Project

RESPECT

Enhanced Counseling

Intervention

Manual

Baltimore
Denver
Long Beach
Newark
San Francisco

Centers for Disease Control and Prevention

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Enhanced Counseling Intervention – 4 sessions

Project RESPECT

Enhanced Counseling Intervention (4 sessions)

(Study Arm 1)

Project RESPECT was a multicenter randomized trial evaluating the efficacy of HIV prevention counseling in changing behavior and reducing new STDs. The Enhanced Counseling Intervention was one of two counseling models tested in the study. This four-session prevention counseling intervention was developed for the trial during an 18-month preparation phase, and was pilot tested. This was considered the longest and most intensive intervention likely to be acceptable for participants and feasible for use in a public clinic setting. The intervention is based on theories of behavior change, particularly social cognitive theory and the theory of reasoned action.

The four-session intervention was conducted by a trained HIV counselor, with all sessions conducted by the same counselor. Each session involved a client-centered, interactive approach, with session 1 lasting 15 to 20 minutes, and sessions 2, 3, and 4 lasting 60 minutes each. Session 1 was given during the enrollment visit, and the remaining sessions were conducted during the following three to four weeks. The HIV test results were given during session 3.

Each intervention session built on materials discussed during the previous session. Session 1 was identical to the first session of HIV Prevention Counseling, and focused on a personalized assessment of risk. Session 2 focused on changing condom use self-efficacy, session 3 on condom use attitudes, and session 4 on perceptions of norms regarding condom use. Each session ended with a goal setting exercise. Whenever feasible or applicable, a condom use goal was encouraged.

Using the Project Respect Intervention Manual

This manual is organized into Brief Intervention Sessions 1 and 2 and Enhanced Intervention Sessions 1 through 4. Pages are numbered by session and page number (e.g., Session 1-1), and each Session is organized as follows:

- **Each intervention session contains:**
  - **Purpose** statement
  - **Goals—**Statements of what the session will enable the client to accomplish
  - **Objectives—**Statements of what actions the client will be able to perform by participating in the session
  - **Guidelines** (Standard Intervention Sessions 1 and 2 only) marked ☞
  - **Session Structure**, a four-column chart containing the following headings:

Activity	Method	Time (Minutes)	Materials

At the bottom of each structure chart, you'll notice a line that says:

Total Time Required: (Total number of) minutes

This is a guide for you to judge the average length of time the session should take. Actual session length will depending on the client's need for understanding need for more time to talk, etc.

- **Each Brief or Enhanced intervention sessions contains:**
  - Session Scripts

These are step-by-step guides for you to follow in delivering the session. Action verbs are underlined to stand out so that you can keep track of the tasks you are to perform during the session. For example:

> Say: "In this session, we'll talk about how your first step toward reducing..." or "Encourage and reinforce the client..."

Quotes are included as a guide and need not be stated verbatim. They may be phrased in your own words so long as the essence is captured.

- **Last pages of the packet contain**: (it may be useful to color code these)

  - Copies of materials that are used during the sessions:

Session 2

- Condom Belief Cards
- Intervention Activities for Negative Beliefs
- Situational Barriers
- Excuses
- Steps-to-Condom-Use Cards
- "My Own Goal and Plan" Sheet

Use of Symbols

Throughout the scripts and accompanying materials. You will notice the following symbols:

Symbol	Usage
☞	Guidelines for Standard Sessions 1 and 2. Some of the guidelines are general and may apply to the entire intervention.
✌	Important instructions, set off in italics, that should be read carefully and followed strictly.
✿	Lists of questions, possible client responses, or steps, for example, in condom use. These arrows are used in place of bullets (•).
➳	These arrows are used for bulleted lists on visuals (See pages 3-8 and 3-9) and on page 4-6 to indicate potential client situations that will guide discussion.
❸	
❒	Check boxes are used on page 2-17 (condom belief cards). It appropriate, you can check off those beliefs the client has chosen and retain a copy in his/her record for reference during Sessions 3 and 4.
✓	Checkmarks are used on page 4-8 to mark Steps to Condom Use cards.
★	Asterisks are used on pages, 1-3, 1-4 and 1-6 to indicate possible points to discuss retesting, and elsewhere to denote footnotes (See grey box on page 1-6)

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SESSION 1—Enhanced Intervention— (same as Session 1 of Brief Counseling)

Purpose

The purpose of this session is to help clients assess their risk for HIV and establish a risk reduction plan that incorporates a self-identified risk reduction behavior goal.

Goals

Session 1 of the Standard Intervention will enable participants to:

1. Initiate a behavioral change process that will be effective in preventing HIV infection or transmission.
2. Increase self-perception of HIV risk(s).
3. Recognize and obtain reinforcement for previous HIV risk reduction efforts.
4. Increase understanding of personal bariers to HIV risk reduction.
5. Articulate an action plan for reducing HIV risk.
6. Utilize the counseling relationship in risk reduction planning.
7. Understand resources available for support of behavior change.

Objectives

By the end of Session 1 of the Standard Intervention, participants will:

1. Establish rapport with the counselor.
2. Assess personal risk for HIV infection/transmission.
3. Develop a realistic perception of personal HIV risk behaviors.
4. Identify and plan specific actions related to increasing personal use of condoms.
5. Obtain reinforcement and support from counselor for previous and planned risk reduction efforts.
6. Obtain appropriate referrals to resources for support of desired behavior change.

Project RESPECT Enhanced Intervention – Session 1

Guidelines

- ☞ Strict protection of client confidentiality is maintained for all persons offered HIV counseling.

- ☞ At the beginning of each session, explain to the client the purpose of the session, expected duration, and what is hoped to happen in the session.

- ☞ The session is interactive and client-focused: that means you should enhance the client's participation in the session (client should be speaking more than counselor in the session), and the session should be responsive and relevant to the client's particular needs. Listen effectively to what the client says, use open-ended questions, do not interrupt the client needlessly, and respond to client's questions appropriately.

- ☞ Avoid making a preconceived set of points during the session, and focus on *exploring client-specific issues* to HIV risk behaviors and *developing goals* for the client rather than simply providing information.

- ☞ During the session, communicate at the client's *level of understanding*, avoiding technical terms, jargon, or words beyond the comprehension of the client (e.g., "window period," "non-reactive").

- ☞ Take what the client says at face value, while exploring relevant circumstances and details of the client's life/risks to establish a context for what the client reports/believes.

- ☞ Optimize opportunities to reinforce the client's intentions and reported actions relative to addressing HIV/STD issues in his/her life.

- ☞ Respond appropriately to what the client states, and to the client's feelings.

- ☞ Help the client to understand dissonant statements when they come up (e.g., dissonance between reported behavior and risk perception, between behavior and intentions, between reported behavior and conflicting information).

Session Structure

Activity	**Method**	**Time (Minutes)**	Materials
Introduction/Establish Rapport	Discussion	1	
Risk Assessment	Discussion/Questions	2	
Enhanced Self-Perception of Risk	Discussion/Questions	3	
Identification of Client Actions	Discussion/Questions	2	
Identification of Client Barrier	Discussion/Questions	2	
Negotiation of Risk Reduction Plan (Condom)	Discussion/Questions	4	Documentation of Plan
Appointment for Post-Test Counseling	Discussion	1	Business/Appointment Card

Total Time Required **15 minutes**

ENHANCED SESSION 1: INTERVENTION SCRIPT

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1 minute **Introduction/Establish Rapport**

Introduce yourself as a health counselor. Describe the purpose of the session the expected duration, and what is hoped to be achieved in the session. Seek consensus from the client as to the objective of the session and agreement to maintain this focus throughout the intervention.

During the session, be polite, professional, and display respect, empathy, and sincerity to the client. Become involved and invested in the process and convey an appropriate sense of concern and urgency relative to the client's HIV risk behaviors and STD clinic visit. Use plausible and factual motivations, and seekto deal with the client's concerns.

Suggested open-ended introductory questions:

What have you heard about AIDS?

How do you think the virus is passed from one person to another?

How did you decide to take the HIV test today?

Why did you come to the clinic today?

What would you like to know before you leave here today?

2 minutes **Risk Assessment**

Focus on the client's specific sexual behavior(s) and the circumstances that affect that behavior. Attempt to build from the presenting problem (symptoms, referral, etc.) That brought the client to the clinic. (Refer to the screening form and the client's responses to the above questions.) Establish an atmosphere that conveys a collaborative and creative exploration of the relevant issues. With the client, identify the categories and range of behaviors that place him or her at risk for HIV while attempting to focus the client on specific behaviors, situations and partner encounters that contribute to his/her HIV risks.

✌ *The exploration of behaviors during the risk assessment is an integral component of the HIV prevention counseling intended to facilitate the client's self-understanding of his/her risks. It is not intended as a screening tool or a data collection process.*

Suggested open-ended risk assessment question:

What do you think will be the outcome of the test? Why?*

If you were infected, how do you think you may have become infected?

Have you been tested before? If so, when and why? What were the results?*

How many different people do you have sex with? How often?

- Do they shoot up drugs? How often?
- How many people are they having sex with?

When was the last time that you put yourself at risk for HIV?* What was happening then?

When do you have sex without a condom?

What are the riskiest things that you are doing?*

What are the situations in which you are most likely to be putting yourself at risk for HIV?

How often do you use drugs or alcohol? How does this influence your HIV risk behaviors?

3 minutes **Enhanced Self-Perception of Risk**

Help the client relate his/her sexual behavior to the STD clinic visit and help the client recognize specific sexual behaviors that place him/her at risk for HIV.

✌ *The enhancement of client risk perception begins within the context of the risk assessment.*

Suggested open-ended risk awareness questions:

What kinds of conversations have you had with your sex partner(s) about AIDS?

Why are you interested in having the HIV test?

What role did a friend or sex partner play in you coming in for the test?

What other STDs have you been diagnosed with?

What do you do to put yourself at risk for this infection?

How do you think you may have been exposed to HIV?

How would you describe your own risk of being infected?

How often do you do drugs, specifically drugs that you shoot?

How do you think you got [STD]?

How often do you use condoms with your steady partner?

How often do you use condoms with partners whom you do not know very well?

How have your behaviors that we have discussed put you at risk for HIV?

2 minutes Identification of Client Actions

Help the client identify any self-initiated changes already made in response to HIV/AIDS and inquire into the client's social (peer) and community perception of HIV/AIDS. Reinforce/support the client's actions, intentions, and communications about safer sex behavior. Clarify misinformation and educate only as needed in the client's specific situation.*

Suggested open-ended questions to explore client HIV-related intentions, concerns, and risk reduction attempts:

What are you presently doing to protect yourself?*

What would you like to do to reduce your risk of HIV?*

Who have you talked to about your HIV concerns/risks?

What have your friends/partners said about HIV/AIDS?

Whom have you talked to about using condoms?

Explain to me when you use condoms. How has that worked?

Whom do you use condoms with?

How often do you use condoms with your steady partner?

How often do you use condoms with partners whom you do not know very well?

What thoughts have you had about reducing your risk for HIV infection?

Do you know anyone with HIV infection? How does that situation impact your own sense of risk?

What have you seen or heard about HIB in your/this community?

When have you reduced your risk? What was going on that made that possible?

How is that working for you?

Suggested statements reinforcing positive change already made:

It's great that you are here!

You've taken the first step; you're doing a great job; keep it up!

The fact that you are concerned about HIV is important.

It is important that you recognize how you have clearly been thinking about reducing your HIV risk.

3 minutes Identification of Client Barriers

Help the client *identify barriers* to safer sex behavior, particularly condom use. Explore risk reduction attempts in detail with the client, and identify and define impasses and difficulties. Focus on the client's sense of self-efficacy for specific risk reduction activities, community/peer norms, and relevant attitudes and beliefs.

Suggested open-ended questions to identify client barriers:

What has been the most difficult part of changing your behavior?

When, and in what situations, do you not use condoms?

How often do they break?

When are you least likely to use condoms?

When do you have the most difficulty in discussing condoms?

What have you discussed with you partner(s)?

With which partners has it been hardest to talk about/suggest the use of condoms?

What was the role of drugs/alcohol in your decision to engage in high-risk sex?

In what situations are you most likely to be putting yourself at risk for HIV?

4 minutes Negotiation of Risk Reduction Plan*

Help the client establish a reasonable yet challenging risk reduction step toward condom use that will reduce his/her risk for acquiring HIV. This plan should address the client's baseline risk behavior identified in the risk assessment phase of the session and should incorporate the client's previous attempts and perceived barriers to reducing HIV risks. Discuss how the client will operationalize the plan, using *specific and concrete steps*, and establish a back-up plan. Encourage the client to develop a plan that involves condom use to reduce HIV/STD risk: however, plans not involving condom use are also acceptable.

Confirm that this plan is personalized and is acceptable to the client. Document the plan, give a copy to the client and retain a copy for the file. Acknowledge that the plan is a challenge and assure the client that you will work with him/her to discuss and review the outcome at the next visit. Explain that together you can renegotiate the plan, if necessary, in the post-test session. Ask the client to repeat his/her plan back to you to make sure that you are clear and can help look at the plan again at the next session. Solicit questions and validate the client's initiative in agreeing to try to negotiate a risk reduction plan.

Suggested open-ended questions to use when negotiating a risk reduction plan:

What one thing can you do to reduce your risk right now?

What can you do that would work for you?

What could you do differently?

How/when will you use condoms?

How are you going to bring up condoms with your sex partner(s)?

What will you say?

When do you think you will have the opportunity to first try this (behavior, discussion, etc.)?

How realistic is this plan for you?

Who can help you?

What will be the most difficult part of this for you?

What might be good about changing this?

What will you need to do differently?

How will things be better for you if you...?

How will your life be easier/safer if you change...?

How would your drug practices have to change to stay safe?

***RETEST**: All asterisks represent points in the session when it may be appropriate to discuss the need for retest based on recent client risk behaviors. If this has not been broached by the beginning of the negotiated risk reduction plan, discuss the specific previous risk behavior(s) and the subsequent period by which the client should return for retest. The negotiated risk reduction plan should be conceptualized as the short-range plan and explanation and recommendation of retest addressed in the context of the longer-range plans. A brief explanation of this need for retest is critical but should not be overemphasized: "Because you had unprotected sex during the last 3 months this test may not tell you all you need and want to know about your exposures to HIV. In order for these exposures to show up on the test, you will need to return in [specific month] for a retest."

1 minute **Closure and Appointment to Receive Test Results (Post-Test Counseling)**

Make an appointment with the client to return for his/her test results and post-test counseling. Note the day, time, and place of the appointment on your business card and give this to the client. Emphasize to the client the need to call and reschedule if he/she is unable to keep the appointment. If the client is assigned to the enhanced intervention, schedule the next enhanced appointment.

