

Background

- Studies often implement adherence counselling interventions.¹⁻³ However, learning and consistently delivering new counselling interventions can be difficult.⁴⁻⁶
- MTN-025/HOPE was an open label extension to the MTN-020/ASPIRE trial, which assessed the continued safety of and adherence to Dapivirine Vaginal Ring for the prevention of HIV-1 acquisition in former MTN-020 participants (ClinicalTrials.gov number NCT01617096 and NCT02858037). Countries that conducted the MTN-025/HOPE study were Uganda, Malawi South Africa and Zimbabwe.
- In *Options*, a client centered approach is used to provide counselling to optimize adherence, choice and honest reporting (COACH). As such:
 - the counsellor actively encourages power sharing during interactions
 - the client is queried for ideas and explicitly identified as the expert
 - advice and expertise are tailored depending on client input

Objective

We describe the implementation of *Options in HIV Prevention Counselling*, a new adherence counselling intervention developed for the HOPE Study, at MU-JHU CRS Kampala, with a specific focus on transitioning from the usual directional counselling to a client-centered approach.

Methods

- Counsellors received 16 hours of in-person training (with 8 more hours one year later) and were provided with training videos, a detailed counselling manual, and desktop flipcharts to guide sessions.

The Ring?
"Yes, I want to use the Ring" "No, I don't want to use the Ring" "Maybe, I am still not sure" Tell me about your decision

Your experience with the Ring
What helped you use the Ring in ASPIRE? What obstacles did you overcome? What are your plans for using the Ring in this study?

- Mock Sessions:** As part of their training, counsellors had to conduct three mock counseling sessions with a colleague, roleplaying different scenarios likely to occur in the study. Mock sessions had to meet fidelity criteria ("pass") to be certified to see study participants. If counsellors did not pass a mock session, they were required to redo that session until achieving passing ratings. Counsellors received feedback on each mock session during coaching calls with study staff, which generally occurred 2-3 days after counsellors after they submitted their session for review.
- Study Sessions:** Counselling sessions were audio recorded and files uploaded to a database. Sessions were rated by a native Luganda speaker using a standard form that rated from 1 (low) to 5 (high) how well each session task was completed and the client-centeredness of the session. To "Pass", a counsellor had to attain a task and client-centered mean of 4.0.

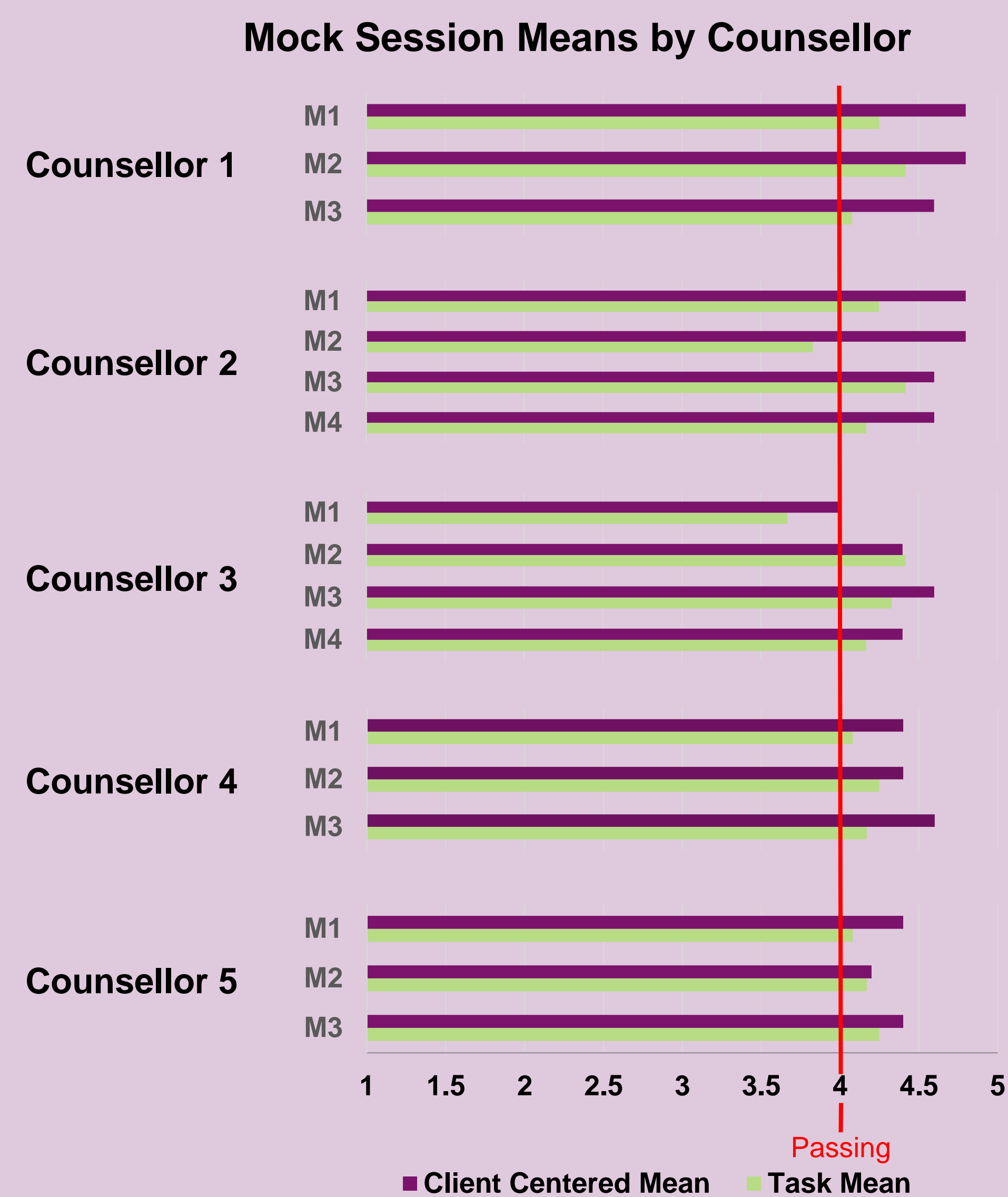
Excerpt from the MTN-025 Participant Centered Counselling Ratings Form; Enrollment Visit

