HIV/AIDS

ISSUES

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Motivations to Participate in HIV Testing Research Among Adolescent Males Who Have Sex With Males

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Introduction: NIH has identified adolescent males who have sex with males (AMSM) as a key population for HIV risk research (NIH, 2018). Current research on HIV prevalence has been largely limited to medical records of youth who have been tested for HIV. However, fear of primary care physicians (PCP) bias and of being outed to guardians lead many AMSM to avoid HIV testing in health care settings, creating a vacuum in knowledge on the risk behaviors that need to be the focus of effective prevention programs. This study drew on AMSM perspectives to identify the extent to which surveillance research involving HIV testing can overcome these barriers.

Methods: AMSM (14–17 years, N = 198) responded to an anonymous online 40-item survey including demographics, disclosure of sexual orientation and behaviors to guardians and primary care physicians (PCP), sexual history, and questions on youth’s motivation to agree or refuse to participate in a surveillance study involving HIV testing.

Results: Across demographic and sexual history, most youth perceived free HIV testing (r = .29, p < .001) and sexual minority sensitive HIV counseling (r = .16, p < .05) as significant motivators for participation. Logistic regressions indicated guardian and PCP awareness of youth’s sexual behavior with male partners significantly affected attitudes toward participation. Most (75%) would not participate if guardian consent was required and odds of refusal were higher for youth whose parents were unaware of their sexual activity (OR 1.74; 95% CI 1.40 – 2.16). Few reported their parents would be happy with study participation (18%) or helpful if tests indicated they were HIV positive (24%).

Conclusions: Effective prevention strategies for youth at HIV risk requires surveillance data that includes HIV testing. Our data indicate that for AMSM who have avoided HIV testing due to fears of bias and being outed, research provided testing can serve as a gateway to accessing vital sexual health prevention and treatment services. Effective recruitment strategies will need to be sensitive to develop strategies for overcoming AMSM concerns by working with IRBs to waive guardian permission and providing HIV testing counseling and referrals sensitive to their needs.
Poster Title: **Whose Responsibility? Investigators Deliberate the Benefits and Challenges of HIV/AIDS Online Research**

Presenters: Elise Bragard, MA, and Celia B. Fisher, PhD, Fordham University; and Brenda Curtis, PhD, University of Pennsylvania

Summary: 

Introduction: Online research has become a critical modality for research aimed at reducing health disparities among hidden populations most at risk for HIV infection. Social media has provided a recruitment vehicle to reach large and diverse samples of participants from these groups. This study drew on the experiences of investigators (PIs) to illuminate benefits and challenges of online HIV research.

Methods: Semi-structured phone interviews were conducted with 14 PIs involved in HIV epidemiological, prevention and intervention research involving online recruitment and data collection. The sampling frame drew on the AIDS Clinical Trial Information Service (ACTIS), HIV Prevention Trials Network (HPTN), and Center for AIDS Research (CFAR). Interviews were analyzed using Thematic Analysis and yielding high inter-rater reliability (k >.88 across all themes).

Results: There was consensus that social media targeted advertising increased sample sizes at relatively low cost; although reaching ethnic minority populations at HIV risk remained a challenge. Online recruiting also led to large numbers of ineligible participants affecting research budgets and increasing screening burden. Restrictions on the use of sexual language and images relevant to sexual minority populations by social media companies and IRBs also limited advertising effectiveness. Online anonymity, while increasing recruitment and decreasing the probability of social desirability bias, posed challenges to data integrity especially in the ability to identify minors. PIs used a range of strategies to ensure data integrity with anonymous participants, such as deduplication protocols and requiring participants to share contact information. The most controversial themes concerned responsibility and control of confidential information. Some PIs made special efforts to familiarize themselves with social media policies and to inform participants of informational risks, while others believed online research posed no more risk than daily internet use and thus protection against such risks was the participants’ responsibility. PIs had different experiences with University technical support, but all voiced frustration on the limited control they had over social media policies and the absence of national guidelines for participant protections in online recruitment and data collection.
Conclusions: Online HIV research is a critical mode for recruiting marginalized populations. However, there is a lack of clarity involving the responsibility of different stakeholders to address informational risk. Limitations set by social media platforms and IRBs along with an absence of scientific consensus and national guidelines continue to challenge the effectiveness of privacy protections and data integrity. Suggestions for harmonization are discussed.

Poster Session: I
Session Number: 1213 I
Time: 12:00PM - 12:50PM
Location: McCormick Place/Hall F Level 3-West Building
Poster Number: V-6
Division/Sponsor: 44-Society for the Psychology of Sexual Orientation and Gender Diversity
Poster Title: Layered Stigma and the Cognitive Depletion Among Transgender Women with HIV in India

Presenters: Jacquelyn E. Chin, PhD, and Ezer Kang, PhD, Howard University
Summary: Does HIV-Gender Stigma and Poverty Equally Deplete Cognitive Resources Among Transgender Women Living with HIV in Delhi, India?

Statement of Problem. Persons living with HIV/AIDS (PLWHA) often experience multiple forms of stigma related to their illness and gender identification. Navigating concurrent forms of stigma potentially consumes one’s mental resources, leaving less cognitive bandwidth for other tasks of daily living. This can be particularly debilitating for transgender women living with HIV and poverty in India. Socio-behavioral consequences of HIV-stigma such as diminished self-concept and declining immunologic function have been well established. To our knowledge, however, there has been no experimental studies that examine how anticipated stigma based on HIV and other socially marginalized categories deplete cognitive resources among PLWHA. Therefore, we examined the relationship between HIV- and gender-related stigma (herein referred to as layered stigma) and cognitive depletion among transgender [TG] and cisgender [CG] women at an HIV outpatient clinic in Delhi.

Method. Participants were individually presented with 4 scenarios. Women were randomly assigned to either the high or low layered stigma (LS) condition. High LS scenarios
depicted situations intended to prime feelings of stigmatization based on participants’ HIV serostatus and gender. Low LS scenarios were intended to prime based only on their HIV serostatus. In order for participants to process their assigned priming condition, they discussed each scenario and their responses were recorded.

Participants then completed two non-verbal tests that measured problem solving (Raven’s Progressive Matrices) and selective attention (Symbol Search). As a manipulation check, participants completed HIV and/or gender stigma measures. We hypothesized that: (1) TGHIV+ will perform significantly worse on both cognitive tests after being primed with the high LS condition compared to TGHIV+ primed with the low LS condition; (2) CGHIV+ primed in high and low LS conditions will not have significantly different test scores; and (3) TGHIV+ as a group will report higher internalized HIV than CGHIV+ and CGHIV- (caretaker of family member who is HIV+).

Results. The sample consisted of 81 women (28 TGHIV+; 27 CGHIV+; and 26 CGHIV-). The mean age was 34 years (range=18-65 years), and the mean length of HIV-diagnosis was 7 years. A two-way ANOVA indicated that test scores for TGHIV+ and CGHIV+ primed with high and low LS conditions did not differ significantly. There were also no significant differences in internalized HIV stigma scores between TGHIV+ and CGHIV+. Thematic analysis of the participant responses to the scenarios suggested that all 3 groups experienced various degrees of discrimination and HIV and/or gender-related stigma. However, navigating the cumulative stressors imposed by poverty and caretaking for family members (especially their children) were just as, if not more, demanding than managing HIV or gender related stigma.

Conclusions. Although our unconfirmed hypotheses can be due to methodological limitations, the women’s qualitative responses introduced a plausible explanation that poverty and caretaking responsibilities possibly depleted women’s cognitive resources such that less were left over to manage stigma. In other words, layered-stigma may not necessarily consume women’s cognitive capacity because their resources have already been tapped by competing stressors of being poor – an intriguing direction that warrants further investigation.

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**Poster Session:** I

**Session Number:** 1213 I

**Time:** 12:00PM - 12:50PAM

**Location:** McCormick Place/Hall F Level 3--West Building

**Poster Number:** V-8

**Division/Sponsor:** 44-Society for the Psychology of Sexual Orientation and Gender Diversity

**Poster Title:** *Sex Positioning Exclusivity and Indices of HIV Risk Among Latino MSM*

**Presenters:** Sean T. Spille, MEd, and Frank Dillon, PhD, Arizona State University
Summary:
Introduction: Latino men who have sex with men (LMSM) are disproportionately at risk for acquiring HIV when compared to other groups (Halkitis et al., 2013). The present study examines whether the degree of sex positioning exclusivity or SPE (i.e. mostly insertive or mostly receptive anal sex) is associated with condom use during anal sex, perceived HIV susceptibility, sex while intoxicated, and HIV testing among LMSM. We hypothesize men reporting more receptive positioning exclusivity will indicate (a) higher rates of condom use and (b) intoxicated sex than peers. Additionally, men reporting more insertive positioning exclusivity will indicate (c) lower rates of perceived HIV susceptibility and (d) HIV testing.

Method:
Participants: Participants were from a NIH-funded study of HIV risk behaviors among LMSM. Participants were 494 Latino MSM (M age = 30.81, SD = 6.29) who identified as Mexican (50.2%), Cuban (17.4%), Colombian (10.1%), Puerto Rican (7.9%), and 13 other Latino ethnicities (14%). Men were recruited via social networking sites and community agencies. The median reported education level was a bachelor’s degree. The median yearly income was $75,000 to $99,999.

Measures and Procedures: The independent variables of SPE (insertive and receptive anal sex exclusivity) was measured using two one-item questions asking whether participants had insertive or receptive anal sex with male partners in the 12 months prior to assessment. The two items were derived from the Risk Behavior Survey (RBS; National Institute on Drug Abuse, 1993).

The dependent variables were measured via self-report items from the RBS of condom use during anal sex and sex while intoxicated twelve months prior to assessment. HIV testing was measured using a single item asking whether participants had been tested for HIV during the 12 months prior to assessment (0=Not Tested, 1= Tested). Perceived HIV susceptibility was measured using a single item from prior research (Joseph et al., 2014): “In general, how worried are you about getting HIV?”, rated on a 4-point Likert-style response scale (1 = Not at all to 4 = A great deal).

Results: Three hierarchical regression analyses tested the associations between SPE and three continuous criterion (condom use, perceived HIV susceptibility, and sex while intoxicated). Next, we conducted a logistic regression to examine the associations between SPE and HIV testing.

Participants who reported more exclusive receptive anal sex indicated increased levels of sex while intoxicated (β = .20, p = .028) and increased levels of perceived HIV susceptibility (β = .30, p = .003). Participants who reported greater SPE (i.e. both insertive and receptive) indicated greater levels of condom use during anal sex (β = .49 for insertive, β = .25 for receptive, p < .001). No association was found between SPE and HIV testing.

