

# **An Intervention to Enhance Coping with Discrimination among HIV-Positive Black and Latino Sexual Minority Men**

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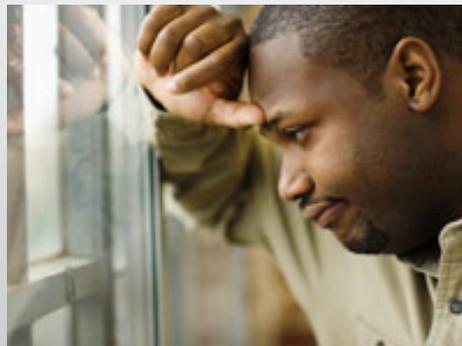
# Presentation Outline

- Background: HIV Disparities and Stigma
- Present Body of Work
  - Qualitative Formative Research
  - Pilot Intervention
- Discussion and Next Steps

# Background:

## HIV Disparities and Stigma

- Stigma is an underlying cause of HIV disparities from diagnosis to viral suppression
- Discrimination (i.e., enacted stigma) is related to lower adherence, worse mental and physical health, and unsuppressed viral load
  - Intersectionality of stigmatized identities (e.g., HIV-serostatus, minority race/ethnicity, sexual minority status)



Bogart, Wagner, Galvan, & Klein, 2010; Kay et al 2018;  
Earnshaw, Bogart, Dovidio, & Williams 2013

# Background: HIV Disparities and Stigma

- Discrimination can affect HIV outcomes via two pathways
  - Physiological: Increased stress response affects immune functioning
  - Psychosocial/Behavioral
    - Avoidant coping (e.g., block negative emotions/thoughts; escape)
      - Worse mental and physical health
      - Sexual risk, substance use, denial of HIV, lack of care engagement
    - Medical mistrust (from negative experiences in healthcare)
      - Nonadherence, lack of care engagement

# Present Body of Work

- This research aims to develop and test a group intervention to improve coping responses to discrimination, and ultimately, health outcomes, among HIV-positive Black and Latino sexual minority men
  - Consistent with the LAC HIV/AIDS Strategy, which acknowledges the need to address stigma, homophobia, discrimination, and racism

# Burning Building



# Study Components

## Formative Work

- Qualitative interviews with HIV+ Black and Latino sexual minority men, and social service providers
- Feedback from academic and community experts

## Process evaluation

- Intervention process evaluation with 1 group of Black men
- Intervention process evaluation with 2 groups of Latino men

## Pilot

- Randomized pilot of intervention focused on coping (Black men)
- Randomized pilot of intervention focused on coping and adherence (Latino men)

# Qualitative Methods

- Semi-structured interviews with 27 Black and 30 Latino sexual minority men living with HIV to understand coping responses to discrimination
- Narratives of discrimination experiences
  - From race/ethnicity, HIV, sexual orientation
  - Interpersonal (disrespect/mistreatment) & institutional
  - Who, what, when, where, how
  - Coping reactions
  - Sources of strength/resilience

# Qualitative Thematic Analysis

- Two raters double-coded themes in 20% of transcripts for inter-rater consistency (all Kappas  $\geq 0.70$ )
- Documented types of discrimination experienced
- Examined and compared coping strategies within and across discrimination types
  - To determine which coping strategies to focus on and examples of discrimination experiences for intervention



# Coping Strategies: Strategic Avoidance

- Strategic Avoidance (affective, cognitive, behavioral)
  - Reactive: Choosing not to engage with perpetrator after a discrimination event; letting go, forgetting, moving on (common, especially for racial/ethnic discrimination)
  - Proactive: Planning not to go to certain places/be around certain people (especially for racial/ethnic discrimination)
  - Proactive: Choosing whom to tell about serostatus



# Avoidance (Reactive)

In the moment, my response would be to disengage, to be very polite, to be very quiet, and try not to be or seem aggressive or angry or upset ... to check my own emotions and feelings ... It took all of my power to not let them know, in any way, that I heard them.

Black man living with HIV, age 67

It doesn't affect me now because I have had HIV for so many years... To be stress free is very important for my health and that is why every day I act like if I were on vacation

Latino man living with HIV, age 47

# Avoidance (Proactive)

For physical survival, I try to curtail the ways in which I have to interact with these people... the path of least resistance, to be away from them, to try and isolate myself ... I try to imagine a space or a place where these types of things don't exist, or at least aren't as pervasive, and then I try to – with my studies, research, and school, and careers I want to have – create that space

Black man living with HIV, age 23

[Churches] are not for me... I don't think it is solution or benefit to overcome things as a person, nor emotionally, spiritually, physically, nor anything... it is a place where people go and are scared to be punished... and I would not like places that tell me I am going to be punished or that I will be afraid. I want to go places where I feel fine