6. Inquire about interest in using the Ring <input type="checkbox"/> Asks ppt how she is feeling about using the Ring, using flip chart options <input type="checkbox"/> Emphasizes Ring use is ppt's choice <input type="checkbox"/> Reiterates that ppt may change her risk reduction strategy <input type="checkbox"/> Highlights importance of discussing desire to change strategy with counsellor Notes:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
7. Explore Ring use with participant (if participant is not going to use Ring, go to #8) <input type="checkbox"/> Explores why ppt decided to use Ring <input type="checkbox"/> Uses ppt's prior experience with Ring and self-knowledge to inform a plan for Ring use <input type="checkbox"/> Explores potential obstacles with ppt <input type="checkbox"/> Works with ppt to plan how to overcome obstacles (if necessary) Notes:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NA

- During the study, rating forms were then sent to the counsellor.
- Coaching calls to discuss challenges and improve skills were conducted monthly.

Results

Mock Sessions



- Of the five counsellors at the Uganda site, three passed (achieved task and client-centered means of 4.0 or greater) all of their mocks on the first attempt; two counsellors each had to redo one mock session. Overall, means (particularly client-centered means) on mock sessions were high, often surpassing the 4.0 threshold even before feedback was given by the ratings team.

Keys to success

- Involvement of site leadership in the completion of mock sessions.
- Rigorous review of the manual and flip chart through group reading, discussion, and role playing (each counsellor did 3 practice sessions before starting the mocks) with other site counsellors.
- Reviewed mock feedback as a team before beginning the next round of mock sessions.

Study Sessions



- Out of the 1,057 counselling sessions uploaded to date, 162 sessions were rated. Of these, 97.5% (n=158) "Passed," with a mean of 4.62 on session tasks and 4.78 on client-centeredness. In the 4 sessions that didn't "pass," all task means fell between a score of 3.5 and 4.0. Client-centered means for all sessions (100%) were 4.0 or higher.

Keys to success

- Receiving detailed ratings feedback, which helped counsellors improve and motivated better performance.
- Convening weekly counsellors meeting where counsellors discussed their session ratings, challenges from recent counselling sessions, peers' approaches to dealing with challenging situations, and overall support.

Conclusions

- The counsellors have successfully implemented the information provided in the manual and flipcharts into their daily practice and adopted the new client-centered intervention.
- Implementation of client-centered counselling is possible with mentorship, appropriate training, and teamwork and support among counsellors and site leadership.
- Understanding practices that facilitate the adoption and delivery of new counselling interventions in biomedical HIV prevention trials can improve how counsellors in future studies are trained.

References

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