Discussion: Findings identify the importance of SPE for psychologists and health professionals to consider when designing interventions for health promotion among Latino MSM beyond simply the risk of HIV transmission.
**Poster Session:** I  

**Session Number:** 1213 I  

**Time:** 12:00PM - 12:50PM  

**Location:** McCormick Place/Hall F Level 3—West Building  

**Poster Number:** W-3  

**Division/Sponsor:** 44-Society for the Psychology of Sexual Orientation and Gender Diversity  

**Poster Title:** Sexual-Ethnic Identity Latent Profiles, Substance Use, and Sexual Risk Behaviors Among Gay LMSM  

**Presenters:** Roberto Renteria, MA, Frank Dillon, PhD, and Amber Schaefer, MEd, Arizona State University  

**Summary:**  

**Introduction:** Gay Latino men who have sex with men (LMSM) are disproportionately at risk for problematic substance use, risky sexual behaviors, and contracting HIV (Kashubeck-West & Szymanski, 2008). The present study was based on a call for integration of psychosocial determinants to elucidate substance use and sexual risk behaviors among this population (Halkitis et al., 2013). Guided by theories of identity status (Marcia, 1966) and identity conflicts in allegiance (Morales, 1989), we first explored sexual-ethnic identity-based latent profiles among gay LMSM using cross-sectional data from an NIH-funded longitudinal study. Next, we tested whether such profiles differed in rates of substance use and risky sexual behaviors.  

**Method:** Participants were Latino men who endorsed having sex with men in the previous 12 months. For the present analyses, we only included participants who identified as "homosexual" on the Kinsey Scale, with a total of 315 participants (Age Mean 30.72, SD = 6.54) who identified as Mexican (47.9%), Cuban (18.4%), Colombian (12.1%), Puerto Rican (8.9%), Dominican (3.2%), Argentinian (3.2%), Bolivian (1.0%), and from other Latin American countries.  

Ethnic and sexual identity exploration and commitment were measured using the Multigroup Ethnic Identity (EI) Measure (Phinney, 1992) and Measure of Sexual Identity (SI) Exploration and Commitment (Worthington et al., 2008), respectively. To measure sexual risk behaviors and substance use we used the Risk Behavior Assessment (National Institute on Drug Abuse, 1993), the Alcohol Use Disorders Identification Test (Babor et al., 2001) and the Drug Use Frequency measure (O'Farrell et al., 2003). Demographic variables included Latinx ethnicities, education level, employment status, age, income, and marital status.
Results: Latent profile analyses suggested a four-profile solution. Members in Profile 1 (characterized by high EI [high exploration and commitment] and moderate SI [high exploration and low commitment]), and Profile 4 (characterized by low SI and low EI) reported higher use of alcohol and illicit drugs. Members in Profile 3 (characterized by high EI and high SI) and in Profile 2 (characterized by low EI and high SI) reported less substance use compared to other profiles. Profile 1 reported higher condom use during oral sex, but there were no differences in condom use during anal sex or having sex while intoxicated across all four profiles.

Discussion: Members of profiles with less developed SI seemed to report the highest engagement in substance use, even when EI affiliation was high. The profile with the highest sexual-ethnic identity achievement seemed to engage the least with substance use. These findings point to important dynamics within intersectional identity processes and how they relate to substance use. Specifically, these findings suggest gay Latino men with more developed SI may be less at risk for substance use than peers. These findings inform interventions that seek to reduce substance use among gay Latino men by indicating who within this community may be most at risk.
Symposium: Community-Based Participatory Research on Harm Reduction Approaches with Marginalized Populations

Session Number: 1226

Time: 12:00PM - 1:50PM

Location: McCormick Place/Room W179b Level 1--West Building

Division/Sponsor: 50-Society of Addiction Psychology; Co-List: 27, 28, 29, 45, 49

Cochairs: Katie Witkiewitz, PhD, University of New Mexico

Discussant: Ricky Bluthenthal, PhD, Fred Hutchinson Cancer Research Center, Seattle, WA

*CE Credits: 2 credits. No additional fee to attend CE sessions. There is a one-time fee to claim unlimited CE credit. (For instructions, see https://convention.apa.org/ce/sessions.)

Presentation Title: The Impact of Trauma and Stress in Marginalized Racialized Communities Across the HIV Care Continuum

Participants: Michele Peake-Andrasik, PhD, Fred Hutchinson Cancer Research Center, Seattle, WA

Summary: African Americans carry the greatest burden of HIV among racial and ethnic groups in the United States. Though they comprise 12% of the US population, they represent 43% of people living with HIV and accounted for 44% of new HIV diagnoses in 2016. Hispanics/Latinos comprise 18% of the US population, yet they accounted for 26% of new HIV diagnoses in 2016 and represent 23% of people living with HIV. Although American Indians and Alaska Natives comprise about 1% of the US population, they rank fourth in rates of HIV diagnosis in 2016, following African Americans, Hispanics/Latinos and mixed-race individuals. Across these groups, more than 15% of individuals living with HIV are unaware of their status, less than 60% are receiving HIV care, and less than 50% are retained in care and/or virally suppressed.

Each of these highly impacted groups share a legacy of historical trauma, abuse and violence contributing to sustained cultural disruption and community destruction. This trauma is often embodied or held personally and passed down over generations, often resulting in heightened stress vulnerability, impairing individual, family and community ability to effectively cope with stressors. The continued devaluing of these identities results in the experience of microaggressions. These hostile, derogatory, demeaning and invalidating verbal and non-verbal encounters create additional trauma and stress. We will explore how trauma and stress impact marginalized racial and ethnic communities across the HIV Care Continuum. The effects of trauma require a harm reduction approach to reduce the existing HIV disparities among communities with devalued identities. We will underscore the importance of a trauma-informed care approach to meet the needs of communities in a safe, collaborative and compassionate manner, building on strengths and resilience, and avoid prevention and treatment practices that retraumatize.
Symposium:  
LGBT Issues Across the Lifespan---How Social Stigma and Multiple Inequities Present Challenges to Successful Aging  

Session Number:  1328  
Time:  2:00PM - 3:50PM  
Location:  McCormick Place/Room W183a Level 1--West Building  
Division/Sponsor:  CPG-Central Programming Group; Co-List: 44, 7, 20  
Cochairs:  Walter R. Boot, PhD, Florida State University; and Cathryn E. Richmond, MA, Virginia Commonwealth University  
*CE Credits:  2 credits. No additional fee to attend CE sessions. There is a one-time fee to claim unlimited CE credit. (For instructions, see https://convention.apa.org/ce/sessions.)  
Presentation Title:  Sexual Stigma: Developmental Tasks, Life Spans, HIV, and Paradigm Changes  
Participants:  Armand R. Cerbone, PhD, Independent Practice, Chicago, IL  
Summary:  
Erikson (1950) presents a schema of developmental tasks individuals must complete throughout the lifespan. Cerbone (1990) expanded Erikson's model to include the additional challenges sexual minorities encounter in completing them. These additional tasks are imposed upon all sexual minorities as a direct result of stigma. Together, they illustrate the comprehensive and singular effects of stigma across the lifespan of LGBT people.  
How older and younger gay men face developmental tasks has changed with the fluctuations in social and legal status of LGBT persons over 50 years. Coming out in the 1970’s and ‘80’s occurred later and under harsher circumstances than it does today. If integration of one’s sexuality into a cohesive sexual identity cannot begin in earnest until one is out of the closet, those who came out in their 30’s or later would have a different developmental pattern than those who came out in their teens.  
Sociopolitical and geographical factors also affect the course of development because of regional norms and laws. Thus, the virulence of antigay attitudes, laws, and regional norms can shape key developmental tasks such as the career choices and the establishment and maintenance of intimate relationships for LGBT individuals.  
Not only does antigay stigma engender additional developmental work at each stage but amelioration of stigma accounts for the differences observed between older and younger gay men. Implied in these observations is the proposition that attitudes and thinking about sexuality itself is changing. Most importantly, this shift in thinking supports the proposition that our paradigms of human sexuality are changing.
Poster Session: II
Session Number: 2154 II
Time: 11:00 AM – 11:50 AM
Location: McCormick Place/Hall F Level 3--West Building
Poster Number: H-2
Division/Sponsor: 12-Society of Clinical Psychology
Poster Title: Dimensions of Psychiatric Severity and HIV Risk Knowledge and Intentions
Presenters: Robert C. McMahon, PhD, University of Miami; William K. McMahon, University of Miami; Jessy G. Dévieux, PhD, Florida International University; and John M. Abbamonte, MA, BS, University of Miami

Summary: There has been considerable interest in the association between dimensions of psychopathology and HIV risk behavior in high risk populations. Concurrent and sequential diagnostic comorbidity has limited the utility of focus on single diagnostic disorder – risk behavior relationships. The current investigation examined broad dimensions of personality and psychopathology in relation to risk behavior that may have relevance for treatment planning. Omnibus psychopathy inventories such as the Minnesota Multiphasic Personality Inventory and the Millon Clinical Multiaxial Inventory (MCMI) have demonstrated promise in this area. In this study, the third edition of the MCMI (MCMI-III) was selected because of its conceptual linkage to current psychiatric nosology and because both factor analytic and cluster analytic studies link MCMI psychopathy subtypes to HIV risk intentions, cognitions, attitudes, and behaviors [20, 36–38]. The MCMI-III includes scales designed to measure personality disorder and symptom syndromes identified as rejecting internalizing, externalizing, and thought disorder features of psychopathology. Previous subtyping analyses have identified groups rejecting affective disturbance, antisocial-narcissistic personality features and a cluster analytically derived high psychiatric severity subgroup rejecting elevations across internalizing, externalizing and thought disturbance scales.

Methods:

Participants were recruited from mental health treatment programs for the severely mentally ill in South Florida. The average age of the sample was 39.59 years (SD = 10.42). Twenty-four percent of subjects were non-Hispanic whites, 55% of subjects were African American, 20% of subjects were Hispanic and 1% of subjects were of other ethnic backgrounds. The average level of education was 11.47 years (SD = 2.64) and 5.0% of subjects reported that they were married. In terms of primary psychiatric diagnoses, most people screened were characterized as suffering from major depressive disorder (21.2%), schizophrenia (15.7%), bipolar affective disorder (9.6%), and schizoaffective disorder (8.4%). The remainder of the sample experienced a range of disorders, including drug and alcohol dependence, non-specified mood disorders, and post-traumatic stress syndrome (Malow, McMahon, et al. 2012).
Results and Discussion:

Principal components analysis with varimax rotation yielded 3 components with eigenvalues greater than 1. Component 1 explained 56% of the variance and included high loadings on the Schizoid, Avoidant, Dependent, Self-Defeating, Borderline, Paranoid, and Schizotypal, Anxiety, Dysthymic, Bipolar Manic, and PTSD scales of the MCMI-III. Component 2 captured 10.8% of the variance and had elevations (> .6) on the Narcissistic, Antisocial, and Alcohol and Drug Dependence scales. Component 3 explained 7.5% of the variance and had interpretable (> .4) loadings on the Narcissistic, Compulsive, Paranoid, and Delusional Disorder scales.

Multiple regression analyses were conducted to examine associations between MCMI-III psychopathology factors and HIV prevention related constructs including knowledge of HIV infection, favorable attitudes toward condom use, and intention to engage in safer sexual practices. Components 1 (general psychiatric severity), 2 (externalizing psychopathology), and 3 (thought disorder) contributed significantly to knowledge of HIV risk transmission mechanisms (Multiple R= .503; F= 43.1; p<.001). Higher levels of all three components were linked with less knowledge (all p values <.001). In a separate regression analysis (R=.237; F=7.4, p<.002), components 1 and 3 revealed significant linkage to intentions to safer sexual practices (p values <.001). Results of this investigation indicate the importance of considering dimensions of psychiatric severity when evaluating the HIV/STD risk related knowledge and attitudes of those receiving mental health treatment.