Latino man living with HIV, age 47

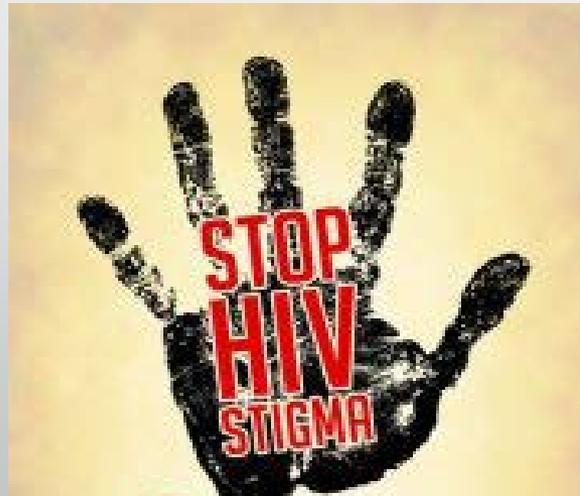
# Avoidance (Proactive)

I've been wanting to step up and talk to somebody about my HIV-status, but I've also been hiding from it because I just don't want to deal with the fact that I have it. It's really hard especially if I'm gay, Black, and HIV-positive ... people discriminate [against] me because I'm that kind of person.

Black man living with HIV, age 21

# External Attribution

- Perpetrator has a problem/is ignorant or uneducated
- Discrimination is everywhere in our society, cannot be avoided (e.g., resignation)



# External Attribution

It's not like I wake up thinking, 'I'm a Black man!' I wake up thinking, 'I'm a human being on this earth and an American.' And then I go out into society and something happens that reminds me, don't forget who you are.

Black man living with HIV, age 47

Someone... told me to go back to Mexico... I simply responded by saying his comment was really ignorant because I was neither from Mexico nor did he know me.

Latino man living with HIV, age 36

# Social Support

- Reaching out formally or informally
  - Therapy, support groups, friends, family, providers
  - To gain information and advice, get reassurance, or help to take action
- More often for racial discrimination among Black men (larger circle of support than for other identities)
- Latino men seemed to have a smaller circle of support, in some cases due to immigration



# Limited Social Support

I also have a home myself in church. And a firm believer, so I get everyone else on my boat to pray and do as much as they can with going to church. So my support is there, it's all around me, and at the same time there's just people who try to limit me from getting those blessings, you know

Black man living with HIV, age 42

I am more alert about who I talk to or who to talk to or who is worthy of being a friend and who isn't... You can meet people in the support groups talking but you can't be too trusting or open towards them

Latino man living with HIV, age 37

# Qualitative Phase: Discussion

- Coping varied by identity targeted
  - Avoidance, external attribution, and social support used primarily for racial/ethnic discrimination
    - For Latino men, social support seemed to be less available and limited to key trusted people
  - Nondisclosure of serostatus used to avoid discrimination
- Few settings existed to support all of men's identities
  - Need for a “safe space” to discuss discrimination experiences constructively



# **Pilot Intervention Test**

# Pilot Interventions: Still Climbin' and Siempre Seguiré

Weekly group intervention using Cognitive-Behavior Therapy (CBT) & Dialectical-Behavior Therapy (DBT) Strategies (9 sessions for Black men, 8 for Latino men)

- Conducting behavioral analysis that includes thoughts, emotions, and behaviors in response to discrimination across intersecting identities
- Enhancing awareness (e.g., thoughts, emotions, and behaviors) and adaptive ways to cope in response to discrimination while maintaining life values and goals
- Making changes and reporting back in weekly take home activities

# Intervention Development

- Iterative and community-engaged process with continuous staff input and use of exit interview data to write manual
  - Clinical psychology researcher at Fenway, Director and Deputy Director of Research and Evaluation at Bienestar, and intervention facilitators
  - Agreed on basic structure/clinical strategies and adapted manual for each population
  - Translated and revised Latino program to include adherence
- Community-based staff
  - Black: MSW counselor, peer counselor
  - Latino: MSW counselor, experienced group facilitator, peer counselor

# Session Topics

1. Building group cohesion
2. Discussing concepts of identity, discrimination, and intersectionality
3. Examining and evaluating coping responses to discrimination
4. Identifying existing functional coping skills for intersecting identities
5. Learning and applying the CBT & DBT models to enhance coping with discrimination across identities
6. Overcoming barriers to using effective coping strategies (e.g., seeking social support)
7. Addressing medical mistrust as a response to discrimination
8. Acknowledging structural discrimination

## Tracking stressful/discrimination experiences

Where were you? When was this?	What happened? Be specific about who did what.	How did you respond? (What were you thinking? Feeling? What did you do?)	How effective was this?
On street with fraternity brothers while in college	Harassed by police due to race and sexual orientation	Thought it was wrong, Felt angry, sought support from other Black gay men	Effective in helping with anger