Project RESPECT Enhanced Intervention

ENHANCED INTERVENTION—SESSION 2: INTERVENTION SCRIPT

2-5 minutes **Welcome & Review of STD Experience**

Greet the client and ask how he/she's been/is doing since the last session. Inquire how the clinic visit went and about experiences with medications. Offer to answer any other questions or address any other concerns the client may have regarding the clinic experience or other issues.

5-10 minutes **Overview of Session/Review Risks/Homework Assignment**

Say: "In this session, we'll talk about how your first step toward reducing HIV risk went. Then we'll explore some of the different beliefs people have about using condoms. After that, we'll practice putting on and removing a condom from a penis model, and we'll wrap up by developing another step you can take in reducing your personal risk of HIV and STDs. Before we move on, do you have any questions?

Suggested statements for discussion of last session's risk reduction plan:

> In our last session, we discussed some of your risks for HIV, which were...
>
> Based on those risks, we came up with some risk reduction steps for you to try before today. How did that go for you?

Explore this with the client by asking any or all of the following questions:

> How did the action you took [planned to take] feel to you?
>
> How did your partner react?
>
> Was it like you expected?
>
> Were you happy with how it went?

Reinforce client for accomplishing assignment with statements like:

> Sounds like you did a great job!
>
> It's great you were able to do that!

I'm impressed how you handled that!

You've really tried and have accomplished some things—good for you!

If client did not accomplish or had difficulty with assignment, <u>explore</u> why with any or all of the following questions:

What parts of the plan worked best/were most challenging?

What got in the way?

What stopped you/made it difficult?

What could you have done differently?

What were you feeling/thinking?

When can you try this again?

What will make it easier for you?

What else could you try?

5 minutes Risk Continuum

Introduce the activity by saying: "Do you have a good idea about what the riskiest types are sex are? What if someone was going to take a risk and *not* use condom—and that person's partner was infected with HIV? What kind of sex do you think is the *most* risky and what type of sex is the *least* risky?

<u>Read</u> the four cards with the client: "Kissing, Oral Sex, Vaginal Sex, or Anal Sex?

<u>Ask</u> the client to place each of the four cards on one of the three colors along the bottom of the colored risk-continuum board.

The cards should be placed:

Riskier	Risky	Safer	
Anal Sex	Vaginal Sex	Oral Sex	Kissing

Reinforce correct answers, and discuss misconceptions. Explain that in *each* of these situations, one persno comes into contact with body fluids from the other person.

NOTE: The counselor may want to make some or all of these points:

As far as we know, no one has gotten HIV from kissing.

Oral sex is safer than vaginal or anal sex, but even oral sex can be risky if one person has a sore, like a cold sore, or a cut. This skin break might act like an opening for the virus to get in.

It's easier for a woman to get HIV from a man than for a man to get HIV from a woman, because in a man, the virus is concentrated in the semen.

Anal sex is very risky because the skin around the rectum is very fragile and can break easily, causing blood contact. This skin break might act as an opening for the virus to get in. Sometimes the skin breaks are so small that they can't be detected by the naked eye.

Say: How can each of these types of sex be made more safe?" Discuss correct condom use and the use of lubricants.

10 minutes **Myths and Facts Activity**

NOTE: The counselor may choose to use alternative words here (e.g., instead of MYTHS, use False Beliefs, Lies, Untruths, etc.

Instead the next activity by saying: "As we've discussed, condoms are a very good option for reducing your risk for HIV and other STDs. Are there other things that can work?

People have a lot of different ideas about what they *THINK* will keep them safe from HIV and STDs. Some of these may be effective, but some things people *THINK* keep them safe really are not safe—they are not at all effective for reducing risk of HIV or other STDs. Let's spend some time talking about some of these things. I imagine you've heard about most of these before."

Spread the following Myths and Facts cards out in random order for the client to observe.

(***NOTE****: Sites may add a site-specific card. The following chart sorts the cards into the proper columns. This is for the counselor's use and should not be shown to the client.)*

Myths and Facts Cards

Least Effective in Reducing Risk for STDs/HIV	More Effective in Reducing Risk for STDs/HIV	Most Effective in Reducing Risk for STDs/HIV
• Taking the HIV test • Taking STD medication, (e.g., penicillin) • Washing the genital area after sex • Urinating (peeing) after sex • Women taking birth control pills • Douching—women washing inside with a solution • Pulling out before ejaculating	• Women using spermicides • Women using a diaphragm • Having fewer partners • Avoiding risky partners • Talking with partners about HIV/AIDS before having sex with them • Using condoms with some partners and not others • Having sex only with people who have been tested for HIV	• Using condoms correctly every time • Having sex with an HIV negative partner who only has sex with you • Female condom* • Outercourse (non-penetrative activities) - Fantasy - Touching - Masturbation - Mutual masturbation - Massage - Kissing *Currently limited in availability and relatively expensive

If appropriate, <u>read</u> through each of the cards. <u>Take</u> the card labeled. "USING CONDOMS CORRECTLY EACH TIME" and <u>place</u> it in the green column at the top of the risk continuum board under "Most Effective."

<u>Say</u>: "Using condoms correctly every time is one of the most effective ways to reduce your risk for HIV and other STDs. And most people realize this. But most people have questions about the effectiveness of some of these other methods.

Ask the client to choose 3 or 4 cards that describe things that he or she would like to know more about. Choose an additional 2 or 3 cards that seem appropriate to discuss but where not chosen by the client. Try to always include "Outercourse," if possible. (For a woman, the diaphragm and douching cards should usually be chosen. For a man, these cards should usually be avoided unless the man chooses them himself.)

Move away the cards not chosen, then ask the client to place each of the chosen cards along the "Least Effective" to "Most Effective" risk continuum at the top of the colored board.

Discuss the client's inaccurate choices/perceptions first, using information from the "Counselor's Notes" below, as appropriate. Clarify misconceptions, reinforce with discussion, and congratulate accurate choices.

Ask the participant if there are any other methods that he or she has wondered about that were not included. Again, clarify misconceptions and reinforce correct information using the "Counselor's Notes."

Conclude the activity by summarizing some of the effective non-condom options for reducing risk for HIV and STDs, while restating and reinforcing condom use as the preferred technique. Discuss non-penetrative "outercourse," using the concepts of fantasy, touching, masturbation, kissing, mutual masturbation, massage, etc.

Say: "Now that we have discussed these methods, you can see that some of them are very effective for reducing risk of HIV and other STDs For example, acting erotic but not having penetrative sex (intercourse), as we talked about, is a very effective way of reducing risk. If you want to have penetrative intercourse, though, we think the best way to reduce risk is to use a condom correctly every time."

Issues To Be Discussed With Each Myths and Facts Option (Counselor's Notes)

"Outercourse" Doing erotic things, but not having intercourse.

This might include kissing, fantasizing, touching, mutual masturbation, and other things. This is a great option. What other things can you think of that are completely safe - thatis, they don't involve body fluids? Other things include: watching erotic movies together, massage, hand jobs, taking a lot of time with touching or pleasure, intercourse between the thighs or the breasts, using sex toys like dildos, etc.

If there is not contact with body fluids, it really is a safe activity. (Deep kissing does involve exchange of *saliva*, which is a body fluid. As far as we know *no one* has ever gotten HIV only from kissing.)

Having sex with only one partner (who only has sex with you).

This is a possible option. But it is important that you know that your partner doesn't have any STDs and isn't infected with HIV...and how often can we be 100% sure?

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

Having sex only with people who have already been tested for HIV.

It is a very good idea for people to get tested for HIV. But if your partner is negative, it doesn't necessarily mean that he or she is safe. It doesn't let you know about infection that may have happened *after* the test, and it doesn't let you know about other sexually transmitted diseases. Once a person has a negative HIV test, he or she needs to continue to use condoms correctly *every time* in order not to get infected with HIV or others STDs in the future.

There's also the matter of telling the truth. Can you always be sure that what your partner says really is the truth?

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

Talking with partners about HIV and STDs before you have sex with them.

This is a good idea. It's good to know your partner, and your partner's risks before you have sex. Of course, some people will lie or minimize their risks. Also, your partner probably does not know the sex histories or HIV status of all of his or her sexual partners. But talking with your partners is a really good start.

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

Having fewer partners.

This is a possible option. The fewer partners you have, the less likely you are to come across someone who is infected with HIV or other STDs. (Use 'Infection-Tree' or other mathematical model examples, if applicable.)

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

Avoiding "risky" partners.

Risky partners include: Current or former injection drug users; people who use other types of drugs, especially cocaine; people who have lots of sex partners themselves; people who have exchanged drugs for sex (crack girls or crack prostitutes); people who have exchanged money for sex. We *know* these behaviors carry a big risk for HIV. But who can be 100% sure about *anybody else's* past or current activities?

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

Using condoms with some partners and not others.

Lots of people do this, but how can you be sure the people you are *not* using condoms with are safe? (Use 'Infection-Tree' or other mathematical model examples, if applicable.)

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

Taking the HIV test.

It's good to know whether or not you are infected with HIV. But a test today only tells you about infection in the past. It does not tell you about recent infection, and it won't protect you from getting infected in the future.

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

Taking medication that treats an STD, like penecillin.

It's very important for you to take medicines properly to cure the STD. You have to take all the medication as exactly directed to be sure you are completely cured. (Also, you need to be careful not to have sex when you taking medicine for an STD, because you can still pass the STD to your sex partner.) But, taking medicines today won't keep you from getting infected with STDs or HIV in the future.

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

Washing the genital area after having sex.

This just does *not* work. Washing before or after sex will not keep anyone safe from STDs or HIV if they are exposed to an infected sex partner.

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

Urinating (peeing) after having sex.

This just does not work. Urinating before or after sex will not keep anyone safe from STDs or HIV if they are exposed to an infected sex partner. (It does help some people avoid urinary tract (bladder) infections, but if *doesn't* prevent STDs or HIV.)

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

When a woman takes birth control pills.

Birth control pills, if used correctly, are a great way for a woman to avoid getting pregnant. But they will *not* prevent a woman or her sex partner from getting STDs or HIV.

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

Douching—when a woman washes inside her vagina with a solution.

Douching just does *not* work to keep people safe from STDs or HIV. In fact, douching is almost always a *bad* idea. Washing inside may push germs into a woman's uterus (womb) and fallopian tubes and cause serious infections. (Lots of women douche, and lots of mothers tell their daughters to douche, but today in 1994 we realize it is dangerous.)

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

Pulling out before ejaculating (cumming).

This just does *not* work for preventing HIV and STDs. (It also does not work for preventing pregnancy.) Even before a man ejaculates, he discharges a small amount of fluid from his penis that may not be very noticeable. This (pre-cum) fluid contains some sperm, and may also contain HIV or other STDs.

In a man, HIV and many other STDs, including syphilis and herpes are concentrated in the fluid that is in the penis and can be passed from a man to a women *even without ejaculation*. That's why it's very important when you use a condom to use it *right from the start*.

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

The following options are specifically aimed at women:

When a woman uses a diaphragm.

A diaphragm is a rubber barrier that fits high up into the vagina and covers the cervix (the opening into the uterus or womb). Using a diaphragm may help prevent HIV and STDs, *especially* if the woman also inserts spermicides into her vagina after the diaphragm is inside. *But, the diaphragm alone is not as good as condoms for preventing most infections, including HIV.* If a man and a woman have sex and do *not* use a condom, a diaphragm is probably better at preventing HIV and other STDs than nothing at all. But a condom is a much better method to prevent HIV and STDs.

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

When a woman uses spermicides.

Spermicides have been found to prevent some STDs, like gonorrhea and chlamydia, and they may also be helpful in preventing HIV and other STDs. *But, spermicides alone are not as good as condoms for preventing most infections, including HIV.* If a man and woman have sex and do not use a condom, spermicides are probably better at preventing STDs than nothing at all. But a condom is a much better method to prevent HIV and STDs.

There are several types of spermicides available to women, including *foams, creams, gels, suppositories, tablets, and films*. These can be applied inside the vagina. There are also *sponges* with spermicide in them that a woman can insert high up into the vagina over the cervix, like a diaphragm. Spermicides should *only* be used inside the vagina. They should *not* be used inside or around the anal area or in the mouth. (They cause irritation and sometimes even open sores.)

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

The female condom.

The female condom is believed to be very effective at preventing STDs, including HIV. *[However, it was only recently (1993) approved by the FDA, and isn't available yet at most pharmacies. It should be readily available by the end of 1994.]*

Remember, if you have penetrative sex, correct, consistent (every time) condom use is the most effective way to protect you from HIV.

15 minutes **Assessment & Processing Belief about Condom Use**

Say: "We've discussed your risks and the fac that for sexually active people, the most effective way to reduce risk of HIV infection and other STDs is to use condoms on a regular basis. Generally, people have a lot of different thoughts and beliefs about using condoms. I'd like to take a few minutes to focus on what *you* think about using condoms when you have [vaginal, anal] sex with [partner]."

- *Fill in type of sex [vaginal or anal] and type of partner [main or occasional] appropriate to the client's situation. If the client has a main aprtner only and you know that person's name, you might use the name*

instead of saving "your main partner". Similarly, you might use names of occasional partners if these are known.

FOR CLIENTS WHO PRESENTLY OR INTEND TO USE CONDOMS

Say: "I know you have said that you are [using condoms already, planning to use condoms]. I have some cards here listing what many people see as the benefits of using condoms for [vaginal, anal] sex."

Read one of the nine positive belief cards aloud, inserting appropriate references to client's partner and type of sex. For example, "Using a condom *when I have vaginal sex with Jack* would be the responsible thing to do."

Place this card in front of the client and offer the client another card to read aloud. If the client hesitates or appears to have difficulty reading, read the remaining cards aloud. Otherwise, ask the client to review the remaining cards silently before continuing.

Ask the client if he/she would like to add any other possible benefits of using condoms that apply in his/her situation. Write any additional condom benefits the client identifies on separate blank cards and add them to the original set.

Ask the client to look at all the cards and choose the three benefits of using condoms that most apply [are most true] in his/her own situation. For clients who are presently using condoms, these represent the main reasons to continue condom use. For clients who are not using condoms yet, these represent the main personal reasons to start condom use.

Verbally reinforce each of the three condom benefits (positibe beliefs) identified by the client as most true for him/her personally.

Say: "These are all very important reasons to [continue, start] using condoms when you have [vaginal, anal] sex with [partner]."

Encourage the client to think more carefully about these beliefs and to articulate one or more specific reasons underlying each belief. For example, ask, "what led you to believe that using a condom for [vaginal, anal] sex with [partner] would...?" or "Tell me about why you believe that using condoms would..." If the client has difficulty generating reasons to support his/her beliefs, suggest a first reason or add additional reasons for each belief as necessary.