Poster Session: II
Session Number: 2195
Time: 12:00PM - 12:50PM
Location: McCormick Place/Hall F Level 3--West Building
Poster Number: B-10
Division: 9-Society for the Psychological Study of Social Issues (SPSSI)
Poster Title: HIV/AIDS Stigma Intersectionality: Stigma Behaviors Among Medical Students During Service Delivery
Presenter: Paola Carminelli-Corretjer, MS, Ponce Health Sciences University; Nelson Varas-Díaz, PhD, Florida International University; and Eliut Rivera-Segarra, PhD, Ponce Health Sciences University
Summary: HIV/AIDS related stigma remains a major global health issue with detrimental consequences for the treatment and health of people living with HIV/AIDS (PLWHA), especially when manifested by health professionals. Research on HIV/AIDS stigma has successfully documented negative attitudes towards PWHA among health professionals.
However, fewer studies have examined how HIV/AIDS related stigma is manifested behaviorally during clinical interactions and how it interacts with other stigmas (i.e. drug use, sexism, homophobia). Therefore, this study aimed to: 1) examine the behavioral manifestations of HIV/AIDS stigma among medical students during clinical interactions, and 2) explore HIV/AIDS stigma intersectionality with other stigmas. We implemented an experimental design using Standardized Patient (SP) simulations, observational techniques, and quantitative questionnaires. The sample consisted of 237 medical students in Puerto Rico who engaged in SP encounters with three experimental scenarios: 1) male patient living with HIV/AIDS transmitted via illegal drug use, 2) female patient living with HIV/AIDS transmitted via unprotected heterosexual relations, 3) male patient living with HIV/AIDS transmitted via unprotected sexual relations with other men (MSM). They also interacted with a person with a common cold as a control condition. Results evidenced statistically significant differences between the experimental and the control simulation, with a higher number of stigma related behaviors manifested towards the experimental conditions. Results also evidence higher HIV/AIDS stigma towards the MSM SP when compared to the drug user SP and the heterosexual woman SP. We discuss the implications of these findings for the training of medical students in Puerto Rico.
Symposium: Technology-Based Behavioral Health Intervention in Integrated Care Settings-
Lessons from HIV Care

Session Number: 2210

Time: 12:00PM - 12:50PM

Location: McCormick Place/Room W192a Level 1--West Building

Division/Sponsor: 38-Society for Health Psychology

Chair: Chanda C. Graves, PhD, Emory University School of Medicine

Discussant: Eugene W. Farber, PhD, Emory University School of Medicine

Presentation Title: Technological Advances in Integrated Care: Mhealth and Ehealth Interventions

Participants: Amit Shahane, PhD, University of Virginia School of Medicine

Summary: Psychologists have offered two primary modalities of treatment, individual and group psychotherapy. These modalities have relied upon traditional methods of engaging and interacting with patients in treatment. In recent years, technological advances have offered psychologists alternative methods of engaging and interacting with patients. More specifically, the development of eHealth (web-based) and mHealth (mobile-based) technologies have added to the arsenal of psychological treatments psychologists can employ in a variety of settings. One setting particularly amenable to the utilization of mHealth and eHealth technology is integrated care. Given the shorter visit times and increased time between visits within integrated care, web and mobile-based interventions offer potential advantages to link, engage, and retain patients in integrated care. Despite these benefits, application of web and mobile based interventions within integrated care are not widely adopted.

Within the field of HIV, mHealth and eHealth interventions are commonly used within integrated care settings. More specifically, web and mobile based interventions have been developed to align with the HIV continuum of care (e.g., linkage, engagement, and retention) thus increasing psychological and medical outcomes. The purpose of this presentation is to describe commonly used mHealth and eHealth interventions that can be easily applied within integrated care settings. Furthermore, lessons from HIV integrated care’s incorporation of web and mobile based interventions will be discussed.

Presentation Title: The Promise of Using Virtual Reality and Artificial Intelligence to Facilitate HIV Disclosure

Participants: Rachel J. Ammirati, PhD, Emory University School of Medicine

Summary: Despite major advances in public understanding of HIV/AIDS, HIV stigma and a variety of individual difference factors continue to make disclosure of ones HIV status extremely difficult. Indeed, among some of the groups at highest risk for acquiring and transmitting
Symposium: Technology-Based Behavioral Health Intervention in Integrated Care Settings-Lessons from HIV Care (continued)

Presentation Title: The Promise of Using Virtual Reality and Artificial Intelligence to Facilitate HIV Disclosure (continued)

HIV infection, reticence to disclose positive HIV status is common. Since willingness to share one’s status bears crucial implications for healthcare access – including retention in care – and rates of HIV transmission, interventions aimed at encouraging and preparing individuals to disclose HIV status are a public health imperative. Moreover, it is imperative that individuals gain easy access to such interventions. This presentation will introduce the audience to a new, online virtual reality program that employs artificial intelligence (AI) as a means for helping individuals to practice disclosing their HIV status to virtual peers. This “Tough Talks” NIH-funded program – currently under development at Virtually Better, Inc (VBI) with major input from VBI’s research collaborators at Brown University – provides opportunities for users to practice having disclosure conversations with realistic, interactive avatars who can be set to react with a range of reactions (e.g., acceptance, rejection, etc.). In addition, the program provides users with cutting edge psychoeducational information about HIV/AIDS, legal matters related to disclosure, and common HIV-related misconceptions. The potential for innovative programs like “Tough Talks” to uniquely engage, and provide easy access to, users infected and affected by HIV will be highlighted and discussed.

Presentation Title: Technology-Based Behavioral Health Interventions with Children and Adolescents: HIV and Beyond

Participants: Joya N. Hampton, PhD, and Chanda C. Graves, PhD, Emory University School of Medicine

Summary: Offering technology-based behavioral health care options may increase patient’s willingness to engage in behavioral health care in a population where there are often barriers to engagement. The use of technology can also increase patient access to indicated behavioral health care treatment. For example, the use of telehealth for psychotherapy makes it possible for patients to have therapy sessions when they are not physically able to come to the healthcare setting. Mobile telephone applications are able to provide psychoeducation as well as increase continuity of care in between psychotherapy sessions by allowing patients to send data to their therapist, and to complete therapeutic homework tasks. Such interventions also add a level of anonymity that may be particularly important in HIV integrated care settings and/or other settings where patients face stigma related to their care. These technologically-based ways of intervening may be even more useful with child and adolescent populations, as youth may feel more comfortable using technological means to engage. Such interventions for children and adolescents have been found to be effective and are purported to play a large part of behavioral healthcare in the future. There has been limited research on the use of technology within integrated care with children and adolescents; a population that often has many barriers to treatment. This presentation will review the research regarding technological based interventions for behavioral health care and discuss its application for children and adolescents using examples from a large urban HIV clinic.
**Symposium:** Addressing the Opioid and HIV Epidemics Among Low-Income People in Rural Communities

**Session Number:** 2264

**Time:** 2:00PM - 3:50PM

**Location:** McCormick Place/Room W176a Level 1--West Building

**Division/Sponsor:** APA ad hoc Committee on Psychology and AIDS (COPA); Committee on Socioeconomic Status (CSES)

**Co-Chairs:** Monica D. Ulibarri, PhD, Alliant International University-San Diego; and Kristi E. Gamarel, PhD, University of Michigan-Ann Arbor

**Discussant:** Richard A. Jenkins, PhD, National Institute on Drug Abuse, Bethesda, MD

**CE Credits:** 2 credits. No additional fee to attend CE sessions. There is a one-time fee to claim unlimited CE credit. (For instructions, see [https://convention.apa.org/ce/sessions](https://convention.apa.org/ce/sessions).)

**Presentation Title:** Challenges and Opportunities for Providing HIV/AIDS and Behavioral Healthcare in Rural Settings

**Participants:** Fayth M. Parks, PhD, Georgia Southern University

**Summary:** The rates of incidence and prevalence of most behavioral health disorders are at least as high in rural areas as urban areas. Of particular note, both the HIV/AIDS and opioid epidemics have disproportionately impacted specific rural and poor communities. The opportunities for care in rural settings remain difficult to maintain where scarcity of resources along the continuum of care and barriers to access-to-care remain as significant obstacles in the pathway to receiving appropriate behavioral health treatment. Although rural areas are diverse in their geography, demographics, etc., there are common elements such as isolation, dense social networks, and a lack of culturally competent care that may lead to increased risk for HIV/AIDS and substance misuse. By understanding the current climate and trends, behavioral health care providers can be better equipped with knowledge of the resources available to them, as well as implementation of burgeoning innovative practices that are on the horizon. This presentation will focus on the current status of behavioral healthcare within rural settings and review preliminary data assessing rural healthcare providers’ knowledge, awareness, and experiences of HIV/AIDS related stigma and stereotyping. Moreover, this presentation will provide a review of key programming areas and insights to improve upon the provision and integration of HIV/AIDS care, prevention and behavioral healthcare in rural settings.
Symposium: Addressing the Opioid and HIV Epidemics Among Low-Income People in Rural Communities (continued)

Presentation Title: Technology Innovations to Address Barriers to Integrated Care Delivery in Rural Settings Burdened by the Opioid Epidemic

Participants: Kasey R. Claborn, PhD, University of Texas at Austin

Summary: Linkage and retention in care across the healthcare system is a significant challenge for many HIV patients with dual diagnoses, particularly those with opioid dependence, and those located in rural communities. The worsening opioid epidemic in the United States has created an increasing need for HIV prevention strategies among communities who are at a higher risk for HIV exposure and transmission. Integrated care for HIV-infected and HIV-risk populations is needed; however, the existing healthcare infrastructure limits the opportunity for integrated HIV/PrEP and addiction treatment. Rural settings experience profoundly more challenges to providing integrated care for vulnerable populations. Barriers such as transportation, poverty, lack of local access to services, poor naloxone distribution, lack of jail diversion programs, clinician competency, privacy concerns, and stigma are exacerbated in rural settings across the country. This presentation will highlight the utility of technology innovations to improve access to treatment, improve care coordination across provider settings, and deliver evidence-based provider training to improve quality of care delivery. Specific considerations for adapting technology-based solutions to rural settings will be discussed. We will present acceptability, feasibility, and preliminary efficacy data of a clinician-facing digital platform for integrated HIV, PrEP, and substance use treatment.

