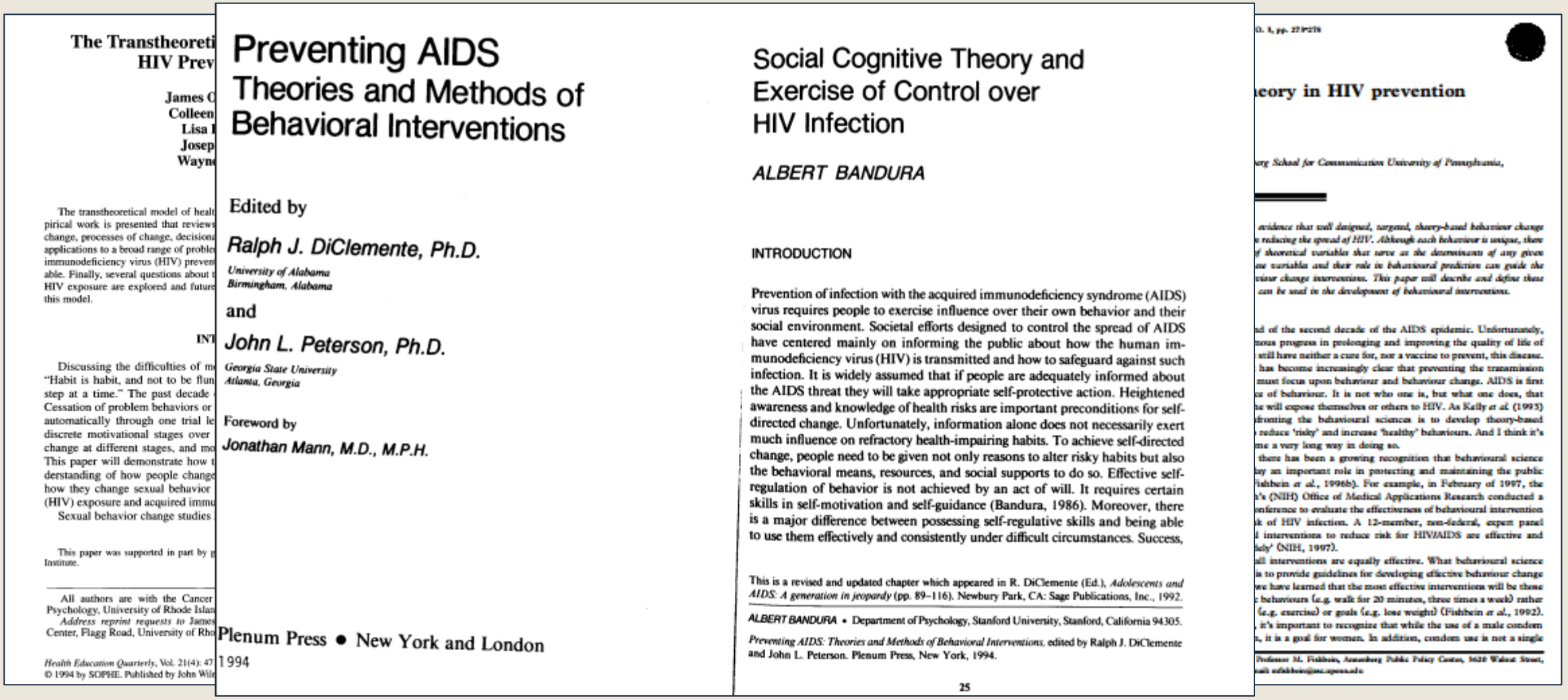
A 5-ITEM HIV-AFFECT MANAGEMENT SCALE:

EVALUATING A NOVEL THEORY-BASED CONSTRUCT SITUATED TO HIV TREATMENT ADHERENCE CONTEXTS

May 11, 2016

Laramie R. Smith, K. Rivet Amico, Valerie A. Earnshaw

Theorizing HIV Health Behaviors



The Transtheoreti
HIV Prev

James C
Colleen
Lisa I
Josep
Wayn

The transtheoretical model of healt
pirical work is presented that reviews
change, processes of change, decisiona
applications to a broad range of proble
immunodeficiency virus (HIV) preven
able. Finally, several questions about t
HIV exposure are explored and future
this model.

