

# STRONGER TOGETHER

Evidence-Based for the Structural Intervention Chapter  
Good Evidence for the Medication Adherence Chapter



## POPULATION

- Cisgender male HIV serodiscordant couples

## KEY INTERVENTION EFFECTS

- Improved ART prescription and use
- Improved ART adherence

## BRIEF DESCRIPTION

*Stronger Together* is a combination of Couples HIV Testing and Counseling (CHTC) and dyadic medication adherence counseling through the Partner STEPS method that uses motivational interviewing to improve ART adherence for HIV positive individuals by creating strategies for couples to work together on shared goals. The STEPS component is a dyadic adaptation of Life Steps, an existing cognitive-behavioral intervention for individuals. Each session was designed to use relationship strengths to increase motivation for HIV care and treatment and cover sequential intervention “steps” relating to specific challenges in HIV care engagement and barriers to ART adherence.

**DURATION:** 3 in-person sessions plus booster sessions over 18 months (at 6, 12 & 18 months)

**SETTING:** Emory University (Atlanta, GA); Fenway Institute (Boston, MA); Lurie Children’s Hospital (Chicago, IL)

**STUDY YEARS:** 2014 – 2017

**STUDY DESIGN:** Randomized controlled trial (RCT)

**DELIVERERS:** Trained counselors

**DELIVERY METHODS:** In-person counseling sessions; Motivational interviewing

## STUDY SAMPLE

The intervention group of 80 men with HIV was characterized by the following:

- 69% White persons
- 7.5% persons identifying as Hispanic or Latino regardless of race
- Mean age of 40 years
- 93% persons identifying as gay or homosexual

## STRUCTURAL COMPONENTS

Capacity Building – Training staff

- Bachelors-level counselors were trained in Couples HIV Testing and Counseling (CHTC) via a 2-day training in which interventionists learned CHTC skills through a combination of didactic learning and role play

## KEY INTERVENTION EFFECTS (see [Primary Study](#) for all outcomes)

- Participants in the intervention arm had greater odds of being prescribed and currently taking ART over time than those in the control arm at 12 months (Odds Ratio [OR] = 2.75, 95% Confidence Interval [CI]: 1.35-4.67) and 18 months (OR = 2.91, 95% CI: 1.61-4.88).
- Participants in the intervention arm had lower odds of missing a dose of ART in the last 30 days over time compared to those in the control arm at 12 months (OR = 0.28, 95% CI: 0.09 – 0.81, p = 0.019) and 18 months (OR = 0.25, 95% CI: 0.07 – 0.82).

## CONSIDERATIONS

- None reported

## ADVERSE EVENTS

- The authors note that 3 (2%) seroconversions were detected among the HIV negative partners over the 18-month follow-up period: two seroconversions were in the intervention arm and one seroconversion was in the SOC arm; this was not significantly different by treatment condition. Each was linked to care within seven days of the preliminary positive test.

## FUNDING

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## PRIMARY STUDY

Stephenson, R., Garofalo, R., Sullivan, P. S., Hidalgo, M. A., Bazzi, A. R., Hoehnle, S., Bratcher, A., Finneran, C. A., & Mimiaga, M. J. (2021). [Stronger Together: Results from a randomized controlled efficacy trial of a dyadic intervention to improve engagement in HIV care among serodiscordant male couples in three US cities](#). *AIDS and Behavior*, 25(8), 2369-2381. doi: 10.1007/s10461-021-03199-8

**PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.**

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