

## RESPECT-2 – Single Session Counseling Protocol - Rapid Test

<b>Single Session Counseling Protocol</b>	
<b>Protocol Component: Initial Session</b>	<b>Time-Minutes</b>
1. Introductions and Orientation to the Session	2-4
2. Enhancement of Patient's Self-Perception of Risk	2-3
3. Explore the Specifics of Most Recent Risk Incident	2-3
4. Review Previous Risk Reduction Experiences	2-4
5. Synthesis of Risk Incident and Risk Pattern	2-4
<b>Total Time</b>	<b>10-18</b>
<b>Protocol Component: Follow-up Session</b>	<b>Time-Minutes</b>
6. Provide Test Results	2-10
7. Negotiate Risk Reduction Plan	4-5
8. Identify Sources of Support and Provide Additional Referrals	3-4
9. Provide Appointment Card/Reminder for Follow-up	1-2
<b>Total Time</b>	<b>10-21</b>

**Goal 1: To establish the parameters of the session, describe the roles and responsibilities of patient and counselor and establish consensus with the patient as to the objectives of the session.**

**Time: 2 – 4 minutes**

To establish initial rapport with the patient, the counselor will need to convey positive regard, genuine concern and an empathic response toward the patient. This connection will help build trust and will set the tone for the rest of the session. The counselor must be professional and respectful toward the patient and recognize that issues of sex and drug use behaviors may be sensitive and difficult for the patient to discuss. The patient should be helped to feel comfortable with the clinic procedures, understand the role of the counselor, and be clear about the content and purpose of the session. If the patient is clear about the expectations and the process, the counselor has reduced the patient's anxiety and increased the patient's ability to focus on the session. This clear delineation of the session serves to model for the patient a rational and responsible approach to addressing the challenging issues of behavior change. It is important that the counselor conduct the session, to the extent possible, as described to the patient. If the counselor must deviate from what he/she has indicated will occur in the session, this change should be explained to the patient.

The counselor should convey confidence in being able to understand the patient's risk behavior and in the patient's ability to initiate a risk reduction process. Also, the counselor should communicate an appropriate sense of urgency and concern relative to the patient's HIV/STD risks. In this component of the session, the counselor should establish the collaborative nature of the session and the mutual commitment of both counselor and patient to earnestly address risk reduction issues.

## Introductions and Orientation to the Session

Protocol	Content
Introduce self to client	Hello, my name is _____. I'll be talking with you today about what brought you to the clinic and your STD/HIV concerns.
Explain role of counselor	My role as your counselor is to work together with you to identify your STD and HIV risks and to explore issues related to these risks.
Review the rapid test process <ul style="list-style-type: none"> <li>A. Same day test results</li> <li>B. Conclusive if negative</li> <li>C. Preliminary if positive</li> <li>D. Confirmatory test required if positive</li> </ul>	Today you'll be receiving a test that may be new to you. I know the person who completed the consent process addressed this test, but I would like to remind you of four points (A-D).
Indicate the duration of the session (15-20 minutes prior to the exam and 10-20 minutes following the exam, for results and follow-up)	We'll talk together two times. First, now, we'll talk for 15 to 20 minutes. Then, after you see the clinician, we'll talk for another 10 to 20 minutes. During the second session you will receive your results.
Prepare the patient for distraction of awaiting same day HIV test results <ul style="list-style-type: none"> <li>A. Information will clarify meaning of results</li> <li>B. Importance of patient to focus on counseling and clinical sessions</li> </ul>	<p>It may be distracting knowing your HIV test result will be provided to you in about 30 minutes, but the information we cover, as well as the exam and the clinician's assessment, will help you understand the meaning of the results.</p> <p>It's important that you focus on this session. The results are being processed but will not be ready for at least a half-hour.</p>
Outline content of session <ul style="list-style-type: none"> <li>A. Exploration of HIV/STD risks</li> <li>B. Identification of challenges to RR</li> <li>C. Discuss strategies to reduce risk</li> <li>D. Develop RR plan</li> <li>E. Provide referrals</li> </ul>	<p>As I indicated, today we will look together at your risk for STD's and HIV and how you have tried to reduce your risk</p> <p>We will talk about changes you could make to further reduce your risk and develop a plan to do this.</p> <p>Sometimes we have referrals available for services to help with this process of reducing your risk. If you are interested, we will talk about that as well.</p>
Address immediate questions and concerns	Before we go any further, do you have any concerns or questions you need to talk about right now?
Review "map" of patient stops/activities during this clinic visit	You will get your blood drawn, talk with me for about 15 minutes, and then you will go either to the waiting room or directly to the clinician for your exam. After the exam, you will come back here to see me and get your HIV test results. Is that clear?