INT

Discussing the difficulties of m
"Habit is habit, and not to be flun
step at a time." The past decade
Cessation of problem behaviors or
automatically through one trial le
discrete motivational stages over
change at different stages, and mo
This paper will demonstrate how t
derstanding of how people change
how they change sexual behavior
(HIV) exposure and acquired immu
Sexual behavior change studies

This paper was supported in part by g
Institute.

All authors are with the Cancer
Psychology, University of Rhode Islan
Address reprint requests to James
Center, Flagg Road, University of Rho

Health Education Quarterly, Vol. 21(4): 47
© 1994 by SOPHE. Published by John Wile

Preventing AIDS
Theories and Methods of
Behavioral Interventions

Edited by

Ralph J. DiClemente, Ph.D.
University of Alabama
Birmingham, Alabama

and

John L. Peterson, Ph.D.
Georgia State University
Atlanta, Georgia

Foreword by

Jonathan Mann, M.D., M.P.H.

Plenum Press • New York and London
1994

Social Cognitive Theory and
Exercise of Control over
HIV Infection

ALBERT BANDURA

INTRODUCTION

Prevention of infection with the acquired immunodeficiency syndrome (AIDS) virus requires people to exercise influence over their own behavior and their social environment. Societal efforts designed to control the spread of AIDS have centered mainly on informing the public about how the human immunodeficiency virus (HIV) is transmitted and how to safeguard against such infection. It is widely assumed that if people are adequately informed about the AIDS threat they will take appropriate self-protective action. Heightened awareness and knowledge of health risks are important preconditions for self-directed change. Unfortunately, information alone does not necessarily exert much influence on refractory health-impairing habits. To achieve self-directed change, people need to be given not only reasons to alter risky habits but also the behavioral means, resources, and social supports to do so. Effective self-regulation of behavior is not achieved by an act of will. It requires certain skills in self-motivation and self-guidance (Bandura, 1986). Moreover, there is a major difference between possessing self-regulative skills and being able to use them effectively and consistently under difficult circumstances. Success,

This is a revised and updated chapter which appeared in R. DiClemente (Ed.), *Adolescents and AIDS: A generation in jeopardy* (pp. 89–116). Newbury Park, CA: Sage Publications, Inc., 1992.

ALBERT BANDURA • Department of Psychology, Stanford University, Stanford, California 94305.

Preventing AIDS: Theories and Methods of Behavioral Interventions, edited by Ralph J. DiClemente and John L. Peterson. Plenum Press, New York, 1994.