Say: "We've talked about the reasons it would be good to [use, continue to use] condoms. Now let's talk about some of the reasons why people might *not* want to use condoms. I have some other cards here listing what people

say could be disadvantages or problems of using condoms for [vaginal, anal] sex."

Read one (or more) of the 13 negative belief cards aloud, inserting appropriate references to client's partner and type of sexual activity as above.

Ask the client if he/she would like to add any other possible disadvantages of using condoms in his/her situation. Write any additional condom disadvantages the client identifies on separate blank cards and add then to the original set.

Ask the client to look at the cards and choose the three disadvantages of using condoms that most apply in his/her own situation. For clients who are presently using condoms, these represent the main reasons that could cause the client to discontinue condom use. For clients who are not using condoms yet, these represent the main personal reasons for not beginning to use condoms.

Say: "Can you think of anything that might change your mind about some of these disadvantages you see in using condoms?" From the accompanying list of role-play, discussion, and condom demonstration topics, select activities addressing the three negative beliefs identified by the client as most relevant in his/her situation.

Lead into the condom demonstration and role-play activities by saying, "Let's talk some more about the disadvantages or problems you are most concerned about that would discourage you from using condoms."

FOR CLIENTS HAVING NO PRESENT INTENTION TO USE CONDOMS

Say: " I know you have said that you don't have any plans to start using condoms. There are different problems people see in using condoms for [vaginal, anal] sex, and some of these are listed on the cards I have here."

Read the 13 negative belief cards aloud, inserting appropriate references to client's partner and type of sex (e.g., "Using a condom *when I have vaginal sex with Jack* would be a lot of trouble.")

Ask the client to look at all the cards and choose the three disadvantages of using condoms that are the most important in his/her personal situation. These represent the client's main personal reasons for not wanting to use condoms.

Say: " Can you think of anything that might change your mind about some of these disadvantages you see in using condoms?" From the accompanying list of role-play, discussion, and condom-demonstration topics, select activities addressing the three negative beliefs identified by the client as most relevant in his/her situation.

Lead into the role-play and discussion activities by saying, "Let's talk some more about the disadvantages or problems you are most concerned about that would discourage you from using condoms." Do the indicated role-play and discussion activities first, and any condom demonstration activities later as part of the condom demonstration and practice segment.

Say: "We've talked about what could be disadvantages and problems of using condoms. Now let's talk about the possible benefits of using condoms with [partner]. I have some other cards here listing what people say are benefits or reasons why it would be good to use condoms for [vaginal, anal] sex."

Read the nine positive belief cards aloud, inserting appropriate reference to client's partner and type of sexual activity as above.

Ask the client if he/she would like to add any other possible benefits of using condoms that might apply in his/her situation. Write any additional condom benefits on separate blank cards and add them to the original set.

Ask the client to look at all the cards and choose the three benefits of using condoms that might be the most important in his/her personal situation. Say: "I know you don't have any plans right now to use condoms, but which of these might be advantages in your case if you were to consider starting to use condoms for [vaginal,anal] sex?" Even though the client has said he/she has no present intention to use condoms, these represent the main personal reasons the client might decide to start using them.

Verbally reinforce each of the three condom benefits (positive beliefs) identified by the client as most important to him/her personally. In reinforcing the client's choices, remember that these represent possible benefits *if the client were to decide to use condoms*. At this stage, continue to acknowledge the fact that the client has not stated that he/she wants to start using condoms—only that these would be benefits if he/she started using them.

Say: "These could be important reasons to consider using cvondoms when you have [vaginal, anal] sex with [partner]." Encourage the lient to think more carefully about these beliefs and to articulate one or more specific reasons underlying each belief. For example, ask, "What led you to believe that using condoms could...?" If the client has difficulty generating reasons to support his/her choices, suggest a first possible reason or add any additional possible reasons for each belief as necessary.

10 - 15 minutes **Condom Skills Demonstration and Practice**

This is an interactive exercise, with the goal of providing the client with as much experience as possible in handling and talking about condoms. In teaching condoms skills and providing information, first ask questions and let the client tell you what he/she knows before giving a demonstration yourself. *A good rule of thumb is to always ask before telling.*

Potential questions about condoms:

Why use condoms?

Where would you get condoms?

What qualities would you look for in condoms?

Show the client various types of condoms and ask him/her to choose one and apply it to the penis model. Encourage and reinforce the client throughout the demonstration. If necessary, gently suggest steps that could improve technique and ask the client to demonstrate again.

If it has not been covered, make sure to note causes of condom failure (e.g., lack of use and breakage/leakage). Recall beliefs that the client generated earlier and discussion items, addressing those beliefs, as appropriate (e.g., embarrassment, not knowing how to use them, disliking the way they feel, and beliefs that potential sex partners are not infected). Address condom leakage and breakage. Conclude by underscoring the need to practice condom use in order to get comfortable and proficient.

Major Points about Condom Use:

1. Why use condoms?

To provide a barrier from bodily fluids that hold bacteria and/or viruses, like HIV and other STDs.

2. **Where can we get condoms?**

   Free at local STD clinics and health departments.

   Can buy at grocery stores, drug stores, discount stores, and in bathrooms at many establishments like restaurants, bars, and gas stations.

3. **What qualities do we look for?**

   Latex/rubber, no animal skin.

   Not expired.

   Preferably lubricated—they don't break as easily.

   Water-based lubricants only.

   Preferably, with a reservoir tip.

4. **How do you use a condom?**

   Check expiration date.

   Open the package carefully.

   Check to see which way it rolls.

   Leave a space at the tip and pinch to make sure there is no excess air.

   Be sure condom is on before any contact is made.

   Always put condom on an erect/hard penis.

   Unroll condom all the way down the shaft of the penis.

   After ejaculating/coming, pull out while the penis is still erect/hard.

   Hold the base of the condom so it doesn't slip off.

   Unroll or slip it off and toss in the trash.

   NEVER REUSE a condom.

✌ *The suggested dialogue below outlines topics to be covered and presents potential narrative. If the client noted beliefs previously that need to be covered in the condom demonstration discussion, <u>be sure to insert</u> as appropriate.*

Suggested Dialogue:

"How do condoms protect us?"

(<u>Have</u> various types of condoms and as you talk, <u>pick up</u> and <u>open</u> the package, <u>handle</u> the condom, <u>casually hand</u> a condom to client to touch and hold as you both talk.)

"No magic. They just provide a barrier between body fluids. Where can you get condoms?"

(Health clinics like STD clinics, family planning clinics, drug stores, grocery stores, discount stores, and bathrooms in many restaurants, bars, and gas stations.)

"So you're in the store, staring at the shelf. There are at least 25 to choose from. What do you look for in a condom?

Condom Qualities/Facts

Whether you or client brings these up, <u>make sure to address</u> the following condom qualities/facts:

> Latex instead of animal skin. Animal skin condoms are made from the stomachs or intestines of sheep. These condoms have pores in them, which can let viruses and bacteria through. Latex, which is rubber, has a smooth, uniform texture without pores. When used properly, latex provides a barrier to viruses and bacteria.
>
> Not expired. Look at the expiration date on the condom package or box. If the date has expired, don't use.
>
> Preferably lubricated—they don't break as easily. This is not necessary but important. The critical thing is that you use a latex condom, lubricated or not. Plus, you can use a lubricating lotion or gel.

Use water-based lubricants only. Do not use oil-based lubricants, like Vaseline/petroleum jelly, baby oil, massage oil, Crisco, butter, or cooking oils. These can break down the latex in the condom. Use only water-based lubricants. Examples are K-Y Jelly, Probe, Lube, etc. Make sure you look for the words "water-based" or "water-soluble" on the label.

Preferably, with a reservoir tip. This isn't necessary, but is helpful because it has a space on the end to catch the ejaculate (cum). Without a space at the end, the cum has no place to go and can cause the condom to break. If you have a rubber without a reservoir tip, just pinch the end to leave ¼ to ½ inch space at the end when putting it on.

Summarize: *"That's it: latex, preferably lubricated, and with a reservoir tip."*

So, how would you put one on?

Discuss the following as the client demonstrates condom application, starting from opening a new package.

Check expiration date. Check the package or box for the expiration date. If the date has expired, don't use.

Open the package carefully. Teeth, long nails, or scissors can tear or cut the condom.

Check to see which way it rolls. It looks like a sombrero/hat when it's going on the right way. If you put it on the tip of the penis upside down, toss it and use another. Pre-cum (which contains both sperm and any infection) may have gotten on it and if you flip it over, you'll put that inside your partner.

Leave a space at the end. Pinch the tip to be sure there is no air in the tip. If there is, the condom can blow up like a balloon from the friction and break.

Try putting water-based lubricant inside the condom: some men say it's more sensitive and feels more like really being inside their partner.

Be sure the condom is put on before any contact is made, and always put it on an erect penis.

Unroll it all the way down the shaft of the penis & ENJOY.

After ejaculating/coming, pull out while the penis is still erect/hard, holding the base of the condom so it doesn't slip off. Unroll or slip it off facing away from your partner and toss it in the trash.

NEVER REUSE a condom.

✌ *Encourage and reinforce client throughout rehearsal. If he/she does something incorrectly, gently point this out, reinforcing when he/she retries. If the client had any difficulties, have him/her rehearse again. Tell male clients the can practice on themselves when they get erections or when masturbating. Tell female clients they can practice on bananas, cucumbers, vibrators, or dildos until they get comfortable.*

5 minutes **Condom Persuasion Role-Play**

FOR CLIENTS WHO PRESENTLY USE OR INTEND TO USE CONDOMS

Say: "We've talked a lot about the reasons it makes sense to use condoms for [vaginal, anal] sex and also about some of the possible problems in using them. You identified three important advantages of using condoms for [vaginal, anal] sex with you [main, occasional] partner(s) and three disadvantages. What I'd like for us to do now is a role-play where I'll be somebody who is trying to decide whether to [start, continue] using condoms and that there are more advantages than disadvantages to condom use in my case. In convincing me, use the reasons in favor of condoms that you identified as most important to you, and I'll bring up some of the problems we talked about so you can tell me how to overcome them. Do you have any questions? Are we ready to start?"

Start, the role-play by describing your situation as someone who is not sure whether to [start, continue] using condoms with your [main, occasional] partner(s). Have the three positive belief cards the client chose in front of him/her to prompt him/her during the role-play. Guide the interaction so that the client is able to describe his/her three primary advantages of condom use and to tell you ways of overcoming the three disadvantages of using condoms he/she identified as most salient. Step out of role, if necessary, to remind the client of the condom advantages he/she identified as important.

FOR CLIENTS HAVING NO PRESENT INTENTION TO USE CONDOMS

Say: "We've talked a lot about the reasons it makes sense to use condoms for [vaginal, anal] sex and also about some of the possible problems in using them. You identified three disadvantages of using condoms for [vaginal, anal] sex with your [main, occasional] partner(s) as well as three possible advantages. What I'd like for us to do now is a role-play. I'll be somebody who is trying to decide whether to [start, continue] using condoms for [vaginal, anal] sex with my [main, occasional] partner(s). Your job is going to be to convince me that I really should [start, continue] using condoms and that there are more advantages than disadvantages to condom use in my case. In convincing me, use the reasons in favor or condoms that you identified as most important to you, and I'll bring up some of the problems we talked about. When I bring up a problem about using condoms, try to tell me a way to overcome it. Do you have any questions? Are we ready to start?"

Start the role-play by describing you situation as someone who is not sure whether to start using condoms with your [main, occasional] partner(s). Have the three positive belief cards the client chose in front of him/her to prompt the client during the role-play. Guide the interaction so that the client is able to describe his/her three primary advantages of condom use and to tell you ways of overcoming the three disadvantages of using condoms he/she identified as most salient. Step out of role, if necessary, to remind the client of the condom advantages he/she identified as important.

2-5 minutes **Homework Assignment**

Say: "Let's use some of the things we've talked about to decide on something to work on before the next session."

Guide the client in choosing a behavioral step for homework that he/she is likely to have a successful experience with and that also represents a meaningful challenge. On the one hand, it is very important to choose a behavior that is easy enough for the client to perform successfully, while on the other hand it is desirable that the behavior be hard enough to challenge and involve the client. Steps should be easy enough to succeed with; they should be hard enough to give a sense of accomplishment.

If appropriate, build on the previous behavioral step (from Session 1) in determining the new homework assignment. As an alternative, if indicated, suggest that the client continue working on the behavioral step established in Session 1.

Thank the client and remind him/her of the next session. Also, stress the importance of returning for HIV test results. Schedule the next session and validate the client's good work during this session.

Project RESPECT Enhanced Intervention – Session 2

Safety and Risk of HIV/STD-Related Risk Reduction Activities

Least Effective in Reducing Risk of STDs/HIV	More Effective in Reducing Risk of STDs/HIV	Most Effective in Reducing Risk of STDs/HIV
• Taking the HIV test • Taking STD medication. (e.g. penicillin) • Washing the genital area after sex • Urinating (peeing) after sex • Women taking birth control pills • Douching - women washing inside with a solution • Pulling out before ejaculating	• Women using spermicides • Women using a diaphragm • Having fewer partners • Avoiding risky partners • Talking with partners about HIV/AIDS before having sex with them • Using condoms with some partners and not others • Having sex only with people who have been tested for HIV	• Using condoms correctly every time • Having sex with an HIV negative partner who only has sex with you • Female condom* • Outercourse (non-penetrative activities) - Fantasy - Touching - Masturbation - Mutual masturbation - Massage - Kissing * Currently limited in availability and relatively expensive

Positive Belief Cards - Session 2

- ❒ Using a condom. . .*would be the responsible thing to do.*
- ❒ Using a condom. . .*would protect me from AIDS and other STDs.*
- ❒ Using a condom. . .*would allow me to worry less.*
- ❒ Using a condom. . .*would make me feel cleaner.*
- ❒ Using a condom. . .*would protect my partner from AIDS and other STDs.*
- ❒ Using a condom. . .*would prevent pregnancy.*
- ❒ Using a condom. . .*would make sex last longer.*
- ❒ Using a condom. . .*would show my partner that I care.*
- ❒ Using a condom. . .*would make me feel good about myself.*

Negative Belief Cards

- ❒ Using a condom. . .*would prevent pregnancy.*
- ❒ Using a condom. . .*would make sex last longer.*
- ❒ Using a condom. . .*would be a lot of trouble.*
- ❒ Using a condom. . .*would be too messy.*
- ❒ Using a condom. . .*would make my partner not trust me.*
- ❒ Using a condom. . .*is unnecessary.*
- ❒ Using a condom. . .*would be expensive.*
- ❒ Using a condom. . .*would ruin the mood.*
- ❒ Using a condom. . .*would make my partner angry.*
- ❒ Using a condom. . .*would make sex painful or uncomfortable.*
- ❒ Using a condom. . .*would make it hard to keep an erection.*
- ❒ Using a condom. . .*would decrease sexual pleasure.*
- ❒ Using a condom. . .*would make my partner think I don't trust him/her.*
- ❒ Using a condom. . .would make sex less intimate.