**Goal 2: To engage the patient in an initial exploration of his/her HIV risk behavior. The purpose is to focus the patient's attention on his/her risk behavior, increase his/her level of concern regarding these behaviors, and enhance the patient's self-perception of risk .**

**Time: 2-3 minutes**

The counselor is attempting to focus the patient's attention on his/her behavior and the corresponding risk of acquiring HIV/STD. The counselor's approach to this component of the session will shift based on the patient's particular issues in addressing HIV risk: 1. Enhance self-perception of risk; 2. Address dissonance (examples when beliefs and behavior are at odds) and ambivalence (mixed feelings) about risk reduction; 3. Increase self-efficacy (belief in one's power or ability to do something); 4. Invoke peer and community norms. The patient's presence in the clinic and request for STD services is the starting point from which the counselor addresses these issues. In this section, the counselor is attempting to use the patient's STD concerns to encourage him/her to examine HIV issues. The link between STD and HIV risk should be explicitly emphasized. The process is intended to help the patient become motivated and invested in addressing HIV issues and concerns with the counselor. At the completion of this component of the session, the counselor's aim is to have the patient fully engaged in the session and invested in reducing HIV/STD risk.

<b>Enhancement of Patient's Self-Perception of Risk</b>	
<b>Protocol</b>	<b>Content</b>
Discuss reason for STD visit	Why have you come to the STD clinic?
Listen for and identify behaviors that are putting the patient at risk for HIV	What makes you believe you may have an STD? Have you ever come to the clinic before because you believed you had a STD?
Direct patient's attention toward risk behavior	Do you practice safer sex? If yes: Tell me what safer sex means to you. What have you done that you think may have put you at risk for HIV infection?
Assess patient's level of concern about having/acquiring HIV	When you have unprotected sex, have you thought you may be exposing yourself to HIV?
Discuss patient's HIV test history and behavioral changes in response to results	Have you ever been tested for HIV before? If yes: What was that experience like for you? Did the counseling or test results affect how you feel about HIV?
Assess if patient is engaging in risky behavior because of previous HIV negative test results	It seems you're concerned about HIV, yet continue to have unprotected sex which is how you would get HIV. Help me understand that.
Identify and address examples when patient's beliefs and behavior are at odds or of mixed feelings about risk reduction	There are better treatments now for HIV, but there is no cure for it. Once people have it, they have it for their whole lives.

**Goal 3: To facilitate the patient's understanding of issues and circumstances that contribute to his/her risk behavior.**

**Time: 2 - 3 minutes**

The counselor should have an open and inquisitive approach to this portion of the session. This approach will stimulate the patient's curiosity and encourage him/her to self-reflect and examine his/her own behaviors. The exploration of the risk behavior should be specific. A thorough discussion of the most recent risk behavior may help the patient clarify how the risk behavior occurred. What may have initially seemed like an accident or an unusual incident begins to have concrete circumstances that contributed to the patient's decision to engage in high-risk behavior. This process can demystify the risk behavior for the patient. The questions asked by the counselor are directed at eliciting the entire range of factors that may have contributed to the risk behavior. The counselor should be aware that emotions, recent life events, substance use, self-esteem, and other patient characteristics and issues may influence a particular risk incident or pattern of risk behavior. The counselor and patient should be working together to understand the context of the risk behavior. If the patient's risk behavior is episodic or chronic, the counselor is attempting to discover the factors that contribute to this pattern of risk behavior.