25

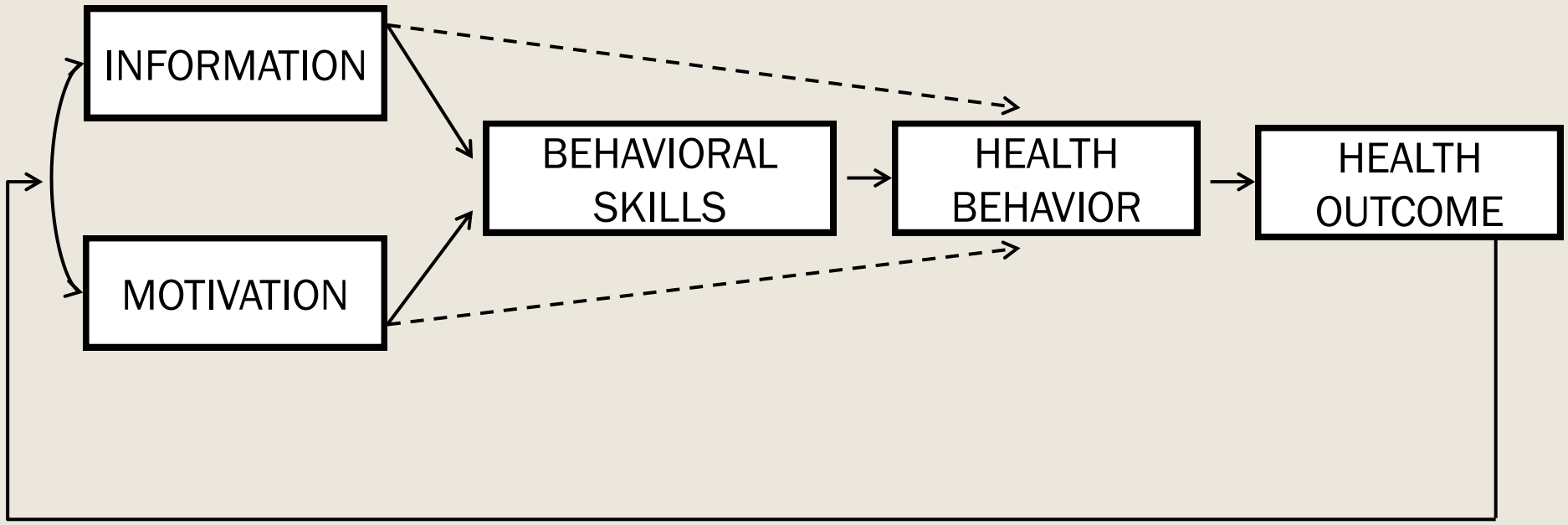
eory in HIV prevention

rg School for Communication University of Pennsylvania,

evidence that well designed, targeted, theory-based behaviour change
e reducing the spread of HIV. Although each behaviour is unique, there
f theoretical variables that serve as the determinants of any given
ese variables and their role in behavioural prediction can guide the
viour change interventions. This paper will describe and define these
can be used in the development of behavioural interventions.