Presentation Title: Opioid Crisis in Rural America

Participants: Iva GreyWolf, PhD, Independent Practice, Roseburg, OR

Summary: In 2017, the United States Census Bureau found there were 39.7 million people in poverty. Poverty is a known driver of health inequities, including access to optimal health care. In our most underserved American communities, challenges to optimal health care access and delivery include poverty, insurance, access to medication-assisted treatment (MAT), and very few psychologists in remote rural locales. Additionally, access to behavioral health care is limited by great distances, cost and stigma. In recent years, we have seen that the HIV/AIDS and opioid epidemics have disproportionately affected uninsured, rural communities living in poverty. The gold standard for treating opioid use disorder is a combination of MAT with behavioral therapies. However, the costs of FDA approved medications can vary. A recent NIDA report cites a range of $5,980 a year for buprenorphine, to $14,112 per year for naltrexone. Those providing services in impoverished communities often have to think outside of the box and identify resources that cost very little. This presentation will focus on ways to strengthen integrated care coordination and other support systems (e.g., families, communities), as well as opportunities for accessing free training in effective brief interventions. Additionally, this presentation will provide an overview of ways to obtain cross training on vicarious trauma with law-enforcement, social workers, first responders, psychologists and counselor who work with individuals at the point of initiation to recovery from opioid disorders in order to holistically address these intersecting public health epidemics. Tailoring the interventions to the needs and desires of the communities is most important.
Poster Session: III-Contemporary Issues in Counseling Psychology
Session Number: 3121
Time: 11:00AM - 11:50AM
Location: McCormick Place/Hall F Level 3--West Building
Poster Number: D-7
Division: 17-Society of Counseling Psychology
Poster Title: HIV and Health-Related Quality of Life: Predictors of General Health Perceptions
Presenters: Cameron W. Davis, MS, Adam Hodge, MS, and Mark Vosvick, PhD, University of North Texas
Summary: HIV positive individuals are more likely to experience negative mental health outcomes as a result of various factors associated with having an HIV illness (Blake, Taylor, & Sowell, 2017; Cobb 2012; Watkins-Hayes, 2014). Understanding the quality of life in people living with an HIV diagnosis is an important factor in strengthening the support services available for this population. Whereas depressive symptomatology is well studied amongst HIV populations, there is a gap in the literature regarding the association among religiosity/spirituality (R/S), perceived social support, and health-related quality of life outcomes for this group (Ironson et al., 2005; Jai et al., 2004; Bekele et al., 2013). Using a sample of 244 HIV seropositive individuals, we investigated the ways in which R/S and social support are associated with depression and health-related quality of life, as well as a possible moderated-mediation model that explores the combined relationship amongst all of our variables. Participants completed the following questionnaires: Medical Outcomes Survey – HIV, Center for Epidemiologic Studies Depression scale, Ironson-Woods Spirituality and Religiosity Index, and the Multidimensional Scale of Perceived Social Support scale. Our results indicated a negative effect of depression on general health perceptions, a significant moderation (i.e., buffering) effect of religious behavior, and also a significant partial mediation effect of perceived social support. Quality of life is a major concern for people living with HIV, and interventions targeted to promote R/S and social support for this vulnerable population are recommended.
Poster Session: Poster Session: I  
Session Number: 3129  
Time: 11:00AM - 11:50AM  
Location: McCormick Place/Hall F Level 3--West Building  
Poster Number: H-1  
Division: 38-Society for Health Psychology  
Poster Title: The Relationship Between Adverse Events and Social Functioning in Children Affected by Parental HIV  
Presenters: Jordan A. Ezell, MA, University of South Carolina; and Sayward Harrison, PhD, Yanping Jiang, MA, and Xiaoming Li, PhD, Arnold School of Public Health, University of South Carolina  
Summary: Children affected by parental HIV are more likely than unaffected peers to experience traumatic events (e.g., parental death, changes in caregiver) and are at-risk for negative psychological and social outcomes. The aim of this study was to examine the relationship between adverse childhood events and psychosocial functioning among children affected by parental HIV.  

A total of 790 children ages 6-17 from Henan, China were enrolled in a longitudinal, randomized controlled trial to test effects of a psychosocial resilience intervention. All children had at least one biological parent (living or dead) who was HIV-positive. At baseline, children reported on a range of psychosocial factors, including adverse childhood events, anxiety, depression, and social functioning. Significant correlations were found between adverse childhood events and self-reported anxiety, depression, and social functioning (p < .0001). Regression modeling showed a significant direct effect of adverse childhood events on social functioning, when controlling for key covariates (p = .005). However, when anxiety and depression were added to the model, the direct effect was no longer significant (p = .41). Instead, adverse childhood effects showed a significant indirect effect on social functioning via depression (95% CI [-0.09, -0.03]) and anxiety (95% CI [-0.04, -0.00]). Age differences were also examined, with older children displaying a marginally stronger negative relationship between depression and social functioning than younger children.  

Findings underscore the need for comprehensive psychosocial support for children affected by HIV, including treatment of mental health disorders.
Poster Session: 1
Session Number: 3129
Time: 11:00AM - 11:50AM
Location: McCormick Place/Hall F Level 3--West Building
Poster Number: H-2
Division: 38-Society for Health Psychology
Poster Title: Provider Relationships and Treatment Adherence Among African Americans Living With HIV and SMI
Participants: Wren Yoder, BA, Arryn A. Guy, MS, Nicole Thomas, Scott Noble III, Rodney Lewis, Jock Toles, Craig Spivey, MSW, Stephen Ramos, MA, and Steve N. Du Bois, PhD, Illinois Institute of Technology
Summary: Introduction: African Americans living with HIV (AALWH) and serious mental illness (SMI) represent an intersection of multiple marginalized identities - being African American, living with HIV, and having a SMI diagnosis - that can put them at risk for stressors that exacerbate current health disparities. Indeed, AALWH and SMI report health disparities compared to general population members and those of other races/ethnicities, e.g., poor treatment adherence (Baron et al., 2013; CDC, 2017; Simoni et al., 2012). Importantly, studies suggest that supportive and trusting relationships with providers promote treatment adherence (Berghoff et al., 2017), and AALWH report lower levels of trust in providers than their white counterparts (Saha, Jacobs, Moore, & Beach, 2010). However, while AALWH and SMI are relatively at-risk, even compared to other at-risk populations, no known research has been done on the associations between relationships with providers and the health of this group. The current study approaches the description of associations between treatment adherence and relationships with providers for this unique population from an intersectional framework utilizing both qualitative and quantitative data (Hancock, 2018).

Methods: Fifteen AALWH and SMI were recruited for two focus groups to develop intervention content. An additional 16 AALWH and SMI were recruited to pilot a CBPR-developed intervention to improve treatment engagement. Intervention participants filled out baseline and follow-up surveys assessing treatment engagement, patient-provider relationship, and other constructs assessing intervention effectiveness (e.g., HIV and SMI stigma, HIV treatment self-efficacy). This analysis presents focus group and intervention data related to participants’ relationship with their provider.

Results: Out of 97 statements generated by the focus groups in response to the prompt “important to my treatment adherence,” 28 statements described content related to healthcare providers (28.9%). Several statements suggested the importance of trust, e.g., “Feeling comfortable and not judged with a medical or mental health care provider helps me overall,” while others emphasized additional aspects of the relationship. Intervention participants at baseline had a mean trust in provider score of 38.67 (8.31) [range 11-55] and mean medication adherence of 68.26% [range 0-100%]. Missed
medical appointments at baseline was marginally negatively correlated with trust in provider at baseline (r = -.46, p = .06). Correlations revealed non-significant associations between medication adherence and trust in provider at baseline (r = .08, p = .75), and at follow-up (r = .31, p = .25). However, a simple linear regression indicated there was a marginally significant positive association between medication adherence at follow-up and trust in provider at baseline (F(1,14) = 4.27, p = .058, R2 = .23, B = 1.31, SE = .64).

**Conclusions:** Qualitative and quantitative results provide a description of the associations between relationships with providers and treatment adherence for this AALWH and SMI sample. Clinical implications include the development of interventions for providers and institutions that serve this unique population. Results from the current study could also inform the development of interventions to improve sense of agency and healthcare-relevant communication skills among AALWH and SMI.

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**Poster Session:** Poster Session: I

**Session Number:** 3129

**Time:** 11:00AM - 11:50AM

**Location:** McCormick Place/Hall F Level 3--West Building

**Poster Number:** H-3

**Division:** 38-Society for Health Psychology

**Poster Title:** Bijou: Pilot Data from a Mobile Health Program for MSM With HIV in the Southeastern U.S.

**Participants:** Tiffany A. Chenneville, PhD, University of South Florida St. Petersburg; Hunter Drake, MA, Kemesha Gabbidon, PhD, MPH, Carina Rodriguez, MD, University of South Florida St. Petersburg; and Lisa Hightow-Weidman, MD, University of North Carolina Chapel Hill

**Summary:** **Statement of the Problem:** Young men who have sex with men (YMSM) with HIV are a difficult population to retain in care, which negatively affects viral suppression. This study piloted Bijou, a program designed to provide accurate health education through electronically delivered behavior and risk reduction intervention modules.

**Participants:** Participants were YMSM with HIV aged 17-24 from an adolescent infectious disease clinic in the southeastern US.

**Procedures:** Eligible participants were approached during normal clinic visits. Participants who wished to enroll in Bijou completed demographic items and a pre-test. After completing all modules, participants were asked to complete a post-test and three month follow up (3MFU) survey. Pre, post, and 3MFU surveys included items assessing module-related knowledge and intervention acceptability, the General Self-Efficacy Scale, the eHealth Literacy Scale, and a System Usability Scale.
Results: 29 YMSM enrolled and completed a pre-test. Only 11 completed all modules and the post-test, and only 10 completed the 3MFU. Participants with complete data for all surveys ranged in age from 19 to 24 (M=21.71, SD=2.06). Findings revealed significant improvement in module content knowledge (possible range: 0-78) from pre-test (n = 7, m = 62.43, SD = 8.059, range: 47 - 70) to post-test (n = 7, m = 67.71, SD = 7.521, range: 25 - 73), t(6) = 8.205, p < .001. There were significant improvements in HIV health literacy (t(6) = 3.032, p < .012), general health and wellness (t(6) = 3.667, p < .005), personal growth (t(6) = 2.500, p = .023), and managing HIV (t(6) = 2.646, p = .019). Although scores remained higher than pre-test, differences lost significance at 3MFU.

Self-efficacy scores (possible range: 5 - 50) did not show significant differences from pre-test (n = 8, m = 45.38, SD = 5.370, range: 33 - 50) to post-test (n = 8, m = 43.75, SD = 8.430, range: 26 - 50) nor 3MFU (n = 8, m = 46.50, SD = 5.318, range: 38 - 50).

E-Health Literacy Scale scores (possible range: 10-50) showed significant improvement from pre-test (n = 8, m = 40.63, SD = 3.962, range: 33 - 45) to post-test (n = 8, m = 45.00, SD = 4.690, range: 38 - 50), t(7) = 2.768, p = .014. Improvements trended toward significance at 3MFU (n = 8, m = 43.25, SD = 4.892, range: 37 - 50), t(7) = 1.649, p = .071.

Participants considered Bijou a usable and acceptable intervention, citing ease of use and privacy of completing the program by laptop or smartphone as desirable characteristics. They also provided positive feedback about the quality of module content. Competing demands on time and illness were cited as reasons for attrition. In many cases, participants expressed an intent to complete but never did despite follow up phone calls, text messages, emails, and/or social media messaging.

Conclusions: While a small sample size significantly limits generalizability, pilot data suggest promise for Bijou as a mobile health strategy for improving health literacy among YMSM. Future research is needed to test the efficacy of Bijou using a larger and more representative sample.
Major psychopathology and personality disorders (PD) are pronounced among persons living with HIV/AIDS (PLWHA) relative to HIV seronegative cohorts (De Hert et al., 2011; Gerhardstein, 2011). Additionally, PLWHA with comorbid mental health issues tend to perceive diminished health-related quality of life (HRQoL) and greater role-limitations (Merlin et al., 2013; Pompili et al., 2013). Comprehensive treatment of HIV includes not only medical management, but also identification and treatment of poor mental health. The present study compares formal diagnostic assessments of mental disorders versus briefer survey measures to examine associations between health-related quality of life and mental health.