<b>Explore the Specifics of Most Recent Risk Incident</b>	
<b>Protocol</b>	<b>Content</b>
Explore the who, what, where, when, how of most recent risk exposure.	Tell me about the exposure that brought you to the clinic today. Or, tell me about the last time you had unprotected sex.  Was this an unusual situation or has this happened before?  Was this exposure with someone you knew?
Assess level of risk acceptable to the patient.	Tell me a little about your partner.  How did you meet this person?  Where did you go to have sex?  How did you decide to have sex?
Assess communication about HIV/STD with partners	Did you talk about HIV/STD risk or whether either of you had been tested?  Did you have any concerns about having sex with this person?  Could this person have had HIV or an STD?
Identify circumstances that contribute(d) to risk behavior	What do you think kept you from protecting yourself at that time?  Had you been drinking or taking drugs at the time of this exposure?
Identify vulnerabilities and triggers to the risk behavior incident/pattern	Was there or is there any thing(s) going on in your life that could be increasing your risk behavior?
Assess patient's patterns of risk behavior (e.g., happening regularly, occasionally, due to an unusual incident)	Would you have engaged in the same behavior had you known this person had HIV? Would knowing have made a difference?
Identify and address examples when beliefs and behavior are at odds or when feelings are mixed about risk reduction	It seems you're concerned about HIV, yet you continue to have unprotected sex which is how you would get HIV. Help me understand that.  There are better treatments now for HIV, but there is no cure for it. Once people have it, they have it for the rest of their lives. How would that be for you?

**Goal 4: To identify patient’s constructive risk reduction attempts, explore barriers toward behavior change, and provide understanding and support regarding these issues.**

**Time: 2- 4 minutes**

The counselor should explore any changes initiated by the patient to reduce his/her HIV risk(s). This provides the counselor with an essential opportunity to **support** and **reinforce** the patient. The counselor should note all of the patient’s intentions, communication and actions concerning HIV risk reduction. The counselor should elicit obstacles encountered by the patient in considering or attempting behavior change. The counselor should gently and sensitively discuss the challenges the patient has encountered or perceived. It is important to acknowledge that behavior change is a complex, difficult, and challenging process. It is helpful, particularly if the patient has difficulty articulating his experiences with risk reduction, to explore his/her perception of community and peer norms concerning HIV prevention. Further, encouraging the patient to articulate his/her attitudes and beliefs about HIV risk behavior may provide additional insight. This process allows the patient to verbalize the extent to which he/she has addressed HIV issues and provides the counselor with insight into the patient’s strengths and difficulties in initiating and sustaining behavior change. During this portion of the session the counselor may educate and clarify misinformation for the patient, as needed.

<b>Review Previous Risk Reduction Experiences</b>	
<b>Protocol</b>	<b>Content</b>
Identify successful attempts at practicing safer sex	Is there a specific time you remember when you practiced safer sex? Can you tell me about that time? How was that for you?
Identify obstacles to risk reduction	What has been the most difficult part of reducing your HIV risk?
Explore triggers/situations which increase the likelihood of high risk behavior	Do drugs and alcohol affect you having high-risk sex? <i>If yes:</i> Tell me about that.  Are there times in your life (feeling depressed, unemployed, recently broke up with someone) that you feel it has been more difficult to practice safer sex, to protect yourself?  With which partners do you find it most difficult to use a condom?  Are there particular situations or people where you find it difficult to negotiate or ask for safer sex?
Explore patient’s communication with friends/partners about risk	Do you talk to your partners/friends about HIV/STD concerns?  When HIV/STD risk reduction has come up with a sexual partner, how did that discussion go? How did you feel about it?
Discuss what patient’s level of acceptable risk may be	What sexual activities do you feel comfortable with in terms of limiting your risk of getting HIV or an STD?
Identify and address examples when patient’s beliefs and behavior are at odds or when feelings are mixed about risk reduction	The activities you say you feel comfortable with involve some risk of becoming infected with HIV. But you’ve said that you’re concerned about HIV. Tell me about that.