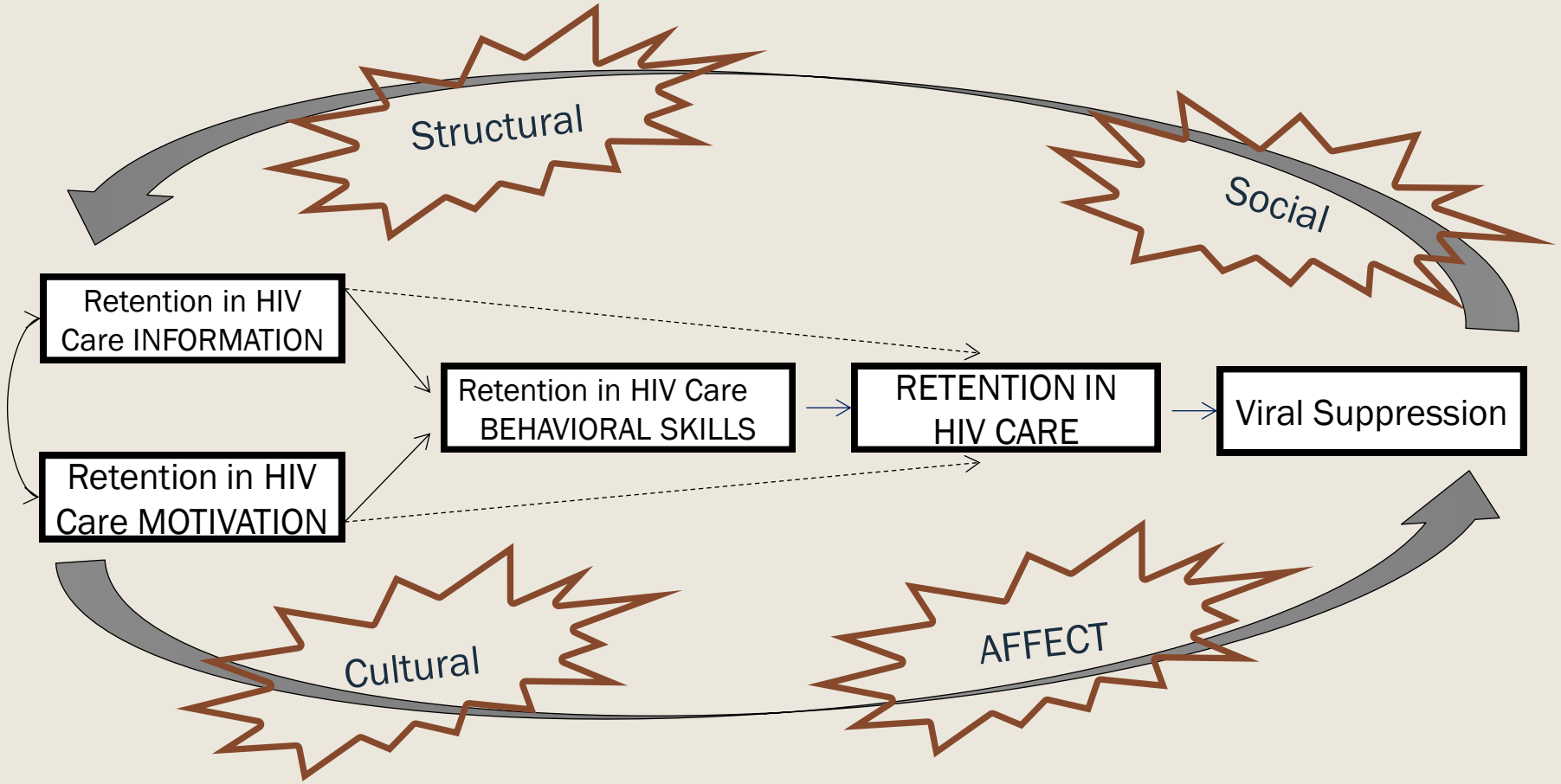
d of the second decade of the AIDS epidemic. Unfortunately,
nous progress in prolonging and improving the quality of life of
still have neither a cure for, nor a vaccine to prevent, this disease.
has become increasingly clear that preventing the transmission
must focus upon behaviour and behaviour change. AIDS is first
e of behaviour. It is not who one is, but what one does, that
e will expose themselves or others to HIV. As Kelly *et al.* (1993)
fronting the behavioural sciences is to develop theory-based
reduce 'risky' and increase 'healthy' behaviours. And I think it's
me a very long way in doing so.
there has been a growing recognition that behavioural science
ay an important role in protecting and maintaining the public
Fishbein *et al.*, 1996b). For example, in February of 1997, the
h's (NIH) Office of Medical Applications Research conducted a
nference to evaluate the effectiveness of behavioural intervention
k of HIV infection. A 12-member, non-federal, expert panel
l interventions to reduce risk for HIV/AIDS are effective and
ely' (NIH, 1997).
all interventions are equally effective. What behavioural science
is to provide guidelines for developing effective behaviour change
we have learned that the most effective interventions will be those
e behaviours (e.g. walk for 20 minutes, three times a week) rather
(e.g. exercise) or goals (e.g. lose weight) (Fishbein *et al.*, 1992).
it's important to recognize that while the use of a male condom
, it is a goal for women. In addition, condom use is not a single

Theorizing HIV Health Behaviors



(Figure adapted from W. A. Fisher, Fisher, & Harman, 2003; J. D. Fisher & Fisher, 1992)

Situating Theory to Contextual Factors



A situated Information- Motivation- Behavioral Skills model of Retention in HIV Care

(adapted from Amico 2011).

Disease Affect as a Contextual Factor

- Affect, or the ways in which individuals experienced feelings or emotions tied to having HIV affected how they thought about and engaged with HIV medical care.