NEGATIVE BELIEF	ACTIVITY
Using a condom would make sex painful/uncomfortable	**Condom Demonstration** **Reasons** — **Points to Discuss** Dry ➟ Add extra lubricant to outside of condom after application. Hurts putting on ➟ Should have erection before putting on. Practice applying condom with lubricant. Bad reaction ➟ Use a different type of condom (ie without nonoxynol 9). Hair catches ➟ Trim hair. Use special condom. Too tight ➟ Use humor (condom on fist/head). Try different brand/larger size. Comes off inside ➟ Try "snugger fit" condom.
Using a condom would make my partner thing I don't trust him/her	**Role Play** **Key Points** ➟ Stress not to accuse partner. ➟ Focus on positives of condom use. ➟ Explain to partner that condom use is an act of caring. ➟ Insert STD facts when appropriate. ➟ Explain that you want to create trust. ➟ Explain that you want to protect both of your health ➟ Say it's important to you.
Using a condom would make my partner not trust me.	**Role Play** *Same as above*
Using a condom would make my partner angry	**Role Play** Note: If the client is afraid of violence, there may be little that can be done here. However, you may want to

NEGATIVE BELIEF	ACTIVITY
Using a condom would be a lot of trouble	**Condom Demonstration and Negotiation** **Reasons** — **Points to Discuss** Takes a long time to put on ➟ Practice to increase speed/improve technique. Condom tears ➟ Hold tip to prevent air. Add lubricant. Hard to remember ➟ Keep condoms throughout the house/on body.
Using a condom would make it difficult to keep an erection.	**Condom Demonstration** **Reasons** — **Points to Discuss** Can't feel anything ➟ Use thinner condom. ➟ Add lubricant to inside tip and outside of condom. ➟ Use pouch condom.
Using a condom would be too messy.	**Condom Facts and Demonstration** **Points to Discuss** ➟ Pill does not protect against disease. ➟ Have to depend on partner to take the pill everyday ON TIME. ➟ If on the pill why here with STD (or concern about STD)? ➟ Partner can have STD and not know it. ➟ You can't tell if someone has STD by looking. ➟ Get HIV same way you get other STDs. ➟ What do you know about his/her past partners? ➟ If he/she is clean why here with STD?

NEGATIVE BELIEF	ACTIVITY	
Using a condom would be a lot of trouble	**Condom Demonstration and Negotiation**	
	Reasons	**Points to Discuss**
	Takes a long time to put on	➟ Practice different techniques for putting on a condom.
	Condom tears	➟ Hold tip to prevent air. Add lubricant.
	Hard to remember	➟ Keep condoms throughout the house/on body.
Using a condom would make it difficult to keep an erection	**Condom Demonstration**	
	Reasons	**Points to Discuss**
	Can't feel anything	➟ Use thinner condom.
	It isn't real/natural	➟ Add lubricant to inside tip of condom.
	It's not intimate	➟ Have partner apply, eroticize it.
Using a condom would decrease sexual pleasure.	**Condom Facts and Demonstration**	
	Reasons	**Points to Discuss**
		➟ Ejaculate is as messy as lubricant.
Using a condom would be unnecessary.	**Discussion**	
	Reasons	**Points to Discuss**
	On the pill	➟ Pill does not protect against disease.
		➟ Have to depend on partner to take the pill everyday ON TIME.
		➟ If on the pill why here with STD (or concern about STD)?
	Partner is clean	➟ Partner can have STD and not know it.
		➟ You can't tell if someone has STD by looking.
		➟ Get HIV same way you get other STDs.
		➟ What do you known about his/her past partners?
		➟ If he/she is clean why here with STD?

SESSION 3 - Enhanced Intervention

Purpose

The purpose of this session is to inform the client of his/her HIV test results, discuss the earning of test results as outlined in CDC guidelines for post-test counseling, discuss and evaluate the client's experience with the previous session's behavioral step, identify barriers to condom use and ways to overcome them, address ways to bring up the topic of safer sex and respond to excuses for not using condoms, and develop a behavioral step for the client to try before the next session.

Goals

Session 3 of the Enhanced Intervention will enable participants to:

1. Understand his/her HIV test results, including implications for future testing and the relationship of HIV to other STDs.
2. Report and evaluate progress with the behavioral step established in Session 2.
3. Identify situational barriers to condom use and ways to overcome them.
4. Adopt effective communication strategies relating to condom use.
5. Develop a behavioral step to try before Session 4.

Objectives

By the end of Session 3 of the Enhanced Intervention, participants will:

1. Identify up to five barriers that would impede condom use.
2. Develop at least one way to overcome each of the situational barriers.
3. List three statements that introduce the topic of safer sex.
4. List effective responses for three to five excuses for not using condoms.
5. Establish one positive step toward condom use to be taken before the next session.

Project RESPECT Enhanced Intervention

Session Structure

Activity	Method	Time (Minutes)	Materials
Welcome & Communication of Test Results	Discussion	10-20	Client Chart/Test Results
Overview of Session & Review Behavioral Step	Discussion	2-5	Client Notes
Barriers to Condom Use/Ways to Overcome Barriers	Circle Barriers on Flip Chart	15-20	Flip Chart & Markers (2 Colors)
Responding to Partner Excuses	Excuses, Excuses Cards	5-10	Excuses Cards
Development of Homework Assignment	Discussion	2-5	Client Notes, Appointment Cards, and Condoms
Total Time Required		**39-75 minutes**	

ENHANCED SESSION 3: INTERVENTION SCRIPT

2-5 minutes **Welcome & Communication of Test Results**

Greet the client and ask how he/she has been/is doing.

Say: "In today's session, we're going to discuss your HIV test results. How are you feeling about that?" Pause to let the client respond. Assess if the client is ready for results and give results when appropriate.

The Meaning of Test Results

Explain the meaning of test results:

A *negative* test result means that there is no current evidence of infection with HIV, the virus that causes AIDS. Remember, if the person was recently infected, the test might not yet be positive. People's bodies can react to HIV in as little as 2 weeks, but most people take longer to make markers in the blood that indicate the presence of the virus. The test can pick up HIV infection in most people within 3 months of the time of infection, although it can take up to 6 months in some cases.

An *indeterminate* test results means that the test results are inconclusive. This could indicate a recent HIV infection where the antibody reaction is not yet strong enough to show as a definite positive, but in most cases it represents a reaction to something other than HIV.*

✌ *A positive test result should be handled according to the usual clinic routine for newly diagnosed HIV infection. A client with a positive test result will not require further study follow-up.*

2 minutes **Recommendations**

Provide the following recommendations based on test results:

Negative - If it is likely that you were exposed to HIV in the past 3 to 6 months, a retest is recommended 6 months from your last risk behavior. Avoid high-risk activities.

Indeterminate - Retest in 6 to 12 weeks*

Suggested Questions/Script for Clients with Negative Test Results:

If results are negative, explore client's feelings about results and his/her support system using any or all of the following questions:

How do you feel about your test result?

How was it waiting for your results?

What did you think about?

Did you tell anyone about getting tested?

Whom did you talk to about getting tested?

What did he/she/they think about you getting tested?

What, if anything, will you do differently after this experience?

Conclude the discussion of results and give an overview of today's session by saying something like:

"It's great that you are negative and the things we will cover in this session will help you stay HIV negative."

Today we'll:

Discuss how the behavioral step you established in Session 2 went

Address some barriers that make condom use difficult and ways to overcome those barriers

Discuss how to bring up the topic of safe sex to current and potential sex partners

Generate some things to say when your partner has excuses for not wearing condoms

Wrap up by developing another safer sex step for you to try before the next session.

"Before we move on, do you have any questions?"

2-5 minutes **Review of Behavioral Step**

Introduce discussion of last session's behavioral step by saying something like:

> "At the end of the last session we agreed that you would try to. . . .Tell me again what that step was? How did it go for you?

Explore this with the client by asking any or all of the following questions:

How did that feel?

How did your partner react?

Was it like you expected?

Were you happy with how it went?

Reinforce the client for accomplishing the assignment with statements like:

Sounds like you did a great job.

It's great you were able to do that.

I'm impressed how you handled that.

You've really tried and have accomplished some things -- good for you!

If client did not accomplish or had difficulty with assignment, explore why with any or all of the following questions:

What got in the way?

What stopped you/made it difficult?

What could you have done differently?

What were you feeling/thinking?

When can you try this again?

What will make it easier for you?

What else could you try?

10-15 minutes Barriers to Condom Use/Ways to Overcome Barriers

FOR CLIENTS WHO HAVE FORMED INTENTION TO USE CONDOMS

Say: "In the last session, we practiced using condoms, and we've discussed steps for you to take to make condom use easier. You have indicated that you would like to use condoms [and, but] you [have, have not] been able to use them. For some people, there are situations that make condom use less likely. I call those *barriers to condom use*. In a few minutes, we'll talk about some barriers to condom use that other people have told me about. First though, I'd like you to think about the last time you had [vaginal, anal] sex with the [main, occasional] partner without using a condom when you wanted to. Has that ever happened to you?"

IF THE CLIENT SAYS "**YES**", say something like:

> "Lots of times people think later about the way they would have handled some situation if they could do it over again. Now let's think about the last time you did not use a condom when you wanted to, and what you might have done differently that would have helped you to use a condom.

Ask the client to describe what he/she might do, step-by-step, to be successful. If the client has difficulty coming up with realistic ways to overcome the barriers, or cannot recognize what the barriers were, make suggestions at various steps.

IF THE CLIENT SAYS "**NO**," say something like:

> "Lots of times people think later about the way they would have handled some situation if they could do it over again. Now let's imagine a situation where you do want to use a condom but are having difficulty, and what you might do that would help you to use a condom." Ask the client to describe the situation he/she has in mind. Ask him/her to describe what he/she might do, step-by-step, to be successful. If the client has difficulty coming up with realistic ways to overcome the barriers, or cannot recognize what the barriers were, make suggestions at various steps.

Project RESPECT Enhanced Intervention – Session 3

Situational Barriers

The barriers are followed by potential client responses and/or counselor suggestions:

➳ **My partner looked attractive.**

- ❸ Consider discussing condom use with "attractive" partner in non-sexual environment.
- ❸ "Slow things down" and take time to enjoy being with "attractive" partner.

➳ **My partner looked clean.**

- ❸ "What you see isn't what you get"; often infected people do not realized that they are infected.
- ❸ If you have previously been infected with an STD, you could reflect on if your partner looked dirty or unclean at that time.
- ❸ Note that Magic Johnson doesn't look like an unclean or dirty person, but he has HIV.

➳ **My partner didn't want to use a condom.**

- ❸ You could ask why your partner does not want to use condoms and address your reluctant partner's issues (i.e. The condom is dry: use lubricant; can't feel anything; use thinner condom).

➳ **I/We want to have a baby.**

- ❸ Think about: 1) the level of monogamy in your relationship; 2) the length of time you have been in the relationship; 3) your partner's HIV and STD status.

➳ **I was in a hurry.**

- ❸ "Slow down" and take time to enjoy the experience.
- ❸ Practice using a condom so you can apply one quickly.

➳ **I didn't have a condom with me.**

- ❸ Carry condoms at all times (i.e, in your purse or wallet) and maintain a supply of condoms handy in places you normally have sex (i.e., car, bedroom, partner's house).

➳ **I was drunk/high.**

- ❸ Discuss condom use with your partner (or potential sexual partner before getting high or drunk).
- ❸ Have a condom within eye range and reach.
- ❸ Practice using condoms so that you can apply them even when you are drunk/high.

➳ **I was really hot and sexually excited.**

- ❸ Acknowledge to your partner that you are "hot" but want to take time to make the feelings last.
- ❸ Practice using condoms so that you can apply them even when you are drunk/high.

➳ **I have never talked to my partner about condoms.**

- ❸ Learn ways to talk to your partner about condoms.
- ❸ Make a time to talk with your partner about your desire to use condoms. This conversation should take place in a non-sexual, non-accusing, relaxed environment.

➳ **My partner was mad at me.**

- ❸ Avoid using sex to make up.
- ❸ Talk about condoms in a non-sexual situation.

EXCUSES

- ❸ I'll pull out before I come.
- ❸ We don't need condoms. I'm/you're on the pill.
- ❸ I know I'm clean.
- ❸ I just got an HIV test.
- ❸ I/He can't stay hard with one of those on.
- ❸ I'm afraid it will come off inside of me/you.
- ❸ I'm afraid it might hurt.
- ❸ It's going to be too messy.
- ❸ They aren't big enough for me.
- ❸ They're too much trouble.
- ❸ They take too long to put on.
- ❸ You can't feel anything with one of those on.
- ❸ They always break.

SESSION 4 -- Enhanced Intervention

Purpose

The purpose of this session is to help the client identify community norms and personal support for condom use and assist the client to develop a long-term risk reduction plan.

Goals

Session 4 of the Enhanced Intervention will enable participants to:

1. Recognize community/public support for condom use.
2. Recognize personal support for condom use.
3. Understand behaviors that reduce STD/HIV transmission risk and those that do not.
4. Develop a plan for avoiding STDs and HIV in the future.

Objectives

By the end of Session 4 of the Enhanced Intervention, participants will:

1. Describe at least one condom-related event or portrayal in the community (local or national).
2. Identify three personal supporters of condom use.
3. Correctly identify behaviors that reduce STD/HIV transmission risk and those that do not.
4. Outline a long-term plan and specify the behavioral steps for avoiding STDs/HIV in the future.

Session Structure

Activity	Method	Time (Minutes)	Materials
Review Homework	Discussion	3-5	Client notes
Reinforce Community Norms	Discussion with Visuals	5-7	Pictures, Articles
Reinforce Social Norms/Support	Discussion	5-7	None

Review and Reinforce Previous Sessions	Variable	5-10	List of Barriers and Beliefs Activities from Sessions 2 & 3
Steps to Condom Use	Card Sort	5-10	Steps to Condom Use Cards, 2 Title Placards
Steps to Long-Term Change	Discussion	5-15	Goal/Plan Sheet
Diploma	Presentation	2	Diploma

Total Time Required	**30-65 minutes**

ENHANCED SESSION 4: INTERVENTION SCRIPT

3-5 minutes **Review Homework**

Greet the client and ask how he/she has been doing. Remind the client that this is the final session with you, and commend the client for his/her good work and progress that he/she has made during the previous three sessions.