**Goal 5: To summarize and characterize the patient’s risk behavior by identifying his/her pattern of risk behavior and noting specific vulnerabilities and triggers to risk behavior.**

**Time: 2-4 minutes**

The purpose of this component of the session is to enable the patient to gain an understanding of the complexity of factors that influence his/her risk behavior. The counselor summarizes the inter-related factors influencing the patient’s risk behavior. This summary provides the patient with an organized perspective of his/her narrative. The counselor’s approach to this should be empathic and non-judgmental, which will help the patient understand his/her own behavior with compassion. This process enhances the counselor and patient collaboration in reducing the patient’s risk of acquiring HIV/STD. It may seem paradoxical, but the counselor must simultaneously convey a sense of urgency in understanding this behavior and be clear about the consequences should the patient fail to prioritize and respond to this situation. This component of the session provides the foundation on which the risk reduction plan will be developed. The counselor will reference the highlights of this summary during test result and risk reduction component of the session. At the conclusion of this component, the patient is directed to the STD clinician or to the waiting room to resume his/her position in the queue.

<b>Synthesize the Risk Incident and Risk Pattern</b>	
<b>Protocol</b>	<b>Content</b>
Summarize the information the patient has provided	Here’s how I understand your situation concerning risks for HIV/STD (summarize. the key issues provided by the patient).  Is this how you see your risk behavior? Are there other issues we need to talk about?
Place risk behavior in the larger context of patient’s life	There are several issues that affect your risk behavior (list specific behavioral, communication, substance use issues).  You’ve been able to protect yourself when (list circumstances that help patient reduce risk).
Provide feedback to patient concerning his/her risk for HIV/STD	There are several issues that affect your risk behavior (list specific behavioral, communication, substance use issues).
Note any pattern of risk behavior	Let’s look at how often these risk situations happen.
Identify key triggers/vulnerabilities	Given what we have talked about, what do you think makes it most likely that you will put yourself at risk for an STD or HIV?
Convey concern and urgency about patient’s risks (as appropriate)	It seems that unless these issues are addressed, you’ll continue to engage in high-risk behavior and may become infected with HIV.
Address examples when patient’s beliefs and behavior are at odds or when feelings are mixed about changing behavior	It seems there’s a level of risk you’re comfortable with. At the same time, you say you would find it devastating to become infected with HIV. Can you help me understand this?
Encourage and support the patient in addressing risk issues	Coming to the STD clinic, getting an HIV test and participating in this project is the first step in addressing your risk behavior.
Inform the client he/she will next see the clinician. Prepare client to return to the counselor for test results and development of the risk reduction plan	Now you will go see the clinician to have an exam. When you are finished you will return and we will talk about your HIV result and develop a plan.

**Note:** The counselor should indicate to the patient that this concludes the initial counseling session and ask the patient to consider the issues discussed while meeting with the clinician. The counselor should reiterate that when the patient returns, he/she will receive the HIV test result, then, with the counselor, develop a risk reduction plan. The counselor should provide the patient with clear instructions that direct him/her to the clinician or waiting area. The counselor should also indicate to the patient where to wait if the results or the counselor are not immediately available after the patient completes his/her STD clinical evaluation.

**Goal 6a: To provide clear and accurate HIV negative test results with an emphasis on the need for the patient to initiate risk reduction in order to remain negative.**

**Time: 1 - 2 minutes**

The counselor should provide the initial test result in simple terms, avoiding technical jargon. The patient may be very relieved at receiving the negative test result. The counselor should allow the patient to experience his/her pleasure at not being infected while gently underscoring the need for behavior change in order for the patient to remain negative. The counselor should cautiously explore feelings and beliefs the patient has about his/her negative test results, particularly in the context of the risk behavior the patient has described thus far in the session. The counselor should be alert to the possibility that the patient may experience some disinhibition (i.e., feel more inclined to engage in risky behavior) in response to the results. The patient may believe the test result is an indication that he/she has, thus far, made the “right choices.” It is often helpful for the counselor to underscore the fact that the negative test result does not indicate that the patient’s sex/needle-share partner(s) are not infected.

There is a slight possibility that a recent risk behavior (especially in the last month) may have resulted in the patient becoming infected without the infection being indicated in this test result. However, both counselor and patient should be reminded that the current result represents all other, sometimes years’, previous risk behavior. Counselors must be very careful with their “retest message.” If there is not a significant risk in the previous 3 months, then no additional test is indicated unless the patient has a later exposure to HIV. If there is a very recent and significant risk exposure, there is a small chance that the patient could have been infected by that exposure. The counselor should remember that the risk of infection from a single exposure, when the partner is known to be infected, is relatively small (<1 – 8%). The counselor should avoid technical discussions of this information and recommend, when necessary, a specific time for possible retest linked to a specific previous date of exposure. In summary, a brief explanation of the possible need for retesting is sometimes, with some patients, important, but this should not be over-emphasized. Too much attention to retesting takes away attention from the risk reduction process and often inaccurately diminishes the meaning of the HIV negative result.