Participants. 187 HIV+ adults (28.7% female, 10.1% transgender, 61.2% male; mean number of years of education: 12.58 years; mean age = 48.47 years) were drawn from a larger study of HIV and mental health.

Method. The Brief Symptom Inventory (BSI-53) measured global psychological distress (Derogatis & Spencer, 1982). Current psychopathology and PD diagnoses were assessed using the Structured Clinical Interview for DSM-IV Axis-I Disorders and Axis-II Personality Disorders (SCID-I and SCID-II) (First, Gibbon, Spitzer, & Williams, 2002a; First, Gibbon, Spitzer, & Williams, 2002b). HRQoL was indexed by self-rated number of unhealthy days over the prior 30 day period, as assessed by the CDC Health Related QoL-14 (CDC, 2000). HIV progression was indexed by most recent viral load. Hierarchical multiple regression analyses were conducted to examine associations between psychological distress, psychiatric diagnosis (current psychopathology/no PD (n = 33); PD/no current psychopathology (n = 24); both current psychopathology and PD (n = 34); and neither current psychopathology nor PD (n = 96)), and HRQoL (controlling for HIV progression and ethnicity, age, gender, and monthly income). Bootstrapping was employed in all models to correct for non-normal distribution of HRQoL variables.

Results. It was revealed that 16.3% of total variance in HRQoL was accounted for by global psychological distress (p<.001), while a separate model found that the four categories of clinical diagnoses only accounted for 5.7% of total variance (p<.05),
reflecting medium and small effect sizes, respectively. Specifically, greater global psychological distress, as well as the presence of current psychiatric diagnosis both with and without a comorbid PD were associated with poorer HRQoL (p<.05). Alternatively, only having a diagnosis of PD and having no diagnosis were not associated with HRQoL.

Conclusions. These results suggest that a symptom checklist such as the BSI-53 may provide a somewhat better predictor of HRQoL in PLWHA than current psychiatric diagnosis. Symptom checklists are easy to administer, may index change over time, and provide a useful screening tool that may elucidate issues such as QoL. Ongoing work using longitudinal data can elucidate the predictive utility of these types of scales on future health related outcomes.

Poster Session: Poster Session: I
Session Number: 3129
Time: 11:00AM - 11:50AM
Location: McCormick Place/Hall F Level 3--West Building
Poster Number: H-5
Division: 38-Society for Health Psychology
Poster Title: So I Told My Story Too: Online HIV Disclosures by Young Black Men Who Have Sex With Men
Participants: Kathryn A. Cantrell, PhD, University of Massachusetts Boston
Summary: Background: Young black men who have sex with men (YBMSM) account for the greatest number of behaviorally acquired human immunodeficiency virus (HIV) infections in the United States. YBMSM are less likely to be engaged in care compared to other populations with HIV. Stigma inhibits developmental processes that support engagement into care for young adults with HIV. Stigma impedes social support and disclosure, two components of identity development that predict positive health behaviors in young adulthood. It is hypothesized that online communities have the potential to facilitate identity development by providing young adults with HIV with social support and opportunities for disclosure. However, this has yet to be empirically investigated. This study sought to answer the research question, “How do YBMSM with HIV disclose within online communities?”. By answering this question, psychologists working with young adults with HIV will have a better understanding of the potential of online communities to foster identity development.

Methods: This research question was answered by integrating two participant-driven qualitative methodologies: netnography and grounded theory. Data was collected by
participating in and observing an online community comprised of members with HIV. Data was also collected by completing semi-structured interviews with seven YBMSM with HIV receiving treatment at a large pediatric hospital in the United States.

Results: This study resulted in a model depicting the process of HIV disclosure for YBMSM within an online community. Results suggest that disclosure functions as a rite of passage into the online community. By disclosing their status, YBMSM with HIV are also indicating their intention to seek community support. Disclosures most often resulted in social support including both informational and emotional guidance by elder community members. Disclosure also functions as a means of negotiating a young adult's identity as disclosures containing reflections on members' intersecting racial, health, and sexual identities.

Conclusions: These results provide a valuable resource for psychologists wishing to find resources for promoting young adult identity development amongst populations with chronic illnesses. This poster will present the model illustrating the process of disclosure amongst YBMSM with HIV in online communities. The poster also contains clinical and policy implications for the field of health psychology.

Poster Session: Poster Session: I
Session Number: 3129
Time: 11:00AM - 11:50AM
Location: McCormick Place/Hall F Level 3--West Building

Poster Number: H-6
Division: 38-Society for Health Psychology
Poster Title: An Exploration of Hookup Culture, Alcohol Use, and Sexual Health Among College Students
Participants: Courtney A. Wineland, PsyD, Xavier University
Summary: Sexual behavior is a common occurrence among the college population and is referred to as the hookup culture. The current study explored the hookup culture using two different university samples and designs: Study 1 (N = 198) examined overall frequency of hookup behavior, alcohol use patterns, differences in personal and perceived peer normative attitudes about aspects of hookup culture, and Sexually Transmitted Infection (STI) knowledge using self-report data. Study 2 (N = 208) used vignettes to experimentally examine hookup approval and perceptions of safe sex practice likelihood in the presence/absence of alcohol and different partner type (familiar partner/stranger). Results from Study 1 found that 82.8% of participants reported at least one or more hookups in the past 6 months, with the majority of encounters being between familiar partners. Robust differences emerged between personal and perceived peer attitudes such that participants held significantly less favorable attitudes than they perceived their
peers to hold. This was true for both men and women. These results indicate students harbor distorted social norms about the hookup culture. Use of some safe sex practices was higher than expected; knowledge about STIs was very low. Study 2 found, contrary to predictions, that participants were less approving of a hookup when alcohol was involved. No differences in approval emerged for partner type. Students perceived significantly less likelihood of hookup partners practicing safe sex if alcohol was involved. College campus efforts to address hookup culture may benefit from social norms campaigns sharing students’ “real” view of the hookup culture by highlighting differences between perceived peer attitudes and personal attitudes.

Poster Session:  
Session Number: 3129  
Time: 11:00AM - 11:50AM  
Location: McCormick Place/Hall F Level 3--West Building  
Poster Number: H-7  
Division: 38-Society for Health Psychology  
Poster Title: STI Protection Strategies: Monogamy and the Better Than Average Effect  
Participants: Suzanne Thompson, PhD, Sarah Varenhorst, Janelle Herring, and Priscilla Ki, Pomona College  
Summary: The idea that being in a monogamous relationship provides protection against sexually transmitted infections (STIs) has been promoted by a number of respected health agencies such as the Centers for Disease Control and Prevention. It is an appealing idea to many couples that condom use is not necessary in a close, ongoing relationship, but there are a number of problems with monogamy as a protective strategy. Monogamy, as understood and practiced by many couples, includes serial monogamy, the inability to monitor one’s partner’s behavior, and differences in beliefs about the relationship. Added to this, cognitive biases, such as the Better Than Average (BTA) effect, may be used to bolster the belief that condom use is not necessary in one’s relationship.

Our previous research found that adults from the general population showed two BTA effects, believing that they were more likely to be able to detect sexual infidelity and that their partner was less likely to be sexually unfaithful. These BTA beliefs were associated with a belief in the effectiveness of monogamy as a protective strategy and the use of that strategy. These are intriguing results, but because the sample did not contain the participants’ partners, it is not possible to tell if the BTA effects had some basis in reality or were the result of biased thinking. It could be that participants who judged their partners as less likely to be sexually unfaithful did indeed have more faithful partners.
The current study examined BTA effects, self-rated propensity to sexual infidelity, and exclusivity agreements in college student relationships, using a sample of both partners. It was hypothesized that BTA effects would be found and would be associated with underestimating the partner’s propensity for infidelity. Furthermore, misunderstandings regarding sexual exclusivity agreements are expected to be common.

College student partners in romantic relationships (N = 48, Couples = 24) completed surveys separately that assessed two BTA effects, ratings of one’s own and the partner’s propensity for infidelity, and the partners’ discussions and conclusions regarding monogamy. As expected, there were significant BTA effects for partner and for detection which were associated with overestimating the partner’s sexual fidelity and a lower likelihood of discussing sexual exclusivity. Furthermore, only 64% of the couples agreed on all parts of their exclusivity discussion: Did the talk occur, was an agreement reached, and was exclusivity the chosen outcome?

The findings support the idea that BTA biases and misunderstandings about monogamy agreements among college students could erroneously bolster confidence in the effectiveness of monogamy as STI protective strategy. In addition to furthering our understanding of the psychological bases for beliefs in the effectiveness of monogamy, the results suggest interventions to target these beliefs. One direction for future research is to test strategies to undermine sexual relationship BTA effects such as exercises to discover how pervasive biases are, to consider ways in which a partner is at an average or higher risk for infidelity, and to identify problems with the monogamy strategy.

**Poster Session:**  
**Session Number:** 3129  
**Time:** 11:00AM - 11:50AM  
**Location:** McCormick Place/Hall F Level 3--West Building  
**Poster Number:** H-8  
**Division:** 38-Society for Health Psychology  
**Poster Title:** Relationships Between Adolescent Sexual Attitudes and Risk Behaviors in Wave-I Add Health Survey  
**Participants:** Yuqi Chen, MA, MEd, John M. Abbamonte, MA, BS and Robert C. McMahon, PhD, University of Miami; and Jessy De’veux, PhD, Rhonda Rosenberg, PhD, and Michèle Jean-Gilles, PhD, Florida International University  
**Summary:** Introduction: According to the Centers for Disease Control and Prevention (CDC 2017), 40% of adolescents in the US have had sex by the end of high school and many have engaged in sexual risk-taking behaviors. This study examines linkages among personal attitudes, social norms, behavioral intentions and sexual risk involvement among a nationally representative sample of adolescents included in the Adolescent Health Survey (Harris et al., 2003).
Methods: The study is based on Wave I Add Health data and included all participants who identified as either White or African American, and were 15 years of age or older (n=3841). Sexual and pregnancy attitudes were measured by 20 items assessing respondents’ personal attitudes and peer and parent influenced positive and negative expectancies regarding sexual intercourse, becoming pregnant, or causing pregnancy. Sexual risk behaviors were measured by 1) the use of a condom in the most recent sexual intercourse, 2) number of sexual partners over a roughly 12-month period, and 3) presence of non-romantic sexual relationships.