Ask about the homework assignment and restate the task to have been completed:

> "When we last met, you were going to talk to [partner] about condom use."

Discuss client's perceptions:

> How did that go for you?
>
> How did you feel about that?
>
> How did [partner] react?
>
> Was it like you expected?
>
> Were you happy with it?

Validate/reinforce any progress (even if goal wasn't met):

> Sounds like you did a great job!
>
> You've really accomplished a lot!
>
> It's great you were able to do that!
>
> Even though [partner] was out of town all week, having that time to think about talking has probably made you more ready!

Discuss problems:

> What might you have done differently?
>
> What got in the way?
>
> What were you feeling?

What stopped you?

When will you try this again?

What else could you try?

5-7 minutes **Reinforce/Change Perceptions of Community/Public Norms**

- *This activity is designed to reinforce positive perceptions of community norms regarding condom use or change perceptions so that the client perceives community/public norms to be supportive of condom use.*

  In order to do this, it may be easier to put condom use into the context of community efforts to reduce the transmission of HIV.

The Community Context

State something like: "We have been talking a lot about condoms. As we have discussed, condoms are one of the best ways to prevent HIV. Because people are so concerned about HIV, condoms are becoming more accepted. Some people don't realize how much condom use is becoming a part of life in our community. For example, condoms are now sold in a lot more places than they used to be, and the stores don't hide them in the back like they used to. Also, condoms are talked about more on TV, in the movies, and in the music videos."

Ask the client for things he/she has seen and heard about condom use. If the client cannot offer any ideas, provide several examples and ask if he/she has seen them.

- *As you do this exercise with your clients, be sure to keep track of examples that the clients generate so that you can use them with other clients.*

Examples of Questions/Statements on Condom Awareness in the Community

Local Community Examples

Did you notice that condom store over on. . .? (If you have a condom store in your area, be sure to take a picture of it.)

It seems like I'm seeing condoms everywhere these days. I've seen them in bars, and the gas station I usually go to has a big display by the cashier.

Have you seen these [Umoja Sasa] condoms that are being marketed in the [African American] community?

Have you heard that [school, organization] is giving away condoms?

National Examples

Did you see. . .

- *Lethal Weapon 2?* (Movie): Murdock's (Danny Glover's) daughter was in a condom commercial.

- *Pretty Woman?* (Movie): Julia Roberts shows Richard Gere her condom collection and calls herself the "safety girl."

- *Life Goes On? (*TV*)*: Becca and her HIV-positive boyfriend, Jesse, discuss intercourse and condom use.

- *A Different World? (TV):* Kimberly believes she is pregnant but discovers later that she is not. Her dorm mother, Letti, suggests that in the future she stop by her room and get the "*Letti, Be Ready Condom Date Pack."*

- *The Cosby Show? (*TV*)*: Pam's boyfriend wants to have sex. Pam's doctor gives her condoms instead of the pill and Pam discusses with her boyfriend the benefits of using condoms instead of pills.

- *L.A. Law? (*TV*)*: Arnie Becker is about to have sex with his latest girlfriend when she reaches into her bedroom drawer and gets a condom.

Have you noticed that [choose personality from list below] has been talking about using condoms?

- Edward James Olmos - Latino actor who has directed and starred in many movies, including *American Me* and who played the captain in *Miami Vice*

- Magic Johnson

- Arsenio Hall

- Christine -- Latina talk show host who is active in the Latino community with AIDS programs.

Have you seen the music video with [choose person or group from list below]?

- ✿ Shabba Ranks and Queen Latifa -- Shabba Ranks has the word condom written in his hair.
- ✿ TLC -- Each member wears some sort of condom paraphernalia in every video. Particularly noticeable is "Left Eye," who wears a condom over her right eye.
- ✿ Ice Cube -- In the song, *Today Was a Good Day*, he talks about wearing a Jimmy (condom).

Have you noticed that. . .

- ✿ Even *Dear Abby* had a recent column about the types of condoms that are the safest to use?

Wrap up with a positive statement about community/public support of condom use. For example, say: "Things have really changed. The community as a whole is more accepting of condoms. You can now buy condoms in stores that specialize in condoms only, or you can get them in many other places. People may not have used condoms in the past, but they sure are using them now."

5-7 minutes **Reinforce Social Norms/Support**

People Who Care Exercise

Use the attached drawing and say to the client:

"I want you to think about the people you know whose opinions matter to you. Look at this circle, and draw an arrow from yourself (in the center) to those individuals you would listen to and whose opinions you respect. These are the people you might go to for help with a personal problem or pay attention to when they offer advice about the best thing to do in some situation. If there are other people whose opinions are important to you, add their names to the circle too.

"Now, think about which of these people (you have marked) really care about your staying healthy and reducing your risk of getting an STD. Draw an arrow *to* yourself from each of these individuals."

For each person with an arrow, ask: "Have you talked to ____ about using condoms?" If yes, ask, "What did he/she say?" If no, ask, "What do you think he/she would say?"

Have the client circle in *green* the people whom he/she believes would support condom use, even if he/she has not talked with them about condom use. Have the client circle in *red* the people whom he/she believes would not support condom use. Instruct the client not to circle in red the person who does not support condom use because the person does not want the client to have sex and say something like:

"Perhaps if he/she accepted that you were having sex, he/she would want you to use condoms to reduce your risk of an STD, don't you think?"

➢ If the client has not talked to the people he/she believes would support condom use and he/she is not sure how these people feel about his/her condom use, say something like:

"Although you have never discussed it with them, these people would want you to use a condom because they don't want you to get an STD. Do you agree? Do you think you could put a green circle around them? You've said that you care about their opinion of what you do. Do you think that knowing this will help you achieve your (condom use) goal?

➢ If the client has no green circles, all red circles, or says that he/she cannot identify significant people, draw a green circle around the Project RESPECT Counselor, draw an arrow to the client (in the center), and say something like:

"Since we've been working together, we've talked about how important it is for you to stay healthy and to use condoms to reduce your risk of getting an STD. I'm one person in your life who is concerned about your staying healthy and using condoms and I hope you will consider this another good reason to use condoms. Are there others in your life whose health you are concerned about with whom you could discuss using condoms?"

➢ If all of the circles are green (that is, the client has discussed condom use with the arrowed people, and these people support condom use, or the client thinks that the people would support condom use), say something like:

"It's great that these people support (would support) your use of condoms. You've said that you care about their opinion of what you do. Do you think that knowing this will help you achieve your (condom use) goal?

➢ If some of the circles are green and some are red (that is, the client identifies only *some* of the opinion-significant individuals in his/her life as ones who would encourage/support condom use), say something like:

"From what you say, there are some important people in your life who would want you to use condoms; these are people whose opinions you respect and you have given you good advice in the past. And it's okay that everybody you know (for example, your partner) doesn't think the same way. Do you think that knowing that some of the important people in your life support your using condoms will help you achieve your (condom use) goal?"

➢ If the client has more red than green circles (that is, fewer people support condom use than those who do not support it), say something like:

"It sounds like some of the people in your life support your using condoms to reduce your risk of an STD. Perhaps the others are not aware of how using condoms helps to reduce that risk. Do you think you could discuss this with them?"

5-10 minutes **Review and Reinforce Previous Sessions**

Using the client notes, revisit any unresolved issues from previous sessions (beliefs, barriers, etc.). Use appropriate techniques (role-play, brainstorming, etc.) To address issues.

Say:

In our last session, we were talking about situations in which you found it difficult to use a condom.

Some of those we talked about and you thought of ways to avoid those situations. But some we didn't get around to discussing and perhaps we should go back to that.

Validate/reinforce progress made.

You've come a long way since we first met. You've talked to [partner] about condoms, and worked through some of the problems you had with condom use.

You should be very proud of the progress you've made so far.

5-10 minutes **Steps to Condom Use**

Say: "Besides believing it's important to use condoms, there are things people can do make it easier to use condoms when they want to. Let me read what I have on these cards."

Read the 10 Steps-to-Condom-Use cards aloud, placing cards in a pile in front of the client. Pause briefly after reading each card to allow time for any clarification that may be indicated (e.g., the client might ask what "simply put condom on" means).

Ask: "Would you divide these cards into two piles for me, one here [point] for things that would be *easy for you to do* and another pile over here [point] for things you would consider *not so easy to do?*"

After the client has sorted the 10 cards, ask if there is anything else the client can think of that he/she could do to make using condoms easier. Write any additional steps the client identifies on separate blank cards and have the client sort these with the others. If the client has placed all cards into the *Not So Easy* pile, ask him/her to say which one or two behaviors might be considered a little easier than the rest.

For clients who have used condoms before, ask which behaviors he/she may have done in the past. Note which behaviors the client considered to be *Easy* and which were *Not So Easy*. Provide positive reinforcement for condom behaviors performed in the past, and discuss any difficulties the client may have encountered. Save the sorted cards to use as a guide for the homework assignment below.

5-15 minutes **Steps To Long-Term Change**

Say: "Before we leave, let's talk for just a minute about where you go from here. It would be a good idea to have a definite plan for making risk reduction a regular part of your life, so you stay healthy and don't get infected with HIV or some other STD. You've already done a lot, and it's important that you continue after these sessions are over."

Establish a realistic plan with the client for maintaining condom use and/or continuing progress toward achieving consistent condom use with his/her partners. Set a specific goal for the client to work toward in the next 3 months, and develop an action plan with behavioral steps to achieve this goal.

Say: "Let's think about where you would like to be in terms of condom use 3 months from now. What do you think would be a realistic personal goal to set for using condoms—something you would do in the next 3 months?"

Review with the client where he/she is now in terms of condom use. This will serve as a starting point for looking at possible goals for the next 3 months and provides a frame of reference for evaluating how realistic particular goals may be. The 3-month goal should *build* on what the client has achieved thus far; the key is further *progress*, not *perfection*.

✌ **IF THE CLIENT:**

➳ *Is not using condoms because he/she has decided not to have sex*, urge continued progress in making steps toward condom use "in case your feelings change or your situation changes."

➳ *Is already using condoms 100% of the time with his/her partner(s)*, focus the 3-month goal on developing mechanisms to maintain and sustain 100% condom use.

➳ *Has expressed the intention to use condoms but has made little progres toward actual condom use*, comment on this directly and ensure that the 3-month goal includes reference to actual condom use. For example, say, "Talking to your partner about condoms is a good first step, but you need to start really using them if you want to protect yourself."

- *Expresses no intention of using condoms*, suggest a goal that will involve additional exposure to and/or practice with condoms, with a view toward changing his/her current negative opinion. For example, say, "Even though I know you still don't plan to use condoms, what about getting some more experience with them before you come back for follow-up?"

Say: "Now that you have a goal, let's talk about how to get there. It might be a good idea to outline the specific steps you'll need to take to achieve your goal in the next 3 months. What is a first thing you could do in working toward this goal—what would be a good first step?"

Guide the client in outlining the key steps necessary to achieve his/her goal. Ensure that steps are specific, clear, and doable. Choose steps that are under the client's control. Avoid steps that are overly broad and contain a large number of specific behaviors.

Say: "What things do you think could get in the way of accomplishing this plan? Let's look at each one of the steps you are going to take and see what might interfere with it."

Discuss each step in terms of possible barriers that might be encountered, employing the technique prescribed in Session 3. Complete the goal/plan sheet and make a copy for the client.

Congratulate the client on his/her goal and step-by-step plan. Give the client a copy of his/her plan and retain one for study files.

2 minutes **Diploma**

Give the client his/her diploma.

Say: "We wanted to give you something tangible to express our pride in all the hard work that you've accomplished. This certificate stands for a new healthy beginning.

Thank the client for participating in the study and adjourn the session.

- ✓ **Have condoms available (have one with me at all times).**
- ✓ **Buy condoms.**
- ✓ **Take condoms from the clinic.**
- ✓ **Tell partner that the clinic (doctor) asked you to talk with him/her about condom use.**
- ✓ **Discuss condom use with partner in non-sexual situation.**
- ✓ **Ask partner to use a condom.**
- ✓ **Tell partner to use a condom.**
- ✓ **Tell partner, "No condom, no sex."**
- ✓ **Simply hand condom to partner.**
- ✓ **Simply put condom on (partner).**

Project RESPECT Enhanced Intervention

My Own Goal and Plan

My goal:

My plan (steps I will take to reach my goal):

Time frame to accomplish my plan:

My resources:

Personal (friends and relatives):

Professional (agencies and organizations):

Project RESPECT Enhanced Counseling Intervention Manual

Baltimore
Denver
Long Beach
Newark
San Francisco

Centers for Disease Control and Prevention

July 1993

Quality Assurance Forms – Enhanced Counseling Intervention (4 sessions)

Project RESPECT

Enhanced Counseling Intervention (4 sessions)

(Study Arm I)

The four-session intervention was conducted by a trained HIV counselor, with all sessions conducted by the same counselor. Each session involved a client-centered, interactive approach, with session 1 lasting 20 minutes, and sessions 2, 3, and 4 lasting 60 minutes each. Session 1 was given during the enrollment visit, and the remaining sessions were conducted during the following three to four weeks. The HIV test results were given during session 3.

Each intervention session built on materials discussed during the previous session. Session 1 was identical to the first session of HIV Prevention Counseling, and focused on a personalized assessment of risk. Session 2 focused on changing condom use self-efficacy, session 3 on condom use attitudes, and session 4 on perceptions of norms regarding condom use. Each session ended with a goal setting exercise. Whenever feasible or applicable, a condom use goal was encouraged.

Quality Assurance components included:

1) Standard training course for all Project RESPECT counselors (2 day course)
New counselors were encouraged to practice counseling sessions on other counselors, and for initial sessions with clients, to be observed by experienced counselors or supervisors.

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2) Observation of counseling sessions by counseling supervisors, with immediate feedback to counselors. (Forms follow).
Throughout the study, counselors were routinely observed on whether counseling goals were achieved and how well they followed the protocols. Check off forms were used to indicate how well counselors achieved specific objectives, but superviros attempted to make this a "discussion" more than a "rating". Counselors were also encouraged to observe their peers whenever possible, to pick up or consider new skills.

3) Process evaluations for counselors and study participants (Forms follow).

4) A one-hour meeting per week during which counselors were asked to review difficult situations, and use discussion and role play to consider possible options.