<b>Provide Rapid Test Results-Negative</b>	
<b>Protocol</b>	<b>Content</b>
Welcome patient back	Welcome back, come on in and have a seat.
Provide results clearly and simply	Let’s look at your test result, and then we’ll talk about how to best understand the result.  The test result is negative, which means you have not been infected with HIV.
Review meaning of the results	This means that as of less than 3 months ago, which would be before (month), you were not infected with HIV.
Note the need to consider the test result in reference to most recent risk exposure	However, this result does not tell us about the exposure that gave you the STD you were treated for today.  How does it feel to hear that it is very likely that you are not infected with HIV?  What does this result mean to you?
Refer to patient’s clinical exam experience and diagnosis in context of HIV risk assessment and test result	How was it for you seeing the STD nurse, being examined for an STD and waiting for these results?  Does getting an STD affect your feelings about HIV or your risk of getting HIV?

**Note:** *The counselor should be aware that upon returning from the clinician the patient may be very anxious to receive his/her results. The counselor should greet the patient warmly and then proceed with the session. The counselor should assess the patient’s experience of and reactions to the clinical exam/diagnosis and, as appropriate, incorporate this information into the counseling session.*



**Goal 6b: To provide the patient with preliminary positive test results in a manner that incorporates the patient's risk into the understanding of the result and reinforces the need for the patient to return for supplemental testing.**

**Time: 5 – 10 minutes**

The priority for this component of the session is to ensure that the patient correctly understands the test result. The counselor should provide the initial test result in simple terms, avoiding technical jargon. The counselor should choose language that reflects the likelihood that the patient is actually infected with HIV. In choosing phrases to convey the meaning of the initial test result, the counselor should consider the patient's reported risk behavior. The counselor should be clear with the patient that the information provided by the patient in the beginning of the session, particularly the risk assessment, may help influence the patient and counselor's understanding of the results. This may provoke the patient to offer additional details concerning risk that he/she was reluctant to address previously. The counselor should remind the patient that this result is preliminary and review the process of supplemental testing. The counselor must emphasize the need for supplemental testing, as well as the importance of the patient returning for additional results, and identify sources of support while awaiting test results. The counselor should acknowledge that receiving this initial result can be disconcerting, elicit feedback from the patient as to how he/she is feeling about the result, and provide appropriate support.

<b>Provide Rapid Test Initial Result-Positive</b>	
<b>Protocol</b>	<b>Content</b>
Welcome patient back	Welcome back, come on in and have a seat.
Provide preliminary results clearly and simply	The initial test result is positive, indicating that you (are probably infected, are highly likely to be infected, usually means you are infected).
Review the meaning of preliminary result	Remember that the initial result, when positive, must be retested before concluding whether or not you have HIV infection.
Include the patient's risk assessment into the understanding of the initial result	Given what we've discussed about your potential exposures to HIV, this result may/may not accurately reflect whether you are infected with HIV.
Allow the patient time to absorb the meaning of the result	Take your time, We have plenty of time to talk about the results.
Explore patient's understanding of the preliminary result	How do you understand this result? What does this result mean to you?
Assess how patient is coping with the preliminary result	How are you feeling about this initial result.
Acknowledge the challenges of dealing with an initial positive result and provide appropriate support	It can be difficult dealing with the possibility that you're infected with HIV. How are you doing? Who can be supportive of you in dealing with this?
Emphasize the importance of supplemental (additional) testing	It's important, regardless of your previous risk exposures, to come back for the supplemental test result.
Contract with the patient to return for additional test results	Can you commit to returning (day/time) for the result? If you have any trouble returning, will you call me? Let me check that I know how to reach you so we can be sure you receive the supplemental test result (review address/phone number).