Event

Interpretation

Maybe I deserve  
to be treated like  
this

Shame, anger,  
fear, sadness

Unhelpful thoughts, feelings, behaviors

Conceal identities  
Avoid people/places

Display anger and  
walk away

Event

*This is one of those times I need to be careful about...*

Interpretation

I'm not going to allow this person to get in the way of me fulfilling my goals

This is about him, not me

Unhelpful thoughts, feelings, behaviors

Self-compassion and self-validation

Get support from people



# **Still Climbin' Pilot Test**

## Still Climbin': From Mother to Son Langston Hughes

Well, son, I'll tell you:  
Life for me ain't been no crystal  
stair.  
It's had tacks in it,  
And splinters,  
And boards torn up,  
And places with no carpet on the  
floor— Bare.  
But all the time  
I've been a-climbin' on,  
And reachin' landin's,  
And turnin' corners,  
And sometimes goin' in the dark  
Where there ain't been no light.  
So boy, don't you turn back.  
Don't you set down on the steps.  
'Cause you finds it's kinder hard



Don't you fall now—  
For I've still goin', honey,  
I've **still climbin'**,  
And life for me ain't been no  
crystal stair

# Still Climbin' Methods

- 64 Black sexual minority men
  - 38 randomized to intervention (3 groups) and 26 to wait-list control
  - 55% attended at least half of sessions
  - 11 did not attend any sessions
  - Average number of sessions attended = 3.8
- Pre-post surveys assessed multiple forms of coping in general, as well as coping with discrimination

# Still Climbin' Results

- Intervention participants showed higher levels than control participants of adaptive coping (in response to discrimination) at follow-up:
  - **Active, problem solving coping** [b(se)=0.39 (0.19), p=.04]
    - Brief COPE; e.g., “I've been taking action to try to make my situation better.”
  - **Coping through the use of humor** b(se)=0.48 (0.22), p=.03]
    - Brief COPE: e.g., “I make fun of the situation.”
  - **Coping through self-protective/survival strategies**, e.g., strategic avoidance, social support [b(se)=0.30(0.14), p=.04]
    - Africultural Coping Inventory; e.g., “I tried to remove myself from the situation.”

# Quotes from Exit Interviews: Still Climbin'

How to better prepare yourself to deal with uncomfortable situations, not only in discrimination, but what to do as far as facing your feelings and emotions.

I know how to step back from my problems. Think about what you're going to say before you say it.

[Homework] gave me something to do and coping with a response, like if I walk out the door right now, how would I cope with the response of discrimination right now. I would take and learn what I used in the group as far as coping with a response later.

I would recommend to all men, all Black men living with HIV. I would even offer this to all Black men in general because the experiences and topics that were brought up weren't just related particularly to gay men or HIV... I would recommend it to ... every person that's a minority.



**Siempre Seguiré Pilot Test**

# Siempre Seguiré: “Who Cares” by Thalía

People point me out, They point at me with their fingers, They whisper behind my back, But I don't give a damn.

What does it matter to me? If I'm different from them, I don't belong to anybody, I have no owner. I know they criticize me, I have no doubt that they hate me, Envy corrodes them, My way of life overwhelms them

Why that might be? It's not my fault, They find my circumstances insulting, My destiny is the one I decide, The one I choose for myself

To whom does it matter what I do? To whom does it matter what I say? This is the way I am and this way **I will continue being**. I will never change

To whom does it matter what I do? To whom does it matter what I say? This is the way I am and this way I will continue being, I will never change

Maybe it's my fault. Because I haven't complied with the norm. It's already too late. To change now

I will stand firm on my convictions. I will reinforce my position. My destiny is the one I decide. The one I choose for myself

To whom does it matter what I do? To whom does it matter what I say? This is the way I am and this way I will continue being. I will never change.

# Siempre Seguiré Methods

- 30 participants in two intervention groups
  - 53% (n = 16) attended > 50% of sessions
  - 9 did not attend any sessions
- No control group
- All 30 completed pre-post interviews assessing coping in general and coping with discrimination
- 80% (n = 24) completed immediate post-intervention interview

# Siempre Seguiré Results

## Significant pre-post coping differences:

- **Decreases in negative emotional coping with discrimination**
  - **Less anger, frustration, sadness, powerlessness, helplessness, and shame** [ $t(22) = 2.39, p = 0.03$ ;  $t(22) = 2.30, p = 0.03$ ]
    - Emotional and Behavioral Coping Subscales (0=Not at all, 1=Moderately, 2=Extremely)
- No significant differences in active coping (e.g., “I’ve been taking action to try to make my situation better”) or general coping (not related to discrimination)

# Discussion

- Intervention is feasible and acceptable, and had preliminary effects on coping
- Can be sustained by trained lay counselors in community-based support group structure
- However, individual-level interventions are insufficient
  - Complementary interventions are needed to address structural discrimination
    - Inequitable treatment in health care, residential racial segregation, income inequality

# Next Steps

- Based on community feedback:
  - New NIH grant to integrate adherence strategies and health examples into intervention, and conduct a small randomized pilot of 80 Latino sexual minority men
  - Proposal to adapt intervention for Latina transwomen, in response to community stakeholder feedback
  - Proposal to adapt intervention for HIV-negative Latino sexual minority men, to improve mental health, quality of life, and preventive health behaviors
  - Planned proposal for an RCT for Black sexual minority men on improving mental health and quality of life

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