PROJECT RESPECT
ENHANCED COUNSELING -- OBSERVATION AND FEEDBACK GUIDE

HIV COUNSELOR:_____

Project RESPECT Site:_____

Duration of Session:_____

Enhanced Session 1

Observer:_____ Date completed:_____

Client Age:_____ Race/Ethnicity:_____ Sex:_____

1. This Enhanced Counseling tool is designed to assist counselors and intervention coordinators by summarizing observation of a single standard/enhanced session documenting the counselor's communication, counseling skills and completion of the required enhancement activities. Conclusions should be based on counselor demonstration of each skill, completion of the activity and identification of client initiated risk reduction plan/task. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

2. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

COMMUNICATION SKILLS	**Enhanced Counseling Session One**				
	Not Achieved		**Achieved**		**Excellent**
1. Demonstrated professionalism.	1	2	3	4	5
2. Established rapport (introduction, defined scope and duration of session).	1	2	3	4	5
3. Listened effectively, allowed client to speak and did not needlessly interrupt.	1	2	3	4	5
4. Used open-ended questions.	1	2	3	4	5
5. Communicated at the client's level of understanding.	1	2	3	4	5
6. Clarified important misconceptions.	1	2	3	4	5
7. Solicited client's feedback.	1	2	3	4	5
8. Consistently provided reinforcement to the client.	1	2	3	4	5
9. Used appropriate nonverbal communication.	1	2	3	4	5

SESSION ONE EVALUATION	Enhanced Counseling Session One				
	Not Achieved		Achieved		Excellent
10. Assisted the client in recognizing risks (linked client STD symptoms, history, concerns to HIV risks)	1	2	3	4	5
11. Identified, reinforced and supported client concerns, intentions, actions and/or communications about HIV/AIDS.	1	2	3	4	5
12. Addressed community, peer perceptions of HIV/AIDS.	1	2	3	4	5
13. Counselor asked client to help him/her understand _____ (behavior-risk perception; behavior-intentions; and conflicting information).	1	2	3	4	5
14. Maintained focus on the client's sexual behavior and circumstances that affect that behavior.	1	2	3	4	5
15. Assessed barriers to HIV risk reduction; identified and defined impasses and difficulties.	1	2	3	4	5
16. Negotiated a realistic plan to help the client reduce HIV risks.	1	2	3	4	5
17. Established a reasonable yet challenging incremental step.	1	2	3	4	5
18. Operationalized risk reduction into concrete and specific steps.	1	2	3	4	5
19. Confirmed with the client that the plan was reasonable and acceptable.	1	2	3	4	5
20. Document negotiated risk reduction plan, maintained a copy and provide client with copy.	1	2	3	4	5
21. Established a plan for receiving results.	1	2	3	4	5

ADDITIONAL COMMENTS AND RECOMMENDATIONS: **End Time:**

WORKSHEET FOR COMMENTS

#	QUOTES AND DESCRIPTION OF OBSERVATION	RECOMMENDATIONS

PROJECT RESPECT
ENHANCED COUNSELING OBSERVATION AND FEEDBACK GUIDE

HIV COUNSELOR:_____

Project RESPECT Site:_____

Duration of Session:_____

Enhanced Session 2

Observer:_____ Date completed:_____

Client Age:_____ Race/Ethnicity:_____ Sex:_____

This Enhanced Counseling evaluation tool is designed to assist counselors and intervention coordinators by summarizing observation of a single enhanced session documenting the counselor's communication, counseling skills and completion of the required enhancement activities. Conclusions should be based on counselor demonstration of each skill, completion of the activity and identification of client initiated risk reduction plan/task. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should not partial quotations and specific observations from the counseling session.

COMMUNICATION SKILLS **AND REVIEW OF PREVIOUS SESSION/BEHAVIORAL PLAN**	**Enhanced Counseling Session Two** **Not Achieved**		**Achieved**		**Excellent**
1. Demonstrated professionalism.	1	2	3	4	5
2. Listened effectively, allowed client to speak and did not needlessly interrupt.	1	2	3	4	5
3. Used open-ended questions.	1	2	3	4	5
4. Communicated at the client's level of understanding.	1	2	3	4	5
5. Clarified important misconceptions.	1	2	3	4	5
6. Solicited client's feedback.	1	2	3	4	5
7. Consistently provided reinforcement to the client.	1	2	3	4	5
8. Uses appropriate nonverbal communication.	1	2	3	4	5
9. Established rapport (introduction, defined scope and duration of session).	1	2	3	4	5
10. Provided client with overview of session	1	2	3	4	5
11. Reviewed previous risk reduction plan.	1	2	3	4	5
12. Encouraged client to described efforts toward completing the plan.	1	2	3	4	5

ENHANCEMENT TWO EVALUATION	Enhanced Counseling Session Two				
	Not Achieved		**Achieved**		**Excellent**
13. Reinforced client for all positive intentions, thoughts and behaviors	1	2	3	4	5
14. Explored difficulties or barriers to completing risk reduction plan.	1	2	3	4	5
15. Overall completion of the review of risk reduction plan unit of activity.	1	2	3	4	5
16. Myths and facts activity initiated.	1	2	3	4	5
17. Activity clearly described to client.	1	2	3	4	5
18. Client asked to add to list of effective, less effective, ineffective means of preventing HIV	1	2	3	4	5
19. Counselor clarified misperceptions and provided information (education) as relevant and necessary.	1	2	3	4	5
20. Counselor reviewed and discussed with client at least one behavior from each level of risk.	1	2	3	4	5
21. Counselor reinforced client discussion and participation in myths and facts activity.	1	2	3	4	5
22. Overall completion of myths and facts unit of activity.	1	2	3	4	5
23. Continuum of risk explained to client.	1	2	3	4	5
24. Client chose/identified at least one sexual behavior and defined where that behavior is on the continuum of risk.	1	2	3	4	5
25. Overall completion of continuum of risk unit of activity.	1	2	3	4	5
26. Beliefs about condom use activity initiated with client.	1	2	3	4	5
27. Beliefs about condom use activity introduced and explained to client.	1	2	3	4	5
28. Counselor identified client's current intentions to use condoms.	1	2	3	4	5
29. Condom belief cards used in activity.	1	2	3	4	5
30. Client reviewed belief cards and selected three relevant positive beliefs	1	2	3	4	5
31. Each of the three positive beliefs explored by counselor with client.	1	2	3	4	5
32. Client invited to identify additional positive beliefs concerning condom use.	1	2	3	4	5
33. Client reviewed belief cards and selected three relevant negative beliefs (disadvantages).	1	2	3	4	5

ENHANCEMENT TWO EVALUATION	Enhanced Counseling Session Two				
	Not Achieved		Achieved		Excellent
34. Client asked to problem solve and identify alternatives to be negative beliefs.	1	2	3	4	5
35. Overall completion of condom beliefs unit of activity	1	2	3	4	5
36. Condom skills and demonstration practice introduced to client.	1	2	3	4	5
37. Counselor/client noted or informed about condom type (latex, sizes, color).	1	2	3	4	5
38. Counselor/client noted or informed of the proper way to (expiration date) store and open condom.	1	2	3	4	5
39. Counselor/client reinforced point condom must be put on an erect penis before contact.	1	2	3	4	5
40. Counselor/client noted or informed of the need to pinch reservoir tip before sliding condom down penis model.	1	2	3	4	5
41. Counselor/client noted or informed of the need to unroll the condom all the way down to the base.	1	2	3	4	5
42. Counselor/client noted or informed of the need to “pull-out while still hard”	1	2	3	4	5
43. Counselor/client noted or informed to hold the base of condom while pulling out.	1	2	3	4	5
44. Counselor reinforced and supported client interest and correct information/demonstration	1	2	3	4	5
45. Counselor maintained dialogue about condom use relative to risk reduction with the client during condom demonstration.	1	2	3	4	5
46. Overall completion of condom demonstration unit of activity.	1	2	3	4	5
47. Counselor clearly introduced the persuasion role-play.	1	2	3	4	5
48. The role of client as individual intending to persuade a friend (counselor) explained clearly to client.	1	2	3	4	5
49. Counselor in role as friend utilized negative beliefs and myths identified by client as key counter points.	1	2	3	4	5
50. Counselor stepped out of role as necessary to remind/coach the client through the use positive beliefs identified in the previous activity.	1	2	3	4	5
51. Counselor discussed with client reactions to and analysis of role play.	1	2	3	4	5
52. Overall completion of role play unit of activity.	1	2	3	4	5
53. Client identified behavioral risk reduction plan.	1	2	3	4	5
54. Client’s behavioral plan operationalized into concrete and specific steps.	1	2	3	4	5
55. Behavioral plan incremental (yet challenging).	1	2	3	4	5
56. Counselor confirmed that the behavioral plan is feasible for client.	1	2	3	4	5

ENHANCEMENT TWO EVALUATION	Enhanced Counseling Session Two				
	Not Achieved		Achieved		Excellent
57. Counselor and Client assessed barriers to HIV risk reduction plan; identified and defined impasses and difficulties.	1	2	3	4	5
58. Client concurred with plan.	1	2	3	4	5
59. Counselor documented behavioral plan (steps).	1	2	3	4	5
60. Copy of plan provided to client by counselor.	1	2	3	4	5
61. Copy of plan maintained in client's file.	1	2	3	4	5
62. Counselor discussed next enhancement appointment.	1	2	3	4	5
63. Counselor provided appointment card to client.	1	2	3	4	5

ADDITIONAL COMMENTS AND RECOMMENDATIONS: **End Time:**

WORKSHEET FOR COMMENTS

#	QUOTES AND DESCRIPTION OF OBSERVATION	RECOMMENDATIONS

ADDITIONAL COMMENTS AND RECOMMENDATIONS: **End Time:**

PROJECT RESPECT
ENHANCED COUNSELING OBSERVATION AND FEEDBACK GUIDE

HIV COUNSELOR:_____

Project RESPECT Site:_____

Duration of Session:_____
Enhanced Session 3

Observer:_____ Date completed:_____

Client Age:_____ Race/Ethnicity:_____ Sex:_____

This Enhanced Counseling evaluation tool is designed to assist counselors and intervention coordinators by summarizing observation of a single enhanced session documenting the counselor's communication, counseling skills and completion of the required enhancement activities. Conclusions should be based on counselor demonstration of each skill, completion of the activity and identification of client initiated risk reduction plan/task. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

COMMUNICATION SKILLS AND REVIEW OF PREVIOUS SESSION/BEHAVIORAL PLAN	**Status Enhanced Session Three**				
	Not Achieved		**Achieved**		**Excellent**
1. Demonstrated professionalism.	1	2	3	4	5
2. Listened effectively, allowed client to speak and did not needlessly interrupt.	1	2	3	4	5
3. Used open-ended questions.	1	2	3	4	5
4. Communicated at client's level of understanding.	1	2	3	4	5
5. Clarified important misconceptions.	1	2	3	4	5
6. Solicited client's feedback.	1	2	3	4	5
7. Consistently provided reinforcement to the client.	1	2	3	4	5
8. Sensitively provided HIV test results to client.	1	2	3	4	5
9. Used appropriate nonverbal communication.	1	2	3	4	5
10. Established rapport (introduction, define scope and duration of session) - review clients previous session/clinic visit.	1	2	3	4	5
11. Provided client with overview of session	1	2	3	4	5
12. Reviewed previous risk reduction plan.	1	2	3	4	5
13. Encouraged client to describe efforts toward completing the plan.	1	2	3	4	5
14. Reinforced client for all positive intentions, thoughts and behaviors.	1	2	3	4	5
15. Overall completion of the review of risk reduction plan unit of activity.	1	2	3	4	5
16. Explored difficulties or barriers to completing risk reduction plans.	1	2	3	4	5

COMMUNICATION SKILLS AND REVIEW OF PREVIOUS SESSION/BEHAVIORAL PLAN	Status Enhanced Session Three				
	Not Achieved		Achieved		Excellent
17. Counselor reviewed the meaning of a HIV negative test including caution that results are not preventive and that results do not imply immunity.	1	2	3	4	5
18. Counselor redefined last HIV risk behavior and established time (specific month) for retest if necessary.	1	2	3	4	5
19. Counselor clarified misperceptions and provided information (education) as relevant and necessary.	1	2	3	4	5
20. Counselor introduced barriers to condom use activity.	1	2	3	4	5
21. Barrier to condom use tailored to client's formed intentions to use condoms.	1	2	3	4	5
22. Client as requested to identify specific previous sexual experience where condoms were not used and client described step by step barriers and how they may be overcome.	1	2	3	4	5
23. Client provided table-top barriers to condom use flip chart to review.	1	2	3	4	5
24. Client asked to circle barriers that apply to him/her.	1	2	3	4	5
25. Client asked to add additional barriers.	1	2	3	4	5
26. Counselor reviewed with client each barrier (one at a time) and asked client what he/she could do to overcome the barrier.	1	2	3	4	5
27. Counselor supported and encouraged client as he/she constructed alternatives to ensure condom use and overcome barriers to condom use.	1	2	3	4	5
28. Counselor explored any of the client's alternatives to condom use that were less than realistic.	1	2	3	4	5
29. Overall completion of barriers to condom use unit of activity.	1	2	3	4	5
30. Counselor introduces the activity of "bringing up the topic of safer sex."	1	2	3	4	5
31. Client asked to suggest/describe specific ways to address the topic of condom use with sex partners.	1	2	3	4	5
32. Counselor writes down each approach suggested by the client.	1	2	3	4	5
33. Counselor asked client which approach would be easiest for him/her.	1	2	3	4	5
34. Overall completion of bringing up the topic of safer sex unit of activity.	1	2	3	4	5
35. Counselor introduced (partner) "excuses" exercise.	1	2	3	4	5
36. Counselor interacted with client utilizing the excuses cards.	1	2	3	4	5
37. Client reviewed all excuses.	1	2	3	4	5
38. Counselor asked client to select three to five relevant/likely partner excuses.	1	2	3	4	5

COMMUNICATION SKILLS AND REVIEW OF PREVIOUS SESSION/BEHAVIORAL PLAN	Status Enhanced Session Three				
	Not Achieved		Achieved		Excellent
39. Counselor reviewed each client selected excuses with the client one at a time.	1	2	3	4	5
40. Counselor asked client to develop responses to excuses which would keep communication open, using role play if appropriate.	1	2	3	4	5
41. Connselor reinforced and supported client responses.	1	2	3	4	5
42. Counselor offered additional coummunication options that were relevant, feasible and specific to the client.	1	2	3	4	5
43. Counselor explains principles of good communication as relevant throughout the exercise (talk in non-sexual situation, statements etc.)	1	2	3	4	5
44. Overall completion of excuses unit of activity.	1	2	3	4	5
45. Client identified behavioral risk reduction plans.	1	2	3	4	5
46. Client's behavioral plan operationalized into concrete and specific steps.	1	2	3	4	5
47. Client's behavioral plan incremental (yet challenging).	1	2	3	4	5
48. Counselor confirmed that the behavioral plan is feasible to client.	1	2	3	4	5
49. Counselor and client assessed barriers to HIV risk reduction plan; identified and defined impasses and difficulties.	1	2	3	4	5
50. Client concurred with plan.	1	2	3	4	5
51. Counselor documented behavioral plan (steps).	1	2	3	4	5
52. Copy of plan provided to client by counselor.	1	2	3	4	5
53. Copy of plan maintained in client's file.	1	2	3	4	5
54. Counselor discussed next enhancement appointment.	1	2	3	4	5
55. Counselor provided appointment card to client.	1	2	3	4	5

ADDITIONAL COMMENTS AND RECOMMENDATIONS: **End Time:**

WORKSHEET FOR COMMENTS

#	QUOTES AND DESCRIPTION OF OBSERVATION	RECOMMENDATIONS

PROJECT RESPECT
ENHANCED COUNSELING OBSERVATION AND FEEDBACK GUIDE

HIV COUNSELOR:_____

Project RESPECT Site:_____

Duration of Session:_____

Enhanced Session 4

Observer:_____ Date completed:_____

Client Age:_____ Race/Ethnicity:_____ Sex:_____

This Enhanced Counseling evaluation tool is designed to assist counselors and intervention coordinators by summarizing observation of a single enhanced session documenting the counselor's communication, counseling skills and completion of the required enhancement activities. Conclusions should be based on counselor demonstration of each skill, completion of the activity and identification of client initiated risk reduction plan/task. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling sessions.

