Women Drug Treatment Court Defendants: Motivation for HIV and Hepatitis C Care

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- Monroe County drug treatment court staff and participants
- Laboratory of Interpersonal Violence and Victimization, University of Rochester School of Medicine
Background
Under-Treatment of HIV and Hep C in Criminal Justice Settings

- Prevalence 4 (HIV)-25 (Hep C) X general population
- Over 60% of those infected inadequately treated
- Disproportionally effects women as fastest growing segment of US criminal justice population, increased 57% from 1995 to 2005

Maruschak & Beavers, 2009, Altice & Bruce, 2004; Fisher, et al., 2006; Beck & Harrison, 2006
Obstacles to HIV/Hep C Treatment: Internal and External

- Stigma in patients & providers
- System complexity
- Knowledge of disease progression, treatment, side effects
- Depression, PTSD, substance abuse
- Limited support, life control
- Requires motivation to navigate

Crockett & Gifford, 2004; Groessl et al., 2008; Madden, et al., 1997; Evon et al., 2010; Williams et al., 2000; Zeldman, et al., 2004
Self-Determination Theory: Empirical Theory of Human Motivation

- Describes processes that initiate & guide behaviors
- **Autonomous vs controlled self-regulation**
- Autonomous self-reg & perceived competence motivate health behaviors
- Motivation enhancement interventions -> improved HIV treatment adherence & Hep C treatment preparation

Deci, et al., 1994; Evon et al., 2011; Golin et al., 2006
Hypothesized Relationship Between SDT Intervention & Outcomes

**Autonomy Support**
- Elicit & acknowledge patient viewpoint
- Explore patient values
- Provide rationale for advice
- Provide options for change
- Acknowledge option of no change
- Support patient initiation for change
- Minimize pressure and control

**Increased Health Care Utilization**
- Perceived competence
- Autonomous self-regulation
Drug Treatment Court

- SUD-related offenses
- Diverted from criminal court to court-supervised SUD treatment
- Reinforced by contingent rewards & legal sanctions
- Beneficial
  - Increased SUD services utilization
  - Increased sobriety
  - Decreased recidivism

Huddleston, et al., 2008; Marlowe et al., 2009; Marlowe et al., 2005
Unmet Healthcare Needs

- Long-term incarceration
  - Regular healthcare
- Drug Treatment Court
  - Focus on SUD treatment
  - Requires health insurance
  - Not assisted with medical services

Marlowe, 2008
Hypotheses

- SDT measures
  - Applicable regarding health behavior in new population
- Feasibility
  - Recruitment
  - Planned study procedures
Methods

- Recruited women at the county Drug Treatment Court
- ≥18 years-able to consent for medical treatment
  - Complete brief survey, reimbursed with a $10 store gift card
  - IRB approved
Questionnaire Assessed

Hypothetical study of HIV or Hep C treatment linkage

1. SDT constructs
   - autonomous self-regulation
   - perceived competence
   - healthcare climate for treatment
2. Preferences study procedures
3. Demographics
Measures
SDT Constructs: Related to Healthcare Behavior

1. Treatment Self-Regulation Questionnaire (TSRQ)
2. Perceived Competence Scale (PCS)
3. Healthcare Climate Questionnaire (HCCQ)

TSRQ: Motivation & Amotivation

- Autonomous motivation for healthy behavior
- If I were/am HIV or Hep C positive the reasons I would follow the recommended treatment are
  - Because I feel that I want to take responsibility for my own health
  - Because I would feel guilty or ashamed of myself if I did not follow the recommended treatment
- 3 subscales, 15 items
  1. Autonomous self-regulation-most self-determined motivation
  2. Controlled regulation
  3. Amotivation

PCS: Perceived Competence:

- Confidence re healthy behavior & treatment
  - 4 items
- If I were/am HIV or Hep C positive considering getting the recommended treatment
  - I feel capable of successfully completing the recommended treatment now

HCCQ: Healthcare Climate

- From Drug Treatment Court case managers

- Perceived autonomy support vs control
  - 9-item questionnaire

- Case managers have different styles in dealing with people. Please give your overall impression.
  - I feel that my case manager accepts me whether I follow their recommendations or not
  - I feel a lot of trust in my case manager regarding my care