Results: Exploratory factor analysis of sexual attitude and expectancy items revealed a three factor solution: 1) pregnancy worry, 2) positive sexual attitudes and 3) negative sexual attitudes. Adolescents with greater pregnancy worry, less positive sexual attitudes, and more negative sexual attitudes were more likely to be in the sexually inexperienced group than in the sexually experienced protected group ($\beta=-.31$, SE=.08, p<.05, $\beta=.57$, SE=.06, p<.05, $\beta=-.97$, SE=.06, p<.05 respectively), or sexually experienced unprotected group ($\beta=-.67$, SE=0.10, p<.05, $\beta=.94$, SE=.12, p<.05, $\beta=-.73$, SE=.13, p<.05 respectively). Among sexually experienced adolescents, unprotected sex in the most recent sexual encounter was associated with more positive attitudes towards sex ($\beta=0.20$, SE=0.13, p<.05) and less pregnancy worry ($\beta=-0.36$, SE=0.10, p<.05). Those with more positive sexual attitudes, less negative sexual attitudes, and less pregnancy worry were also more likely to engage in non-romantic sexual relationships ($\chi^2(5)=586.24$, $p<.001$; Nagelkerke’s R2 = .196), and to report a higher number of sexual relationships ($\beta= .64$, SE=0.10, p<.001, $\beta=-.35$, SE = 0.11, p<.01, $\beta= -.21$, SE=0.08, p<.01, respectively).

Gender and race were significantly linked, either directly or in interaction with attitudes, with several sexual risk behaviors. Compared to White participants, African American participants were less likely to engage in non-romantic sexual relationships and to have used a condom in the most recent sexual engagement ($\beta=0.09$, SE=0.20, p<.05). However, they were more likely to be sexually active ($\beta=0.76$, SE= 0.15, p<.05, $\beta=0.67$, SE=0.20, p<.05) and report a higher number of sexual relationships ($\beta=0.82$, SE=0.16, p<.05). Being female was significantly linked with several sexual risk behaviors, including a higher reported number of sexual relationships ($\beta=0.33$, SE=0.13, p<.05), and unprotected last sexual encounter ($\beta=1.01$, SE=.14, p<.05, $\beta=0.70$, SE=0.15, p<.05). Linkages between pregnancy worry and being sexually active and engaging in unprotected sexual activity were stronger for females than males.

Discussion: Our results indicate that adolescents with more positive expectancies regarding sexual activity and less pregnancy worry were more likely to be sexually active, to have had more sexual partners, and to engage in non-romantic sexual relationships. These results support CDC’s recommendations regarding developing prevention interventions focused on altering beliefs, attitudes and perceived norms related to high-risk activities. Further, prevention interventions should be designed to address the distinctive risk and protective profiles of those in identified racial, ethnic, and gender subgroups.
Poster Session: Poster Session: I
Session Number: 3129
Time: 11:00AM - 11:50AM
Location: McCormick Place/Hall F Level 3--West Building
Poster Number: H-9
Division: 38-Society for Health Psychology
Poster Title: Predictors of Sexually Transmitted Infection (STI) Testing Intention Among College Students

Participants: Julia A. Thomas, BA, and Nicole Ditchman, PhD, Illinois Institute of Technology

Summary: Statement of Problem. Prevalence rates for sexually transmitted infections (STIs) are on the rise in the United States with young people (ages 15-24) accounting for half of the new cases each year (CDC, 2018). Getting tested regularly for STIs is an important step in treating and preventing new cases. Although testing is widely accessible, many young people are unaware of their STI status or do not adhere to recommended screenings. STI testing intention may be impacted by several factors including gender (Bontempi et al., 2009), race (Earnshaw et al., 2013), number of sexual partners, previous testing behavior, STI knowledge (American College Health Association, 2007) self-efficacy (Zak-Place et al., 2004) and stigma (Cunningham et al., 2009), which may include label avoidance (Vogel et al., 2006). These variables have not been studied together as predictors of testing intention among college students. The purpose of this study was to examine whether these variables predict STI screening intention among college students using multiple regression.

Subjects Used. Data were collected via an online survey at a midsize, urban university. Total sample size was 74 college students (55% female) who were sexually active, ranging from 18 to 55 years old (M = 23.05, SD = 5.77).

Procedure. STI testing intention was measured broadly and specifically for eight STIs taken from the Brief Sexual History Tool (CDC, 2018) with a 5-point Likert scale. These items comprised an overall intention scale. Other measures included single item questions about number of partners in the past 12 months, history of STI testing (yes/no), and STI testing self-efficacy; a scale of STI knowledge (Sexually Transmitted Disease Knowledge Questionnaire; Jaworski & Carey, 2007); and a modified label avoidance scale (Vogel, 2006). All measures had good internal consistency (a = .81). Race was coded as “white” and “non-white.” All variables were entered in a single block. Multiple regression analysis was run via SPSS.

Results. The overall model explained 24% of the variance in STI testing intention, with number of partners (ß = .283, p = .019) and self-efficacy of STI testing (ß = .281, p = .035) being significant predictors. More sexual partners, as well as higher levels of self-efficacy, were predictive of higher intention to seek STI testing in the next six months.
Conclusions. This model explained approximately a quarter of the variance in STI testing intention. Although more research is needed to understand additional predictors, the number of sexual partners and self-efficacy are important predictors of STI testing intention in college students. University health providers should develop initiatives to increase STI testing for those with fewer partners and to increase students’ self-efficacy of STI testing.

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**Poster Session:** Poster Session: I  
**Session Number:** 3129  
**Time:** 11:00AM - 11:50AM  
**Location:** McCormick Place/Hall F Level 3--West Building  
**Poster Number:** H-10  
**Division/Sponsor:** 38-Society for Health Psychology  
**Poster Title:** Defining Sexual Pleasure and Exploring Its Relationship With Safer Sex Among Black Women  
**Participants:** Emily R. Tillett, BA, Mia Levine, and Jasmine A. Abrams, PhD, University of Maryland Baltimore County  
**Summary:** Statement of the problem: According to the World Health Organization, pleasure is an important aspect of sexual well-being contributing to an individual’s overall health. In addition, pleasure-seeking is a frequently cited reason for engaging in sexual activity. While many researchers operationalize pleasure as experience of orgasm, studies show it is only one component of pleasure. Additionally, research shows women reporting sexual difficulties with primary partners show increased likelihood to have multiple partners and engage in higher-risk behaviors. This may imply health programming resulting in increased dyadic pleasure may decrease sexual risk. Indeed, STI prevention interventions eroticizing safer sex and focusing on pleasure promotion have resulted in increased sexual health promoting attitudes and behaviors, including increased condom use and sexual communication. Such programs may be beneficial for Black women, a population overrepresented in STI diagnoses. However, definitions of Black women’s pleasure, which are essential to developing such programming, are absent in extant literature. Thus, the current study fills this void through qualitative inquiry with the goal of informing future pleasure-focused sexual health promotion programming. 

**Participants:** Participants were 56 self-identified Black women who have sex with men, between the ages of 19–32 (M = 25.6, SD = 3.5).  
**Procedure:** Nine focus groups were conducted during which facilitators asked questions exploring Black women’s experiences with and perceptions of what pleasurable sexual experiences entail. Women were recruited from the community, consented, completed demographic data forms, and were compensated with US$35 and a gift bag.
Discussions were audiotaped, transcribed, entered into NVivo 11, and analyzed using a grounded theory approach to identify key themes.

Results: Thematic analysis was conducted in the following phases: 1) Researchers familiarized themselves with the focus group transcripts to develop a codebook, 2) Data were coded, 3) Researchers identified themes based on prevalent codes, 4) Themes were reviewed, named, and defined. Data revealed two defining themes within sexual pleasure including: 1) Psychological and Physical Interdependent Aspects of Pleasure and 2) Individual Experiences of Pleasure. Women described interdependent components as involving mutual partner pleasure, comfort with partner, connection, and communication. Individual pleasure was described as: 1) Physical sensations, including experiencing orgasm and exhaustion after sex, and 2) Beneficial mental outcomes, such as comfort and relief. While some women noted condom use decreased pleasure, others mentioned participating in different safer sex techniques increased trust and comfort with their partners, thereby amplifying sexual pleasure.

Conclusions: Because pleasure-seeking motivates sexual activity, pleasure has critical implications for sexual health behavior. Despite Black women’s increased risk for STIs and the importance of pleasure in safer sex programming, few studies have explored this phenomena among Black women. During the current study, some women mentioned that safer sex techniques enhanced pleasure. This may be a viable area for future research as this information may inform future STI prevention programming. These findings may also add depth to future studies on sexual pleasure, which has previously been operationalized as achieving orgasm. A more holistic view of sexual satisfaction and pleasure may yield more comprehensive investigations in women’s sexual health.

Poster Session: II
Session Number: 3170
Time: 12:00PM - 12:50PM
Location: McCormick Place/Hall F Level 3--West Building
Poster Number: J-1
Division: 38-Society for Health Psychology
Poster Title: Psychosocial Factors Predicting Safer Sex Intentions in Pregnant and Postpartum, Drug Abusing Women
Participants: John M. Abbamonte, MA, BS, and Robert C. McMahon, PhD, University of Miami; and Michèle Jean-Gilles, PhD, Rhonda Rosenberg, PhD, and Jessy G. Dévieux, PhD, Florida International University
Summary: Perceived social support, protective peer norms (Qiao, Li, & Stanton, 2014) as well as neighborhood influences (Raymond, et al., 2014; Bowleg et al., 2014) have been found
to predict levels of sex risk behavior in vulnerable communities. Perceived ability to exert control in intimate relationships has also been convincingly linked with less sexual risk behavior among women (Knudsen et al., 2008; Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002). However, little is known about how these social influence variables are linked with demonstrably important targets of cognitive behavioral HIV prevention intervention including perceived condom barriers and intention to practice safer sex. In the current investigation, we hypothesized that: a) peer norms favoring safer practices and perceived relationship power would be linked with fewer perceived condom use barriers; and b) greater neighborhood distress and violence would predict more condom barriers among a sample of pregnant and postpartum women receiving treatment for substance abuse. Finally, we hypothesized that fewer perceived condom use barriers would be associated with stronger intentions to engage in safer sexual practices. Method A total of N = 231 pregnant or post-partum drug abusing women were recruited from a treatment facilities in the Miami-Dade, Florida area. Measures administered at study intake included Neighborhood Stress and Violence scales of the City Stress Inventory (CSI; Ewart & Suchday, 2002), Sexual Relationship Power Scale (SRPS; Pulerwitz, Gortmaker, & De Jong, 2000), Condom Barriers Scale (St. Lawrence et al., 1999), and Behavioral Intentions and Peer Norms related to safe sex (as modified by Malow et al. 2012).

Methods. The path model was tested using maximum likelihood estimation with 205 available observations (χ² (4) = 3.47, p = .483). Before examining any significant paths, model fit was assessed using standard cutoffs for the comparative fit index (CFI), Tucker-Lewis index (TLI), root mean square error of approximation (RMSEA), and standardized root mean square residual (SRMR; Hooper, Coughlan, Mullen, 2008). Overall, the model demonstrated very good fit with a CLI and TLI of 1, RMSEA 90% confidence interval of [.000 .099], and a SRMR of .021. In examining the contextual factors predicting condom barriers, it was found that neighborhood distress was not significant (b = -1.31, SE = 1.66, p = .43) and exposure to violence was marginally significant (b = -4.18, SE = 2.34, p = .074; however, both relationship power (b = 18.26, SE = 2.2, p < .001) and peer norms (b = 1.15, SE = 0.36, p = .001) were found to be significant factors in predicting fewer perceived condom barriers after controlling for all other variables in the model. Finally, fewer condom barriers was significantly related to stronger intentions to implement safer sex practices (b = 0.34, SE = 0.05, p < .001) after controlling for all other variables in the model.