COMMUNICATION SKILLS AND REVIEW OF PREVIOUS SESSION/BEHAVIORAL PLAN	**Enhanced Session Four**				
	Not Achieved		**Achieved**		**Excellent**
1. Demonstrated professionalism.	1	2	3	4	5
2. Listened effectively, allowed client to speak and did not needlessly interrupt.	1	2	3	4	5
3. Used open-ended questions.	1	2	3	4	5
4. Communicated at client's level of understanding.	1	2	3	4	5
5. Clarified important misconceptions.	1	2	3	4	5
6. Solicited client's feedback.	1	2	3	4	5
7. Consistently provided reinforcement to the client.	1	2	3	4	5
8. Used appropriate nonverbal communication.	1	2	3	4	5
9. Established rapport (introduction, define scope and duration of session) - review clients previous session/clinic visit.	1	2	3	4	5
10. Provided client with overview of session	1	2	3	4	5
11. Reviewed previous risk reduction plan.	1	2	3	4	5
12. Encouraged client to describe efforts toward completing the plan.	1	2	3	4	5
13. Reinforced client for all positive intentions, thoughts and behaviors.	1	2	3	4	5
14. Explored difficulties or barriers to completing risk reduction plan.	1	2	3	4	5

COMMUNICATION SKILLS AND REVIEW OF PREVIOUS SESSION/BEHAVIORAL PLAN	Enhanced Session Four				
	Not Achieved		Achieved		Excellent
15. Overall completion of the review of risk reduction plan unit of activity.	1	2	3	4	5
16. Counselor introduced discussion of community responses to condoms.	1	2	3	4	5
17. Counselor asked client to identify local/community examples of condom norms, advertising, availability etc.	1	2	3	4	5
18. Counselor supported client's responses and provided additional/reinforcing examples (new etc.)	1	2	3	4	5
19. Counselor asked client to identify national response to condoms (ads, popular stars, etc.)	1	2	3	4	5
20. Counselor supported client's responses and provided additional/reinforcing examples.	1	2	3	4	5
21. Overall completion of the community level influence unit of activity.	1	2	3	4	5
22. Counselor asked client to identify three important people in his/her life.	1	2	3	4	5
23. As necessary counselor probed and assisted in identification of persons important to the client.	1	2	3	4	5
24. Counselor reviewed each important individual one at a time. Discussed the client's relationship to the individual(s) identified.	1	2	3	4	5
25. Client asked to describe how each individual would respond to the client's decision to use condoms.	1	2	3	4	5
26. Counselor brings closure to activity by summarizing and supporting client.	1	2	3	4	5
27. Overall completion of the influence of significant others unit of activity.	1	2	3	4	5
28. Counselor introduced steps to condom use activity.	1	2	3	4	5
29. Client and counselor reviewed step cards.	1	2	3	4	5
30. Counselor asked client to separate cards into stacks "easy to do" and "hard to do."	1	2	3	4	5
31. Client asked to identify any additional steps.	1	2	3	4	5
32. Counselor noted clients additional suggestions and asked client to add to the stacks.	1	2	3	4	5
33. Counselor discussed and reviewed with client the steps that were easy, and provided appropriate reinforcement.	1	2	3	4	5

COMMUNICATION SKILLS AND REVIEW OF PREVIOUS SESSION/BEHAVIORAL PLAN	Enhanced Session Four				
	Not Achieved		Achieved		Excellent
34. Counselor and client reviewed and discussed each difficult step.	1	2	3	4	5
35. Client asked to problem solve and identify alternatives/resolutions to each difficult step.	1	2	3	4	5
36. Counselor provided reinforcement for constructive suggestions made by client and provided additional/alternate options.	1	2	3	4	5
37. Overall completion of steps to condom use unit of activity.	1	2	3	4	5
38. Client congratulated and provided diploma.	1	2	3	4	5
39. Client asked to identify long-term behavioral change plan.	1	2	3	4	5
40. Clients long-term behavioral plan operationalized into concrete and specific steps.	1	2	3	4	5
41. Counselor confirmed that the behavioral plan is feasible for the client.	1	2	3	4	5
42. Counselor and client addressed barriers to completing long-term risk reduction plan.	1	2	3	4	5
43. Counselor and client completed “My Own Goal Plan” sheet.	1	2	3	4	5
44. Copy of plan provided to client by counselor.	1	2	3	4	5
45. Copy of plan maintained in client’s file.	1	2	3	4	5
46. Counselor discussed follow-up appointment(s).	1	2	3	4	5
47. Counselor provided appointment card to client.	1	2	3	4	5

ADDITIONAL COMMENTS AND RECOMMENDATIONS: **End Time:**

WORKSHEET FOR COMMENTS

#	QUOTES AND DESCRIPTION OF OBSERVATION	RECOMMENDATIONS

Process Evaluation -- Enhanced Counseling

As part of this study you have received four sessions of counseling: a brief session during your first visit (when you agreed to be in the study) and three longer sessions during your second, third and fourth visits.

1. **Would you say that the counseling you received about HIV and STD prevention was:**

	extremely	somewhat	somewhat	extremely	
Pleasant	_____	_____	_____	_____	Unpleasant
Informative	_____	_____	_____	_____	Uninformative
Helpful	_____	_____	_____	_____	A waste of time
Good	_____	_____	_____	_____	Bad

2. **During your initial visit (when you agreed to participate in the study, did you discuss different things that you were doing that put you at risk for AIDS and other sexually transmitted diseases?**

_____(1) NO _____(2) YES

2a. **If YES: What things were you doing that were putting you at risk?**

_____

_____

_____

3. **During your second visit, i.e., in the first long session, did you and the counselor discuss positive and negative beliefs you might have about using condoms (beliefs about good or bad things that could happen if you always used condoms)?**

_____(1) NO _____(2) YES

3a. **If YES: What is one of the positive beliefs that you talked about?**

_____

3b. **If YES: What is one of the negative beliefs that you talked about?**

_____

4. **During your third visit (when you received your HIV test results), did you and the counselor discuss barriers to using condoms?**

_____(1) NO _____(2) YES

4a. **If YES: What is one barrier to condom use that you talked about:**

_____

4b. **If YES: What is one way to overcome this barrier?**

_____

5. **In the session you just completed, did you and the counselor discuss what is happening int he community about condoms and condom use?**

_____(1) NO _____(2) YES

5a. **If YES: can you tell me one thing that has happened in the community that would support condom use?**

_____

_____

6. **Here is a list of 9 things that you talked about or practiced during the counseling sessions:**

(1) Discussed things you were doing that were putting you at risk for AIDS or other sexually transmitted diseases.
(2) Discussed facts and myths about HIV and AIDS.
(3) Discussed advantages (good things) and disadvantages (bad things that could happen as a result) of always using a condom.
(4) Practiced how to use a condom.
(5) Discussed barriers to condom use and how to get around them.
(6) Practiced how to talk to your partner about condom use.
(7) Practiced how to deal with your partners excuses for not using a condom.
(8) Discussed changes in the community concerning condom use.
(9) Discussed how important others in your life feel about your always using a condom.

6a. **Which three did you find most useful to you?**

_____ _____ _____

6b. **Which three did you find least useful to you?**

_____ _____ _____

7. **At the end of each session (visit) did you and your counselor agree on a specific behavior or action that you would try to do before your next session?**

7a. **If YES: What did you agree to do between:**

_____(1) NO _____(2) YES

Your first and second visit (Session 1 and 2)?

_____

_____

7b. **Your second and third visit (Session 2 and 3)?**

_____

_____

7c. **Your third and fourth visit (Session 3 and 4)?**

_____

_____

8. **And what did you agree to do at the end of the session you just completed?**

_____

_____

9. **Generally speaking, who usually chose what you would do -- you or the counselor?**

_____Me ----> **How much help did the counselor give you?**

(1) Little or none (2) Some (3) A Lot

_____The Counselor -----> **How much help did you give the counselor?**

(1) Little or none (2) Some (3) A Lot

10. **Thinking about all four of the sessions, would you say that , in general:**

_____ (1) the counselor talked and you listened
_____ (2) you talked and the counselor listened or
_____ (3) that you each talked and listened, i.e. that you had a real conversation

11. **And overall, how well did the counselor cover your questions, problems or worries?**

	very	somewhat	somewhat	very	
Well	_____	_____	_____	_____	Poorly

12. **Generally speaking, how honest were you with the counselor?**

	completely	somewhat	somewhat	completely	
Honest	_____	_____	_____	_____	Dishonest

13. **Generally speaking, how comfortable were you with the counselor?**

	very	somewhat	somewhat	very	
Comfortable	_____	_____	_____	_____	Uncomfortable

14. **Do you have anything you'd like to say about your experience with the counselor?**

_____

_____

_____

Project RESPECT Brief Counseling Intervention Manual

Baltimore
Denver
Long Beach
Newark
San Francisco

Centers for Disease Control and Prevention

July 1993

Brief Counseling Intervention (2 sessions)

Project RESPECT

Brief Counseling Intervention – 2 Sessions

(Study Arm 2)

Project RESPECT was a multicenter randomized trial evaluating the efficacy of HIV prevention counseling in changing behavior and reducing new STDs. The HIV Prevention Counseling Intervention was one of two counseling models tested in the study. This two-session prevention counseling intervention is based on the Client-Centered HIV Counseling that has been recommended by CDC for use in pubic clinic settings where HIV testing is done.

The tow-session intervention was conducted by a trained HIV counselor, with both sessions conducted by the same counselor. Each session involved a client-centered, interactive approach, with sessions lasting 15 to 20 minutes each. Session 1 was given during the enrollment visit, and session 2 conducted when the HIV test results returned, from 7 to 10 days later.

This client-centered counseling intervention had the following aims: increase participants' perception of personal risk, support participant initiated changes, and focus on small, achievable steps toward reducing personal risks. Whenever appropriated or feasible, participants were encouraged to choose condom related goals.

Using the Project Respect Intervention Manual

This manual is organized into Brief Counseling Sessions 1 and 2. Pages are numbered by session and page number (e.g., Session 1-1), and each Session is organized as follows:

- **Brief Counseling Intervention Sessions contain:**
  - **Purpose** statement
  - **Goals -** Statements of what the session will enable the client to accomplish
  - **Objectives -** Statements of what actions the client will be able to perform by participating in the session
  - **Guidelines** (Standard Intervention Sessions 1 and 2 only) marked ☞
  - **Session Structure**, a four-column chart containing the following headings:

Activity	Method	Time (Minutes)	Materials

At the bottom of each structure chart, you'll notice a line that says:

Total Time Required: (Total number of) minutes

This is a guide for you to judge the average length of time the session should take. Actual session length will vary depending on the client's need for understanding, need for more time to talk, etc.

- **Intervention sessions also contain:**
  - Session Scripts

These are step-by-step guides for you to follow in delivering the session. Action verbs are underlined to stand out so that you can keep track of the tasks you are to perform during the session. For example:

Say: "In this session, we'll talk about how your first step toward reducing..." or "Encourage and reinforce the client..."

Quotes are included as a guide and need not be stated verbatim. They may be phrased in your own words so long as the essence is captured.

Use of Symbols

Throughout the scripts and accompanying materials, you will notice the following symbols:

Symbol	Usage
☞	Guidelines for Standard Sessions 1 and 2. Some of the guidelines are general and may apply to the entire intervention.
✌	Important instructions, set off in italics, that should be read carefully and followed strictly.
✿	Lists of questions, possible client responses, or steps, for example, in condom use. These arrows are used in place of bullets (•).
➽ ❸	These arrows are used for bulleted lists on visuals (See pages 3-8 and 3-9) and on page 4-6 to indicate potential client situations that will guide discussion.
❒	Check boxes are used on page 2-17 (condom belief cards). If appropriate, you can check off those beliefs the client has chosen and retain a copy in his/her record for reference during Sessions 3 and 4.
✓	Checkmarks are used on page 4-8 to mark Steps to Condom Use cards.
*	Asterisks are used on pages 1-3, 1-4 and 1-6 to indicate possible points to discuss retesting, and elsewhere to denote footnotes (See grey box on page 1-6).

Direct any questions or comments about this manual to:

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SESSION 1—Brief Counseling Intervention

Purpose

The purpose of this session is to help clients assess their risk for HIV and establish a risk reduction plan that incorporates a self-identified risk reduction behavior goal.

Goals

Session 1 of the Brief Counseling Intervention will enable participants to:

1. Initiate a behavioral change process that will be effective in preventing HIV infection or transmission.
2. Increase self-perception of HIV risk(s).
3. Recognize and obtain reinforcement for previous HIV risk reduction efforts.
4. Increase understanding of personal barriers to HIV risk reduction.
5. Articulate an action plan for reducing HIV risk.
6. Utilize the counseling relationship in risk reduction planning.
7. Understand resources available for support of behavior change.

Objectives

By the end of Session 1 of the Brief Counseling Intervention, participants will:

1. Establish rapport with the counselor.
2. Assess personal risk for HIV infection/transmission.
3. Develop a realistic perception of personal HIV risk behaviors.
4. Identify and plan specific actions related to increasing personal use of condoms.
5. Obtain reinforcement and support from counselor for previous and planned risk reduction efforts.
6. Obtain appropriate referrals to resources for support of desired behavior change.