**Goal 7: To develop a specific, concrete and incremental plan for the patient to reduce HIV/STD which is designed to optimize the patient's capacity to successfully implement the plan.**

**Time: 4 - 5 minutes**

The risk reduction plan is a fundamental component of the prevention counseling session. The counselor should assist the patient in identifying a behavior that corresponds to his/her risk and that he/she is invested in changing. It is essential that the plan match the patient's skills and abilities with his/her motivation to change a specific behavior. The counselor should challenge the patient to go beyond what he/she has previously attempted in terms of risk reduction. The plan must be **specific** in that it describes the who, what, where, when and how of the risk reduction process. It must be **concrete** in that it details the successive actions required of the patient to implement and complete the risk reduction plan. Finally, it must be **incremental** in that it is directed at a single aspect of the risk behavior or one particular factor/issue that contributes to that risk behavior. The counselor should avoid supporting risk reduction plans that involve unreasonable or radical changes in the patient's life. The patient may experience a "flight to health" as a result of the STD clinic experience, the anxiety from the testing process, or the quality of the counseling interaction. Global risk reduction messages such as "always wear condoms," "remain monogamous," or "abstain from sex" do not meet the criteria for an appropriate risk reduction plan. The counselor should ensure that the patient agrees with the plan and is committed to its implementation. The patient should be asked to critique the plan and identify problems with the plan. The counselor may even quiz the patient on the plan or provide plausible examples of obstacles the patient may encounter in initiating the plan. These obstacles should be problem-solved with the patient and may require revising the plan. The process of developing a plan represents the patient's movement toward risk reduction. In fact, it is the second step in reducing risk (the first being the patient's participation in the study), for which he/she should be provided encouragement and considerable support.

## Negotiate Risk Reduction Plan

Protocol	Content
Explore behavior(s) that the patient will be most motivated about/capable of changing	<p>How would you most like to reduce your risk for STDs/HIV?</p> <p>Is there something that you feel is reasonable for you to do to reduce your risk?</p> <p><i>If the patient selects a radical “always” or “never” behavior change:</i> It’s great that you really want to eliminate your risk. We know that change usually occurs in small steps. What would be the first step in reaching this goal?</p>
Identify a reasonable yet challenging incremental step toward changing the identified behavior	Can you think of some small step that you could complete in the next week that would move you closer to reducing your STD/HIV risk?
Break down the risk reduction action into specific and concrete steps	<p>Now that you’ve identified something you would like to do, tell me how you feel you could go about making this happen?</p> <p>When do you think you could do this?</p>
Identify supports or barriers to the risk reduction step	<p>What could make it more difficult for you to complete this step?</p> <p>What could help make this easier for you?</p> <p>Who would be supportive of you in trying this?</p> <p>If you are able to complete this step, how do you think it would make you feel?</p>
Problem-solve issues concerning the plan	How will you handle it if something (specify) gets in the way of trying your plan?
Confirm with the patient that the plan is reasonable and acceptable	Now that you’re comfortable with the plan, does it seem realistic to you?
Recognize the challenges of behavior change	You will really have done something good for yourself by trying out this plan.
Ask the patient to try to be aware of strengths and weaknesses in the plan while trying it out	Try to notice what works and what doesn’t work for you about the plan
Document the risk reduction plan with a copy to counselor	Let’s write down your plan on this appointment card so you will have a copy of the specific details of the plan.

**Goal 8: To identify resources that will enhance the patient’s ability to reduce risk and implement the risk reduction plan.**

**Time: 3 – 4 minutes**

This component of the session is intended to identify or develop for the patient peer and community support for HIV risk reduction, as well as to provide referral to professional services directed at addressing specific issues the patient may have identified. The priority of this component of the session is to identify a specific friend or relative with whom the patient will discuss his/her risk reduction plan and report to regarding the implementation and completion of the plan. This step is critical because in the rapid test scenario there is no second session for the counselor to review with the patient his/her experience in implementing the plan. The process of the patient checking in with someone about the plan is important because it gives enhanced meaning to the plan and increases the patient’s personal expectations about completing the plan. The patient must trust this person and feel comfortable with his/her ability to keep the patient’s confidence. It is reasonable that the trusted person be the same person with whom the patient is trying to initiate the behavior change plan. The counselor should discuss the process of confiding the risk reduction plan with a similar level of detail as that devoted to developing the plan. The counselor and patient should establish a time frame during which this will occur. When will the patient disclose the plan to this person? When will the patient report the progress or completion of the plan to this person?