Discussion. Results of this study suggest the importance of protective peer attitudes and self estimated power to influence the terms of intimate relationship in understanding perceived barriers to condom use among pregnant and post-partum women receiving treatment for substance abuse. Fewer perceived barriers were significantly associated with intention to engage in safer sexual practices. These findings call attention to the importance of considering social influence variables in understanding pathways to risk reduction.
Poster Session: II
Session Number: 3170
Time: 12:00PM - 12:50PM
Location: McCormick Place/Hall F Level 3--West Building
Poster Number: J-2
Division: 38-Society for Health Psychology
Poster Title: HIV Risk Cluster Characteristics of Pregnant Women in Drug Treatment
Participants: Robert C. McMahon, PhD, University of Miami; and William K. McMahon, University of Miami; and Jessy G. Dévieux, PhD, Florida International University
Summary: Women from low income communities entering treatment for substance dependence are at elevated risk for acquiring potentially fertility impairing STDs as well as HIV. History of trauma, lack of social support, limited decision-making influence in close relationships, limited assertiveness in sexual encounters, have been linked with elevated risk behavior (Arriola, Louden, Doldren, & Fortenberry, 2005; Walsh, Latzman & Latzman, 2013; Schacht, George, Davis, Heiman, Norris, Stoner & Kajumulo, 2010; Walsh, Latzman and Latzman, 2013; Kapadia et al. 2012; Diclimente, 1991; Nyamathi et al., 1995). This study was designed to identify cluster subgroups of pregnant and post-partum women receiving treatment for substance dependence on the basis of putative risk and protective factors for HIV/STD infection.

Methods: One hundred and fifty-three drug abusing women were recruited from treatment facilities in Miami-Dade, Florida. Measures administered at study intake included Relationship Power Scale (SRPS; Pulerwitz, Gortmaker, & De Jong, 2000), Condom Barriers Scale (St Lawrence et al., 1999), and measures of sexual assertiveness, perceived risk for HIV infection, STD history, and number of sexual partners in last 3 months (as adapted by Malow et al. 2012).

Hierarchical agglomerative cluster analysis was used to identify cluster subgroups on the basis of lifetime history of abuse, recent abuse (last 3 months), assertiveness in negotiating sexual encounters, decision making dominance in partner relations, perceived condom use barriers, perceived risk for HIV infection, history of STDs, and number of partners in last 3 months.

Examination of the distribution of agglomeration coefficients suggested a three cluster solution as optimal. Examination of cluster subgroup descriptive values (table to be provided) reveals that Cluster subgroup 2 (n=30) was most clearly differentiated from Cluster subgroups 1 (n=72) and 3 (n=51) on the basis of lower levels of perceived social support, less assertive sexual communication, less decision making dominance, more perceived barriers to condom use, more prior STD infections, and a greater number of recent sexual partners (Cl. 2 mean 3.07 vs Cl. 1 mean 1.4 vs Cl. 3 mean 1.0). On average, members of cluster 1 revealed less social support, more perceived condom
use barriers, more risk for HIV infection, less sexual assertiveness, and less relationship control than in Cluster subgroup 3. Cluster subgroups did not differ meaningfully in lifetime history of abuse or recent abuse experiences.

Discussion: Current findings reveal meaningful differences among treatment seeking pregnant and post-partum women in sexual risk profiles. A distinctively vulnerable cluster subgroup was identified as experiencing limited personal resources to effectively manage intimate relationships and assertively negotiate safer sexual practices. On average, this group reported less social support, more perceived barriers to condom use, more perceived HIV infection risk, a greater history of HIV infection, and more recent sexual partners than in either of the other cluster groups. It seems important to focus on prevention efforts that encourage health promoting relationship formation and assertive sexual communication. Gains in these areas could encourage realistic belief that safer sexual practices are manageable and a commitment to practice safer sex is reasonable.

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Poster Session: II
Session Number: 3170
Time: 12:00PM - 12:50PM
Location: McCormick Place/Hall F Level 3--West Building
Poster Number: J-3
Division/Sponsor: 38-Society for Health Psychology

**Poster Title:** Lifetime Trauma, Peer Norms, Social Support Predicts HIV Risk in Pregnant, Drug Abusing Women

Participants: Samantha N. Hynes, EdS, MEd, John M. Abbamonte, MA, BS, Yuqi Chen, MA, MEd, Robert C. McMahon, PhD, University of Miami; and Jessy G. Dévieux, PhD, Michèle Jean-Gilles, PhD, Rhonda Rosenberg, PhD, Florida International University

Summary: Introduction: This study examines factors hypothesized to influence perceived risk for HIV infection among pregnant and postpartum women receiving treatment for substance abuse. Previous studies have identified a relationship between trauma history (Arriola, Louden, Doldren, & Fortenberry, 2005; Walsh, Latzman & Latzman, 2013) and childhood sexual abuse (Schacht, George, Davis, Heiman, Norris, Stoner & Kajumulo, 2010; Walsh, Latzman and Latzman, 2013) and several HIV risk-related indicators including unprotected sex acts, number of partners, and prostitution in several samples. Social influence factors including protective peer norms and perceived social support have been linked with consistent condom use and fewer sexual partners among adolescents in high risk minority samples (Kapadia et al. 2012). Higher levels of perceived social support have been linked with fewer sexual partners among homeless and substance abuse treatment seeking women (Nyangathi et al., 1995). Among women who met criteria for “severe mental illness”, larger support networks were linked with fewer instances of risky sexual behavior (unprotected sex) following drug use (Randolph et al.,...
Finally, there is evidence that greater perceived power to influence intimate relationships is associated with the presence of condom use and less risky sexual behavior among women, with some estimates indicating that women with greater perceived relationship power were five times more likely to engage in safer sex practices (Knudsen et al., 2008; Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002).

This study extends examination of history of trauma, protective peer norms, perceived social support and relationship power in relation to vulnerability to involvement in HIV risk behaviors to pregnant and post-partum women receiving treatment for substance abuse.

**Method:** Devieux et al. (2016) recruited 224 pregnant or postpartum women in substance abuse treatment in the Miami and Fort Lauderdale area (which is an area known to have a high prevalence of HIV), with ages ranging from 18-43. 45.4% of this sample identified as African American, 39% identified as White, and 12% identified with mixed race, or declined reporting their race. Additionally, 17% of the sample reported Hispanic ethnicity. 49% of this sample had less than a completed high school education, 40% completed high school, and 9% attended college or trade school. 74.4% of this sample have never been married and averaged 2.4 children (range 0-9). Abuse was endorsed by 70% of this sample. Over 70% of this sample endorsed a history of either anxiety or depression. The Sexual Relationship Power Scale (Pulerwitz, Gortmaker & De Jong, 2000), Peer Norms Scale (Malow et al., 2012), adapted Social Provisions Scale (Cutrona & Russell, 1987) and Sexual Risk Perceptions Scale (DeHart & Birkimer, 1997).

**Results:** Sequential multiple linear regression was used to examine perceived risk for HIV infection. Variables reflecting Black or African American and White race were entered in the first block, followed in separate blocks by lifetime history of abuse, peer norms promoting safer sexual practices, and perceived social support. The overall model explained nearly 17% of variation in sexual risk perception (R2=.169), and F (5, 194)= 7.904, p <.001. Neither African American (t=-.797, p=.426) nor Caucasian (t= 1.300, p=.195) status was significantly related to HIV risk perception, nor was lifetime abuse (t=.233, p=.816). However, protective peer norms (t=-2.674, p=.008) and perceived social support (t=-4.414, p<.01) were significantly linked with perceived risk.

**Discussion:** Results of this study suggest that protective peer norms and perceived social support are negatively linked with HIV risk perception, suggesting the central role that social-contextual factors play in influencing perceptions of sexual risk for pregnant and post-partum women seeking substance abuse treatment. These variables identify two primary points of potential intervention: understanding peer norms about sexual behavior within the individual's social group and understanding how embedded a person is within her available social support system as important influences in targeting risk reduction for sexual behavior.
Poster Session: II

Session Number: 3170

Time: 12:00PM - 12:50PM

Location: McCormick Place/Hall F Level 3--West Building

Poster Number: J-4

Division/Sponsor: 38-Society for Health Psychology

Poster Title: Barriers and Facilitators to Pre-Exposure Prophylaxis Uptake Among Transgender Latinas

Participants: Gia N. Chodzen, BA, University of California-Los Angeles; and Marco A. Hidalgo, PhD, Children’s Hospital Los Angeles, Los Angeles, CA

Summary: Pre-Exposure Prophylaxis (PrEP) is a once a day pill prescribed by a medical professional, which has been identified as a safe and effective biochemical HIV prevention strategy. Transgender Latinas (i.e. assigned male at birth) are underrepresented in PrEP research despite the fact that transgender women who have sex with men underutilize PrEP and are disproportionately at risk of acquiring HIV. Thus, behavioral and structural interventions are necessary to increase PrEP uptake among this population.

The present study utilized qualitative interviews (N = 6) to examine individual, social, and structural factors impacting PrEP uptake among transgender Latinas. Interviews were transcribed and coded using inductive content analysis. Key barriers and facilitators to PrEP uptake emerged on several ecological levels. Data suggest that negative healthcare experiences (i.e., medical provider attitudes), community level beliefs (i.e., believing that PrEP use is synonymous with promiscuity), and systemic challenges (i.e., segregation) are barriers to PrEP uptake. However, social support, positive healthcare experiences (i.e., culturally competent healthcare), and PrEP education (i.e., community outreach) were facilitators of PrEP uptake.

Results suggest that transgender Latinas are a unique population with specific factors impacting their utilization of PrEP, likely due to their dual minority status as transgender women and people of color. Results further point to the need for both targeted healthcare and community based interventions to increase knowledge, access, and acceptability of PrEP. Finally, the present study provides evidence for the necessity of future research to utilize larger samples in order to examine the generalizability of these findings to the broader population of transgender Latinas.
Partner Attractiveness and Perceived Sexually Transmitted Infection Risk Among Sexual Minority Men

Participants: Elissa L. Sarno, PhD, Feinberg School of Medicine, Northwestern University; and Jonathan J. Mohr, PhD, University of Maryland at College Park

Summary: Men who have sex with men (MSM) are disproportionately impacted by a variety of sexually transmitted infections (STIs), including HIV, syphilis, and gonorrhea (CDC, 2015). Consistent and correct use of condoms is an effective strategy for reducing STI risk; however, many MSM do not consistently use condoms when having sex (Smith, Herbst, Zhan & Rose, 2015). Some scholars have proposed that people may be less likely to use condoms with physically attractive partners due to an assumption that such partners present lower STI risk (Agocha & Cooper, 1999). This assumption may be particularly dangerous for MSM who use geosocial networking applications (GSN apps), such as Grindr, where they may make judgments regarding sexual partners based on photos.