“ Feeling like I have to [see the doctor], I get more depressed. I’ll keep myself occupied to not think about [having HIV]. Make other things a priority instead of going to the doctors, when I should be going to the doctors.”

Smith et al. , *AIDS Patient Care & STDs* (2012).

A 5-Item HIV Affect Management Scale

1= Very Hard, 5 = Very Easy; α=.835

1. Being able to always manage my feelings about being HIV-positive in a productive way is:

2. Thinking about being HIV-positive without feeling anger, shame, or sadness is:

3. Learning ways to think of HIV as just part of who I am is:

4. Giving myself credit for the small things I do to care for my HIV, even when I'm not doing everything I should is:

5. Coming to my HIV clinic appointments when I want to forget about having HIV is:

HIV Affect Management Skills
Associations with retention in care

- HIV Affect Management Behavioral skills was significantly associated with patients' retention in HIV care status over the previous 18 months.

$r = -.301, p < .001$

- Less Efficacy for managing HIV-related affect was associated with poorer retention in HIV care in a treatment experienced population.

Study Overview

Garner evidence of construct validity

Participants & Procedures

- N=93 Urban CBO clients
- Age: M=50.28, SD=8.55 years
- 55.9% Black, 38.7% Latino/a

- Cross-sectional
- Interviewer-administered survey

Measures

- HIV Identity (centrality, salience)
- ART adherence
- CESD 10, Brief COPE, mMOS-SS
- HIV Stigma Mechanism Scale
- HIV Disclosure/Concealment Scale

Yale/CIRA Community-based Pilot Grant; PI: Earnshaw

Results

5-Item HIV Affect Management Scale

M= 3.60, SD = 0.917 (α = .835)

Construct	M (SD)	Pearson's' r	P-value
HIV IDENTITY			
Centrality	*3.02 (1.17)*	-.212	045
Salience	3.94 (2.49)	-.265	.001
ART ADHERENCE			
<95% adherent		-.238	. 022

Results

5-Item HIV Affect Management Scale

M= 3.60, SD = 0.917 (α = 835)

Construct	M (SD)	r	p-value
CONVERGENT VALIDITY			
No. of Depressive Symptoms	*15.68 (8.59)*	-.359	.001
HIV Stigma	1.65 (0.62)	-.386	< .001
Social Support	3.49 (1.25)	.214	. 022

Results

5-Item HIV Affect Management Scale

M= 3.60, SD = 0.917 (α = 835)

Construct	M (SD)	r	p-value
DISCRIMINANT VALIDITY			
General Coping Skills	2.99 (0.91)	.171	.105
HIV Disclosure/Concealment	3.27 (1.07)	.021	.842

Discussion

- We provide initial support of the 5-item HIV Affect Management Scale's construct validity.
- Behavioral implications of this scale suggest focusing on how capable one perceives themselves to be in managing how they experience emotions or feelings related to their HIV diagnosis.
- Prospective assessments of the scale's ability to predict adherence behaviors is needed.
- Such findings would suggest that strengthening affect management self-efficacy may support improved adherence behaviors

Discussion

- We provide initial support of the 5-item HIV Affect Management Scale's construct validity.
- Behavioral implications of this scale suggest focusing on how capable one perceives them selves to be in managing how they experience emotions or feelings related to their HIV diagnosis.
- Prospective assessments of the scale's ability to predict adherence behaviors is needed.
- Such findings would suggest that strengthening affect management self-efficacy may support improved adherence behaviors

Thank you.