Williams, G. C., et al., 1996
Recruitment Feasibility Questions

A. Participate for linkage to treatment: yes or no
B. Location choice for sessions & child care (court, med ctr, women’s shelter)
C. Number choice for sessions (4-6)
D. Reimbursement adequate regarding transportation and time spent: yes or no
E. Use of cell phone for purposes such as intervention sessions & reminders of medical & intervention appointments
F. Demographics: race, ethnicity & age
Results
Demographics of 79 Participants

- **Race/ethnicity**
  - Caucasian 41%
  - African American 37%
  - Asian 9%
  - Multiracial 8%
  - Hispanic/Latina 5%
    - non-Caucasian group was combined

- **Age**
  - Range 21 – 56 ($M= 36.5$, $SD = 9.41$)
### Correlations among Scale Scores

<table>
<thead>
<tr>
<th></th>
<th>Perceived Comp</th>
<th>HCCQ</th>
<th>Aut SR</th>
<th>Con SR</th>
<th>Amot SR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perceived Comp</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>HCCQ</strong></td>
<td>.30**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Aut SR</strong></td>
<td>.84**</td>
<td>.46**</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Con SR</strong></td>
<td>.34**</td>
<td>.13</td>
<td>.38</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Amot SR</strong></td>
<td>-.11</td>
<td>-.01</td>
<td>-.14</td>
<td>.44*</td>
<td>-</td>
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**Note:** ** indicates significance at p < .01
Preliminary Outcomes

- Autonomous self-regulation mediated the relation between court case manager autonomy support (HCCQ) and perceived competence (PCS)

- Neither controlled regulation nor amotivation mediated the relation between HCCQ scores and PCS scores
Preliminary Outcomes

• “If you were HIV or Hepatitis C positive, would you consider being in a research study to help you think about getting HIV or Hepatitis C treatment?”
  • 56 yes and 31 no
  • Autonomous self-regulation, perceived competence, and court case manager autonomy support were all significantly higher for those who indicated that they would be willing to try to get treatment

• Significant differences in amotivation and controlled motivation between Caucasians and Non-Caucasians

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<thead>
<tr>
<th></th>
<th>Caucasian</th>
<th>Non-Caucasian</th>
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<tbody>
<tr>
<td>Control</td>
<td>24.23(9.97)</td>
<td>29.15(10.14)*</td>
</tr>
<tr>
<td>Amotivated</td>
<td>6.90(4.36)</td>
<td>9.98(5.51)**</td>
</tr>
</tbody>
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*p < .05; **p = .01
<table>
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<tr>
<th>Group Scale Scores Based on Consideration to Participate in a Future Research Study</th>
<th>Participate</th>
<th>PComp Score</th>
<th>Aut SR Score</th>
<th>Con SR Score</th>
<th>HCCQ Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (N= 56)</td>
<td>26.06(8.9)a</td>
<td>38.88 (5.4)a</td>
<td>27.22 (10.0)a</td>
<td>51.76 (14.5)</td>
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<tr>
<td>No (N= 21)</td>
<td>20.06(3.8)b</td>
<td>34.12(11.1)b</td>
<td>25.58(10.2)a</td>
<td>44.14(19.4)</td>
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*Numbers represent mean scores (standard deviations) for each group. Means in the same column that do not share subscripts differ at p < .05.*
Feasibility

- Recruited 79 of estimated 82 women that attend Drug Treatment Court (96.3%) between Feb - Aug, 2011

- 80% of participants willing to engage in proposed study with proposed intervention schedule, location, reimbursement, child care, and transportation arrangements

- 80% of participants interested in planned use of cell phone to enhance their use of the intervention

NYS Courts 2009 Data Chief of Policy & Planning, Judge Judy Kluger
Limitations

- Cross sectional
- Self-reported outcomes
- Hypothetical need for HIV or Hep C healthcare
- Self-reported willingness to participate in a hypothetical intervention
Summary of Results

- Feasibility: 96% recruitment rate and 80% willingness to participate
- Measures reliable
- Correlations as predicted
  - Autonomous self regulation, autonomy support, perceived competence
Discussion
Implications

- Potential benefit of autonomy support for healthcare behavior change
  - Potential synergy between improved health through sobriety and autonomy support
Implications

- Non-Caucasians showing more amotivation for treatment than Caucasians
  - Suggests that racially-based disparities in treatment could be associated with amotivation
- Potential to improve healthcare disparities
Directions for Future Research

- Efficacy and then effectiveness of the intervention
- Longitudinal study addressing differences between non-Caucasian and Caucasian women in amotivation
References