The present study tested two mechanisms underlying the hypothesized effect of physical attractiveness on perceived STI risk and condom use intentions: implicit personality theory (Eagly, Ashmore, Makhijani, & Longo, 1991) and motivated reasoning (Kunda, 1990). To address limitations in previous research, the present study (a) was conducted with GSN app-using MSM; (b) manipulated physical attractiveness using photos of men similar to those found on GSN apps; (c) manipulated sexual arousal because it is likely that MSM are motivated to use GSN apps when they are feeling sexually aroused; and (d) measured indicators of motivated reasoning and implicit personality theory, respectively, and examined them as mediators of the relations between attractiveness and perceived STI risk.

Method and Procedure: Participants were 197 MSM who lived in 35 states in the United States and the District of Columbia. Average age of participants was 28.37 years. Participants identified their race as White (57.9%), Black (7.6%), Asian/Pacific Islander (10.7%), Latino/Hispanic (9.6%), Middle Eastern (0.5%), Other (0.5%), or multiracial (12.8%). Participants were recruited using advertisements on two GSN apps (n = 75) and on listservs and online message boards directed toward MSM or LGBT individuals (n = 122).

After accessing the online survey, participants were randomly assigned to the experimental (sexual arousal) group or control group. Experimental group participants
watched a video to induce sexual arousal; control group participants viewed a portion of a popular talk show. Participants then viewed photos of physically attractive and unattractive men (determined from pilot data) and responded to survey items on perception of positive partner traits, intention to have sex with the partner, perceived STI risk, and condom use intentions with the partner.

**Results and Discussion:** Results supported the presence of both implicit personality theory and motivated reasoning mechanisms. Specifically, physical attractiveness was negatively associated with perceived risk for STIs and condom use intentions, and these relations were mediated by intentions to have sex and positive partner traits. Hypotheses regarding the influence of sexual arousal, however, were not supported. These results could act as a potential explanation for evidence of higher rates of condomless anal sex (CAS) and gonorrhea and chlamydia infection among GSN app-using MSM (Zou & Fan, 2016). Results of this study also have potential to contribute to interventions geared toward decreasing CAS among MSM who use GSN apps.
**Event:** Psychology and AIDS Leadership Awards  

**Time:** 3:00PM - 3:50PM  

**Location:** Marriott Marquis Chicago Hotel, Henry Clarke Room  

**Sponsors:** Committee on Psychology and AIDS (COPA); APA Health Disparities Office  

**Participants:** Monica Ulibarri, PhD, Alliant International University-San Diego; Cherie Mitchell, MHS, APA Health Disparities Office  

**Summary:** Awarded by the Committee on Psychology and AIDS (COPA), the Psychology and AIDS Leadership Award serves to actively demonstrate the American Psychological Association’s commitment to ensuring that issues pertaining to HIV/AIDS are kept at the forefront of psychological research, education, training, and practice. The award recognizes APA members who are emerging leaders and distinguished leaders in the field of HIV/AIDS and have had a long-standing influence on HIV/AIDS issues.

The award is given in two categories, emerging and distinguished leaders, in one or more areas of influence: service provision; research; teaching/mentoring and policy/advocacy. Two awards will be presented:

**Distinguished Leader**

Daniel Parker, PhD, receives the 2019 Psychology and AIDS Leadership Award as a Distinguished Leader for “years of compassionate service to improve the lives of people living with HIV through clinical work, research, policy and advocacy efforts, and teaching and mentoring the next generation of HIV researchers and service providers.”

**Emerging Leader**

Valerie A. Earnshaw, PhD, receives the 2019 Psychology and AIDS Leadership Award as an Emerging Leader for “contributions to understanding and addressing the mechanisms underlying HIV stigma through research, policy work, and advocacy.”

Light refreshments will be provided.
### Symposium: Understanding and Improving Adherence to Treatment and Prevention---HIV as a Case Study

**Session Number:** 4025  
**Time:** 8:00AM - 9:50AM  
**Location:** McCormick Place/Room W178a Level 1--West Building  
**Division/Sponsor:** 38-Society for Health Psychology  
**Co-Chairs:** Sarit A. Golub, PhD, MPH, City University of New York Hunter College; and Keith J. Petrie, PhD, University of Auckland, New Zealand  
**Discussant:** Keith J. Petrie, PhD, University of Auckland, New Zealand  
**CE Credits:** 2 credits. No additional fee to attend CE sessions. There is a one-time fee to claim unlimited CE credit. (For instructions, see [https://convention.apa.org/ce/sessions.](https://convention.apa.org/ce/sessions.)

**Presentation Title:** Intersecting Roles of Stigma and Risk Perception in HIV Pre-Exposure Prophylaxis (PrEP) Adherence

**Participants:** Sarit A. Golub, PhD, MPH, City University of New York Hunter College

**Summary:** Adherence to prophylactic medication (as opposed to treatment), presents new challenges in terms of motivating and sustaining behavior. Understanding psychological constructs traditionally associated with adherence (e.g., attitudes, motivation, self-efficacy, perceived benefits, social support, comorbidities) take on new and evolving significance in the context of daily medication used to prevent future infection. This talk will focus on two intersecting psychological factors – risk perception and stigma – in their impact on PrEP adherence. Strategies to heighten patients’ perceptions of their risk for a given condition (or its sequelae) are often used to motivate patients’ adherence. In the context of HIV, data indicate that this strategy is often stigmatizing to patients, and past research demonstrates a negative association between perceived stigma and engagement in preventive behavior, including screening. Using data from two studies – one demonstration project including 300 gay and bisexual men and one cohort study including 200 transgender women – this talk will discuss: a) the utilization of risk perception messages to motivate PrEP adherence; b) the ways in which PrEP adherence education may perpetuate HIV stigma; and c) the interaction between risk perception and HIV stigma in predicting PrEP adherence in these samples over time. In both samples, HIV stigma was negatively associated with PrEP adherence, and these impacts appear to be mediated through constructs such as adherence self-efficacy, perceived PrEP efficacy, and PrEP-specific stigma. Implications for development of PrEP adherence interventions and interventions supporting prophylactic medication more generally will be discussed.
Symposium: Understanding and Improving Adherence to Treatment and Prevention---HIV as a Case Study (continued)

Presentation Title: Prep Use in Young Same-Sex Male Couples: How Are Relationship Dynamics Associated With Adherence?

Participants: Michael E. Newcomb, PhD, Northwestern University

Summary: Young gay, bisexual and other men who have sex with men (YMSM) bear a disproportionate burden of the HIV epidemic, and most new infections in this population occur in the context of serious romantic relationships. Promoting use of HIV preventive behaviors (e.g., condoms) in romantic relationships is challenging because they present a barrier, both literal and figurative, to intimacy and trust. Pre-exposure prophylaxis (PrEP) is highly effective at reducing HIV transmission, even in the absence of condom use, and it may help maintain dyadic intimacy while protecting against HIV transmission in dyads with ongoing risk (e.g., serodiscordant or non-monogamous couples). PrEP efficacy is dependent upon high levels of adherence. Healthy romantic relationships facilitate engagement in health promoting behaviors, including medication adherence, so understanding the factors associated with PrEP adherence among coupled YMSM is critical to preventing new infections. Using baseline data from two ongoing clinical trials of a couples-based relationship education and HIV prevention program for YMSM (current N=160 dyads, 320 individuals), this talk will: a) describe PrEP use and adherence among HIV-negative YMSM in relationships with varying characteristics (e.g., serodiscordant or non-monogamous couples); and b) examine associations between relationship dynamics and adherence (e.g., relationship satisfaction, sexual communication). Among these coupled YMSM, more than one-third of HIV-negative YMSM were current PrEP users at baseline. Adherence was variable; nearly one-third of PrEP users missed one or more doses in the past 7 days, and certain relationship dynamics were associated with adherence. Implications for couples-based prevention and treatment strategies will be discussed.

Presentation Title: Improving Adherence to Antiretroviral Therapy Using a Physical Visual Demonstration of Drug Action

Participants: Keith J. Petrie, PhD, University of Auckland, New Zealand

Summary: Non-adherence remains a significant challenge in the treatment of HIV infection. Demonstrations using dynamic visual representations such as animations or physical models can help educate and motivate patients to adhere by showing processes inside their body and what happens to viral control as a result of non-adherence. In a randomized controlled trial, 111 patients living with HIV infection and failing on first or second line treatment, were recruited from two infectious diseases clinics in Western Cape, South Africa. Patients were randomized to receive an active physical visualization demonstration or standard care (including adherence counseling). The primary outcome was adherence measured by plasma viral load. At the follow-up assessment there was a clinically significant difference in VL change scores between groups from baseline to follow-up, where the intervention had a greater decrease in log VL (M = - 1.92, CI [-2.41, - 1.43]), as compared to the control group (M = - 1.24, [- 1.76, - 0.73], p = 0.06). Participants in the intervention group were also significantly more likely to have a 0.5 log improvement in VL at follow-up (M= 4.82, p = 0.028). Qualitative data in terms of
Symposium: Understanding and Improving Adherence to Treatment and Prevention—HIV as a Case Study (continued)

participants comments collected after the demonstration also supported the impact of the intervention. The results suggest a brief demonstration incorporating active physical demonstration of the effects of non-adherence on control of the virus could be easily incorporated into interventions to improve adherence to antiretroviral therapy. The intervention also may have application in improving adherence to PrEP therapy.

Presentation Title: Syndemic Psychosocial Problems Predict ART Adherence and Viral Load Longitudinally in US HIV Clinics

Participants: Satyanand Satyanarayana, JD, University of Miami

Summary: Syndemic psychosocial problems have often been studied in determining HIV acquisition risk among men who have sex with men. Less is known about how these problems affect people living with HIV vis-à-vis antiretroviral therapy (ART) adherence and viremia, particularly among other sexual risk groups. Data were drawn from 2,285 cisgender women and 1,193 cisgender heterosexual men receiving care through the Centers for AIDS Research Network of Integrated Clinical Systems (CNICS) at seven sites between June 2007 and April 2017. Psychosocial problems (drug use, drinking, depressive symptoms, and anxiety symptoms) were collected through patient-reported outcomes at care visits at least 4-6 months apart. Using multilevel modeling, we modeled psychosocial problems, gender, and time (measured by visit number) to predict self-rated ART nonadherence and viremia (RNA > 400/mL). Between patients, each unit increase in a patient’s mean number of psychosocial problems increased odds of ART nonadherence by 2.01, 95% CI [1.80, 2.23] and odds of viremia, controlling for ART nonadherence, by 1.32, 95% CI [1.15, 1.51]. Within patients, each additional problem increased odds of ART nonadherence by 1.52, 95% CI [1.33, 1.73], but not odds of viremia, controlling for ART nonadherence (OR = 0.94, 95% CI [0.78, 1.14]). Men had lower odds of ART nonadherence (OR = 0.73, 95% CI [0.60, 0.89]), and of viremia after controlling for ART nonadherence (OR = 0.74, 95% CI [0.57, 0.96]). Time negatively predicted viremia (OR = 0.92, 95% CI [0.89, 0.94]) but not ART nonadherence (OR = 0.99, 95% CI [0.97, 1.01]). Syndemic psychosocial problems predicted ART nonadherence and viremia in a large, longitudinal clinical sample of cisgender women and heterosexual men living with HIV. Our findings suggest that identifying and treating syndemic psychosocial problems in HIV clinical settings holds great potential for increasing ART adherence and reducing viremia in these groups.