COLLABORATORS & MENTORS

- K. Rivet Amico
- Valerie A. Earnshaw
- Jeffry D. Fisher
- Chinazo O. Cunningham
- Steffanie A. Strathdee
- Thomas L. Patterson

PARTICIPANTS & CLINIC/CBO STAFF

FUNGING & SUPPORT

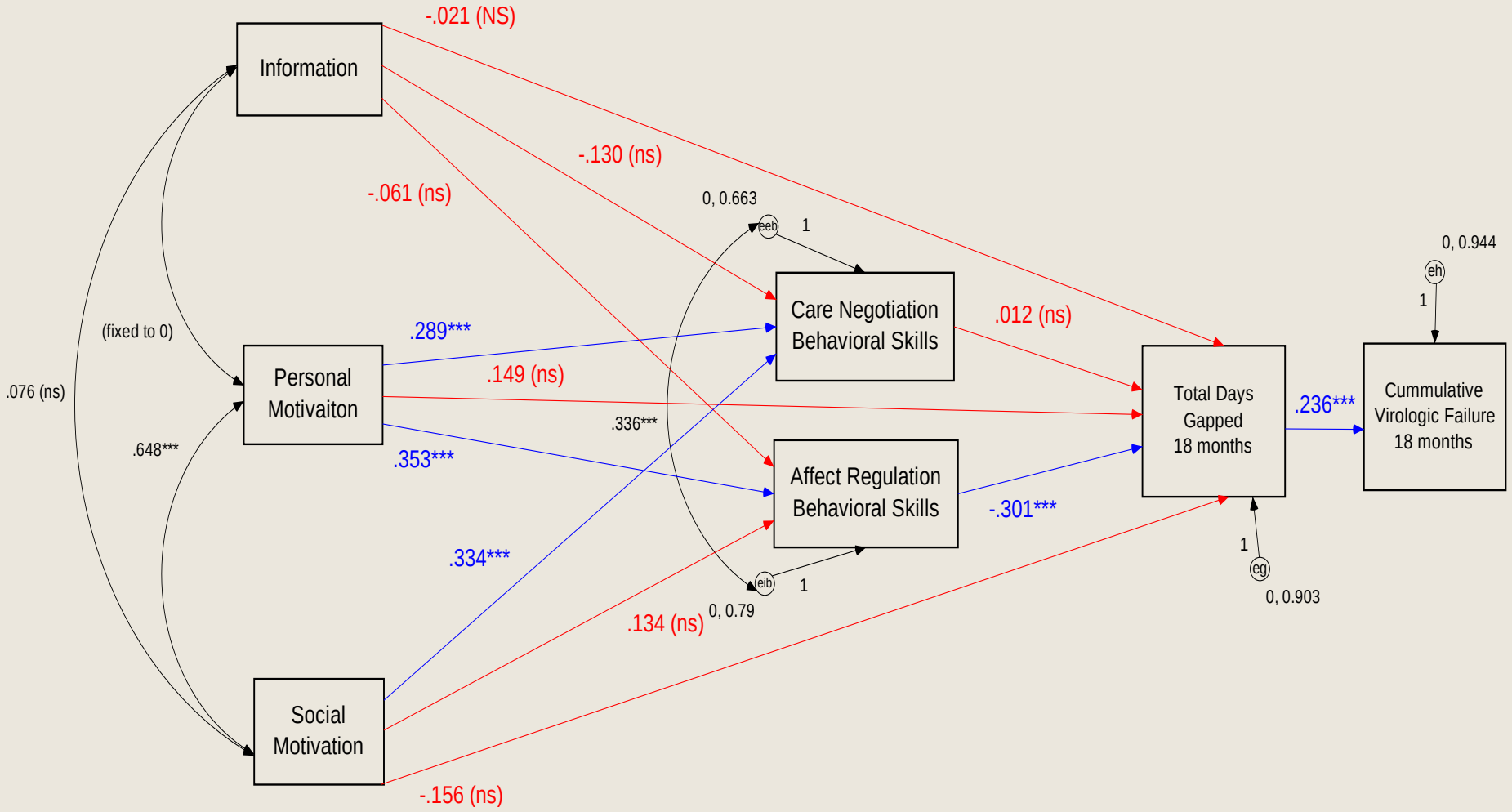
- Pilot/Training Grants:
  - *Community Research Partnership Program, Yale University;*
  - *Graduate Student Seed Grant, University of Connecticut*
  - *K01 DA039767 (PI: L. Smith)*