<b>Identify Sources of Support for Risk Reduction Plan</b>	
<b>Protocol</b>	<b>Content</b>
Emphasize the importance of the patient discussing with a trusted friend or relative the intention and content of the plan	It’s important to share your behavior change plan with someone. Who could you trust to tell about your STD visit and talk with about this plan?
Identify a person to whom the patient feels comfortable disclosing the plan	Does anyone know you’re at the clinic today? Could you talk to him/her about the plan? Who in your life is supportive of you? Who do you usually talk with about challenges you’re facing? Do you and your friends ever talk about STDs or concerns about HIV? So, you believe you could tell (name) about this plan. When and how will you tell him/her?
Establish a concrete and specific approach for the patient to share the plan with his/her friend or relative	It’s important to tell him/her about your intentions with the plan and then to report on how it went. Can you do this?
Ask the patient to be aware of strengths and weaknesses in the plan while trying it out	When you try this plan think about what feels good and works for you and what parts are hard or uncomfortable. Try to think about how to improve or modify the plan so it works better for you.
Convey confidence in the patient’s ability to complete the plan	This is a plan you’ve come up with. It’s a good plan, and I believe it’s something you can do. You’ve really challenged yourself

If during the course of the session the counselor or patient has identified a need for referrals to professional services (e.g., drug treatment, support group, mental health counseling, etc.), then counselor should be prepared to provide specific provider names and phone numbers to the patient. Referrals in this context are particularly important to the extent that the referral services received by the patient may complement or enhance the risk reduction process. The counselor should confirm that the referral is something the patient is willing to consider using. To the extent possible, the counselor should try to provide referrals consistent with that patient's readiness to receive the services, comfort with the setting in which the service is provided, and interest in accessing the services. The counselor should be cautious not to overwhelm the patient with numerous referrals. A single appropriate referral is often better than several referrals to generic types of support services. The referral may augment the risk reduction plan, but unless it is the only alternative, completion of the referral by the patient should not be the primary objective of the risk reduction plan.

<b>Identifying Sources of Support – Providing Additional Referrals</b>	
<b>Protocol</b>	<b>Content</b>
Address the longstanding or tough to manage issues contributing to risk	Your plan seems really good. But there are some important issues that contribute to your risk that may be best addressed with professional help or assistance.
Assess the patient's willingness to seek professional help, complete a referral	Have you ever sought counseling or gone to a support group?
Evaluate what types of referral the patient would be most receptive to	Would you be more comfortable talking to an individual counselor, or going to a support group? Since we've talked about (drug use, alcohol) affecting your risk, have you considered getting help in dealing with this? What would be hardest about seeking support for (name the issue)? Is there a particular type of support or service you would be willing to consider using?
Recognize the challenges of behavior change	Changing behavior takes time and practice, be patient with yourself. This is challenging, take it on in small steps; as small change is the beginning of larger changes.
Provide appropriate referrals	Here is the (name) and phone number of the service you should call to get assistance with the issue (name) we discussed). When do you think you could call or go there?

**Goal 9: To ensure that the patient completes study and clinical appointments. For HIV negative patients, the counselor should encourage follow-through on risk reduction plan (return of feedback form). For patients initially testing positive, the counselor should ensure the patient will return to the clinic for supplemental test results.**

**Time: 1 – 2 minutes**

<b>Provide Appointment Card/Reminder for follow-up (HIV Negative Patient)</b>	
<b>Protocol</b>	<b>Content</b>
Review with patient the study follow-up schedule	There are (number) more appointments for you to complete this study. What would help you to remember and keep these appointments?
Identify ways for the patient to remember follow-up events	Do you keep a date book or calendar? Your next appointment is (day/date/time).
Review patient and counselor contact information	Let me just make sure that you know how to contact me should you need to talk with me. Let me check that I've got your right address and phone number so we can be sure you receive the supplemental test results and/or get the follow-up reminders. Is this a good way to contact you?