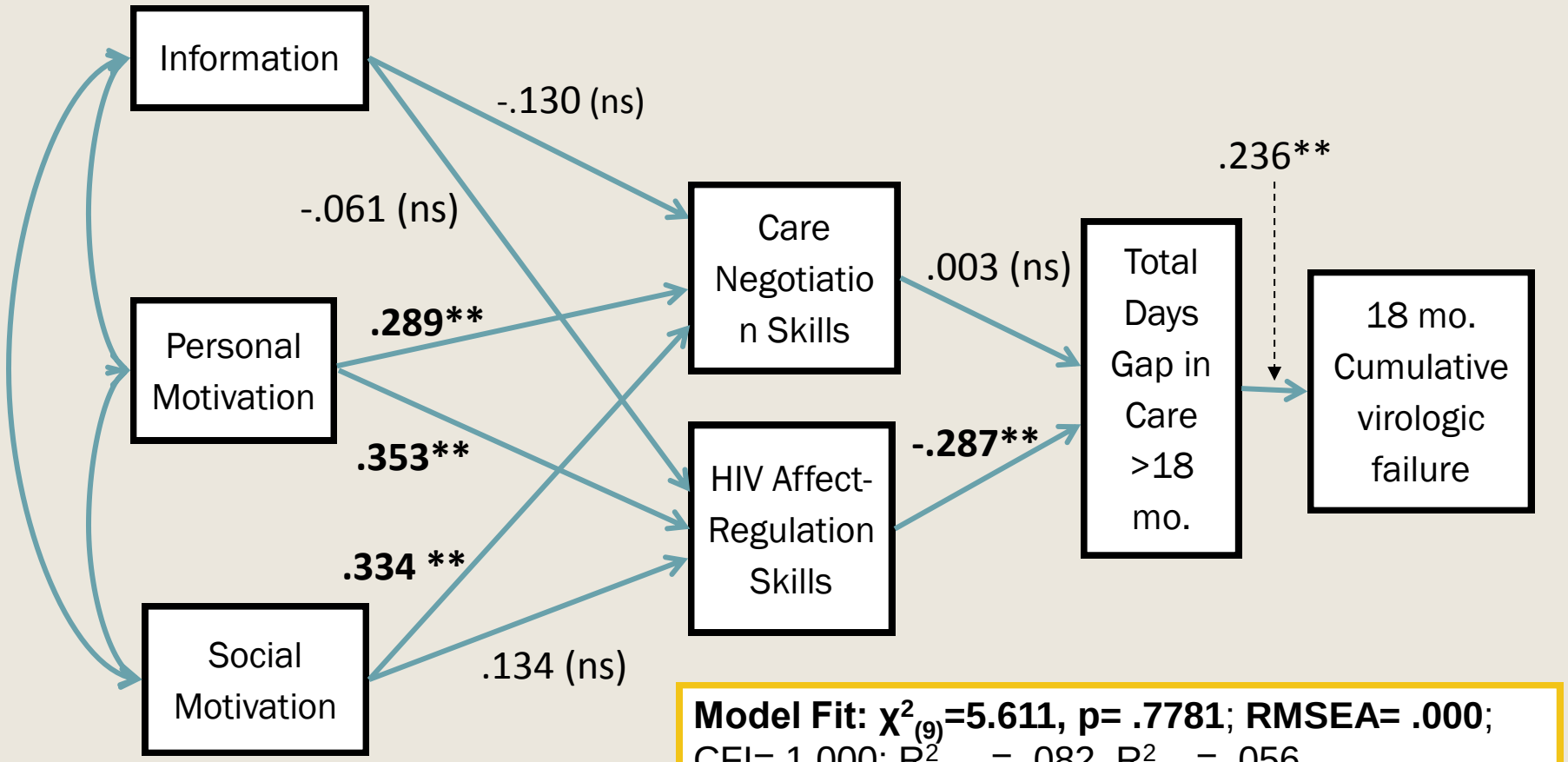
QUESTIONS

Laramie@ucsd.edu

HIV Affect Management Skills

Associations with retention in care





Structural Test of the 5-factor sIMB-RiC Mediated Model Predicting Retention in HIV Care and Cumulative Virologic Failure Over an 18-month Period

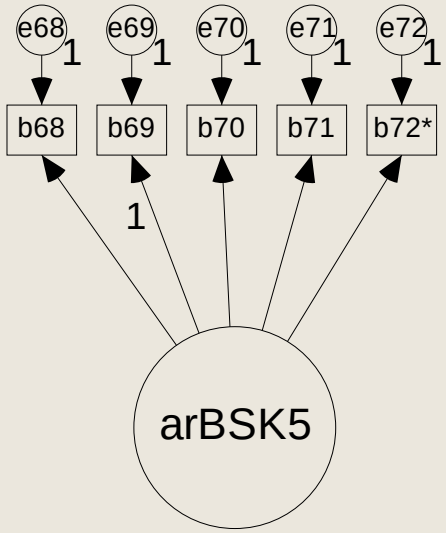


Figure 7. 5-item Affect Regulation Behavioral Skills sIMB-RiC CFA Model.
* Mean imputed for missing value

Fit Indices:	$\chi^2_{(5)} = 6.282, p = .280$ GFI = .975 CFI= .994 RMSEA= 0.051 (.000 – 0.155), p-close = .416)			
Item	Estimate	S.E.	C.R.	P-value
B68	.937	.009	9.437	***
B69	1.018	.108	9.424	***
B70	.840	.088	9.559	***
B71	.487	.091	5.337	***
B72*	.775	.102	7.574	***

EFFECTSIZE OBSERVED:	LARGE (≥0.50)	MEDIUM (0.3 -0.49)	SMALL (0.1 -0.29)
Correlation: **POSITIVE, p≤.05** **As IV increases, it is easier to manage HIV affect**	**INDIVIDUAL** • Meaning.mn	**INDIVIDUAL** • Optimism.mn • BenefitFinding.mn • Spirituality.mn • ResilientCoping4.mn • ResilientCoping3.mn **COMMUNITY** • HIVActivistId.mn • SocWellBeing4.mn **HEALTH** • Rate your quality of life	**INDIVIDUAL** • ... **INTRAPERSONAL** • SocNetInt.mn • SocSuppTotal.mn **COMMUNITY** • PercCommSup.mn • CollectIdent.mn • CommInvl.mn **HEALTH** • Rate your health **HIV HISTORY** • MISSED 1 ART DOSE • MISSED 2 ART DOSES
Correlation: **NEGATIVE, p≤.05** **As IV increases, it is harder to manage HIV affect**		**HEALTH** • Depression.sum • HIVPhysSympTotal.mn **STIGMA** • TotalStigma.mn • InternalizedStigma.mn • EverydayDiscrimination.mn	**INDIVIDUAL** • Salience.1 • Centrality.mn **COMMUNITY** • Stress2.mn **HIV HISTORY** • YEARS IN HIV TX **STIGMA** • EnactedStigma.mn • AnticipatedStigma.mn
Correlation: **Non-SIG, p>.05**			**INDIVIDUAL** • Pessimism.mn • Cope.Total.mn **INTRAPERSONAL** • Outness.mn **COMMUNITY** • PartAIDSDays.mn **HIV HISTORY** • 3 YEAR GAP IN CARE • LAST CD4 VALUE • LAST VL VALUE • YEARS LIVING WITH HIV **STIGMA** • PerceivedStigma.1