Guidelines

- ☞ Strict protection of client confidentiality is maintained for all persons offered HIV counseling.
- ☞ At the beginning of each session, explain to the client the purpose of the session, expected duration, and what is hoped to happen in the session.
- ☞ The session is interactive and client-focused: that means you should enhance the client's participation in the session (client should be speaking more than counselor in the session), and the session should be responsive and relevant to the client's particular needs. Listen effectively to what the client says, use open-ended questions, do not interrupt the client needlessly, and respond to client's questions appropriately.

Project RESPECT Brief Counseling Intervention (same as Session 1 of Enhanced Counseling)

- ☞ Avoid making a preconceived set of points during the session, and focus on *exploring client-specific issues* to HIV risk behaviors and *developing goals* for the client rather than simply providing information.

- ☞ During the session, communicate at the client's *level of understanding,* avoiding technical terms, jargon, or words beyond the comprehension of the client (e.g., "window period," "non-reactive").

- ☞ Take what the client says at face value, while exploring relevant circumstances and details of the client's life/risks to establish a context for what the client reports/believes.

- ☞ Optimize opportunities to reinforce the client's intentions and reported actions relative to addressing HIV/STD issues in his/her life.

- ☞ Respond appropriately to what the client states, and to the client's feelings.

- ☞ Help the client to understand dissonant statements when they come up (e.g., dissonance between reported behavior and risk perception, between behavior and intentions, between reported behavior and conflicting information).

Session Structure

Activity	Method	Time (Minutes)	Materials
Introduction/Establish Rapport	Discussion	1	
Risk Assessment	Discussion/Questions	2	
Enhanced Self-Perception of Risk	Discussion/Questions	3	
Identification of Client Actions	Discussion/Questions	2	
Identification of Client Barrier	Discussion/Questions	2	
Negotiation of Risk Reduction Plan (Condom)	Discussion/Questions	4	Documentation of Plan
Appointment for Post-Test Counseling	Discussion	1	Business/Appointment Card

Total Time Required **15 minutes**

Project RESPECT Brief Counseling Intervention

BRIEF COUNSELING SESSION 1: INTERVENTION SCRIPT (same as Sess. 1 of Enhanced)

1 minute **Introduction/Establish Rapport**

Introduce yourself as a health counselor. Describe the purpose of the session the expected duration, and what is hoped to be achieved in the session. Seek consensus

from the client as to the objective of the session and agreement to maintain this focus throughout the intervention.

During the session, be polite, professional, and display respect, empathy, and sincerity to the client. Become involved and invested in the process and convey an appropriate sense of concern and urgency relative to the client's HIV risk behaviors and STD clinic visit. Use plausible and factual motivations, and seek to deal with the client's concerns.

Suggested open-ended introductory questions:

What have you heard about AIDS?

How do you think the virus is passed from one person to another?

How did you decide to take the HIV test today?

Why did you come to the clinic today?

What would you like to know before you leave here today?

2 minutes **Risk Assessment**

Focus on the client's specific sexual behavior(s) and the circumstances that affect that behavior. Attempt to build from the presenting problem (symptoms, referral, etc.) That brought the client to the clinic. (Refer to the screening form and the client's responses to the above questions.) Establish an atmosphere that conveys a collaborative and creative exploration of the relevant issues. With the client, identify the categories and range of behaviors that place him or her at risk for HIV while attempting to focus the client on specific behaviors, situations and partner encounters that contribute to his/her HIV risks.

✌ *The exploration of behaviors during the risk assessment is an integral component of the HIV prevention counseling intended to facilitate the client's self-understanding of his/her risks. It is not intended as a screening tool or a data collection process.*

Suggested open-ended risk assessment questions:

What do you think will be the outcome of the test? Why?*

If you were infected, how do you think you may have become infected?

Have you been tested before? If so, when and why? What were the results?*

How many different people do you have sex with? How often?

- Do they shoot up drugs? How often?
- How many people are they having sex with?

When was the last time that you put yourself at risk for HIV?* What was happening then?

When do you have sex without a condom?

What are the riskiest things that you are doing?*

What are the situations in which you are most likely to be putting yourself at risk for HIV?

How often do you use drugs or alcohol? How does this influence your HIV risk behaviors?

3 minutes **Enhanced Self-Perception of Risk**

Help the client relate his/her sexual behavior to the STD clinic visit and help the client recognize specific sexual behaviors that place him/her at risk for HIV.

✌ *The enhancement of client risk perception begins within the context of the risk assessment.*

Suggested open-ended risk awareness questions:

What kinds of conversations have you had with your sex partner(s) about AIDS?

Why are you interested in having the HIV test?

What role did a friend or sex partner play in you coming in for the test?

What other STDs have you been diagnosed with?

What do you do to put yourself at risk for this infection?

How do you think you may have been exposed to HIV?

How would you describe your own risk of being infected?

How often do you do drugs, specifically drugs that you shoot?

How do you think you got [STD]?

How often do you use condoms with your steady partner?

How often do you use condoms with partners whom you do not know very well?

How have your behaviors that we have discussed put you at risk for HIV?

Project RESPECT Brief Counseling -- Session 1

2 minutes **Identification of Client Actions**

Help the client identify any self-initiated changes already made in response to HIV/AIDS and inquire into the client's social (peer) and community perception of HIV/AIDS. Reinforce/support the client's actions, intentions, and communications about safer sex behavior. Clarify misinformation and educate only as needed in the client's specific situation.*

Suggested open-ended questions to explore client HIV-related intentions, concerns, and risk reduction attempts:

What are you presently doing to protect yourself?*

What would you like to do to reduce your risk of HIV?*

Who have you talked to about your HIV concerns/risks?

What have your friends/partners said about HIV/AIDS?

Whom have you talked to about using condoms?

Explain to me when you use condoms. How has that worked?

Whom do you use condoms with?

How often do you use condoms with your steady partner?

How often do you use condoms with partners whom you do not know very well?

What thoughts have you had about reducing your risk for HIV infection?

Do you know anyone with HIV infection? How does that situation impact your own sense of risk?

What have you seen or heard about HIV in your/this community?

When have you reduced your risk? What was going on that made that possible?

How is that working for you?

Suggested statements reinforcing positive change already made:

It's great that you are here!

You've taken the first step; you're doing a great job; keep it up!

The fact that you are concerned about HIV is important.

It is important that you recognize how you have clearly been thinking about reducing your HIV risk.

Project RESPECT Brief Counseling Intervention – Session 1

2 minutes **Identification of Client Barriers**

Help the client *identify barriers* to safer sex behavior, particularly condom use. Explore risk reduction attempts in detail with the client, and identify and define impasses and difficulties. Focus on the client's sense of self-efficacy for specific risk reduction activities, community/peer norms, and relevant attitudes and beliefs.

Suggested open-ended questions to identify client barriers:

What has been the most difficult part of changing your behavior?

When, and in what situations, do you not use condoms?

How often do they break?

When are you least likely to use condoms?

When do you have the most difficulty in discussing condoms?

What have you discussed with you partner(s)?

With which partners has it been hardest to talk about/suggest the use of condoms?

What was the role of drugs/alcohol in your decision to engage in high-risk sex?

In what situations are you most likely to be putting yourself at risk for HIV?

4 minutes **Negotiation of Risk Reduction Plan***

Help the client establish a reasonable yet challenging risk reduction step toward condom use that will reduce his/her risk for acquiring HIV. This plan should address the client's baseline risk behavior identified in the risk assessment phase of the session and should incorporate the client's previous attempts and perceived barriers to reducing HIV risks. Discuss how the client will operationalize the plan, using *specific and concrete steps*, and establish a back-up plan. Encourage the client to develop a plan that involves condom use to reduce HIV/STD risk: however, plans not involving condom use are also acceptable.

Confirm that this plan is personalized and is acceptable to the client. Document the plan, give a copy to the client and retain a copy for the file. Acknowledge that the plan is a challenge and assure the client that you will work with him/her to discuss and review the outcome at the next visit. Explain that together you can renegotiate the plan, if necessary, in the post-test session. Ask the client to repeat his/her plan back to you to make sure that you are clear and can help look at the plan again at the next session. Solicit questions and validate the client's initiative in agreeing to try to negotiate a risk reduction plan.

Project RESPECT Brief Counseling Intervention – Session 1

Suggested open-ended questions to use when negotiating a risk reduction plan:

What one thing can you do to reduce your risk right now?

What can you do that would work for you?

What could you do differently?

How/when will you use condoms?

How are you going to bring up condoms with your sex partner(s)?

What will you say?

When do you think you will have the opportunity to first try this (behavior, discussion, etc.)?

How realistic is this plan for you?

Who can help you?

What will be the most difficult part of this for you?

What might be good about changing this?

What will you need to do differently?

How will things be better for you if you...?

How will your life be easier/safer if you change...?

How would your drug practices have to change to stay safe?

***RETEST**: All asterisks represent points in the session when it may be appropriate to discuss the need for retest based on recent client risk behaviors. If this has not been broached by the beginning of the negotiated risk reduction plan, discuss the specific previous risk behavior(s) and the subsequent period by which the client should return for retest. The negotiated risk reduction plan should be conceptualized as the short-range plan and explanation and recommendation of retest addressed in the context of the longer-range plans. A brief explanation of this need for retest is critical but should not be overemphasized: "Because you had unprotected sex during the last 3 months this test may not tell you all you need and want to know about your exposures to HIV. In order for these exposures to show up on the test, you will need to return in [specific month] for a retest."

Project RESPECT Brief Counseling Intervention – Session 1

1 minute **Closure and Appointment to Receive Test Results (Post-Test Counseling)**

Make an appointment with the client to return for his/her test results and post-test counseling. Note the day, time, and place of the appointment on your business card and give this to the client. Emphasize to the client the need to call and reschedule if he/she is unable to keep the appointment. If the client is assigned to the enhanced intervention, schedule the next enhanced appointment.

SESSION 2 - Brief Counseling Intervention

Purpose

The purpose of this session is to provide the client with test results and focus on a plan to sustain risk reduction.

Goals

Session 2 of the Brief Counseling Intervention will enable participants to:

1. Obtain and understand HIV test results.

2. Identify, strengthen, and reinforce efforts made toward the safer sex behavior goals (risk reduction plan) defined in the previous session.

Objectives

By the end of Session 2 of the Brief Counseling Intervention, participants will:

1. Receive the HIV test result, with interpretation based on personal risk for HIV infection.

2. Understanding what the test result means.

3. Review, renegotiate, and reinforce the existing plan for reducing risk.

Session Structure

Activity	Method	Time (Minutes)	Materials
Provide HIV Test Results	Discussion	1	Client's Test Result
• The Meaning of Test Results	Discussion	2	
• Recommendations	Discussion	2	
Review and Renegotiate Risk Reduction Plan	Discussion	10	

Total Time Required **15 minutes**

Guidelines

- ☞ See guidelines for Brief Counseling Session 1.
- ☞ Provide HIV test results only by personal contact.
- ☞ Have resources describing appropriate referrals.

BRIEF COUNSELING SESSION 2: INTERVENTION SCRIPT

1 minute **Provide the HIV Test Results**

Provide the HIV test results to the client, avoiding jargon and technical terms, and interpret the results in light of the client's risk behaviors. Ensure that the client understands the need for retesting should there be any recent or ongoing participation in risk behaviors.

2 minutes **The Meaning of Test Results**

Explain the meaning of the client's test results:

A *negative* test result means that there is no current evidence of infection with HIV, the virus that causes AIDS. Remember, if the person was recently infected, the test might not yet be positive. People's bodies can react to HIV in as little as 2 weeks, but most people take longer to make markers in the blood that indicate the presence of the virus. The test can pick up HIV infection in most people within 3 months of the time of infection, although it can take up to 6 months in some cases.

An *indeterminate* test results means that the test results are inconclusive. This could indicate a recent HIV infection where the antibody reaction is not yet strong enough to show as a definite positive, but in most cases it represents a reaction to something other than HIV.[1]

✌ *A positive test result should be handled according to the usual clinic routine for newly diagnosed HIV infection. A client with a positive test result will not require further study follow-up.*

2 minutes **Recommendations**

Provide the following recommendations based on test results:

Negative - If it is likely that you were exposed to HIV in the past 3 to 6 months, a retest is recommended 6 months from your last risk behavior. Avoid high-risk activities.

Indeterminate - Retest in 6 to 12 weeks.*

10 minutes **Review and Renegotiate the Risk Reduction Plan**

Discuss the steps taken by the client to reduce HIV risk reduction behaviors as negotiated in Session 1. Review the risk reduction plan; reinforce and support efforts. Refine the goal as necessary to maximize STD/HIV protection. Encourage the client as appropriate. Obtain a commitment from the client to adhere to the risk reduction plan.

---

* Address only if the client's result is *indeterminate.*

Project RESPECT Brief Counseling Intervention – Session 2

Suggested statements for discussion of last session's risk reduction plan:

In our last session, we discussed some of your risks for HIV, which were....

Based on those risks, we came up with some risk reduction steps for you to try before today. How did that go for you?

Explore this with the client by asking any or all of the following questions:

How did the action you took [planned to take] feel to you?

How did your partner react?

Was it like you expected?

Were you happy with how it went?

Reinforce client for accomplishing assignment with statements like:

Sounds like you did a great job!

It's great you were able to do that!

I'm impressed how you handled that !

You've really tried and have accomplished some things - good for you!

If client did not accomplish or had difficulty with assignment, explore why with any or all of the following questions:

What parts of the plan worked best/were most challenging?

What got in the way?

What stopped you/made it difficult?

What could you have done differently?

What were you feeling/thinking?

When can you try this again?

What will make it easier for you?

What else could you try?

As appropriate, offer referral for further assistance in maintaining low-risk behaviors.

Provide closure to the session. Thank the client and wish him/her well. Reiterate that he/she can call the clinic if questions or concerns arise.

Project RESPECT Brief Counseling Intervention Manual

Baltimore
Denver
Long Beach
Newark
San Francisco

Centers for Disease Control and Prevention

July 1993

Quality Assurance Forms -- Brief Counseling Intervention (2 sessions)

Project RESPECT

Brief Counseling Intervention (2 Sessions)

(Study Arm 2)

The two-session intervention was conducted by a trained HIV counselor, with both sessions conducted by the same counselor. Each session involved a client-centered, interactive approach, with sessions lasting 15 to 20 minutes each. Session 1 was given during the enrollment visit, and session 2 was conducted when the HIV test results returned, from 7 to 10 days later.

This client-centered counseling intervention had the following aims: increase participants' perception of personal risk, support participant initiated changes, and focus on small, achievable steps toward reducing personal risks. Whenever appropriate or feasible, participants were encouraged to choose condom related goals.

Quality Assurance components included:

1) Standard training course for all Project RESPECT counselors (2 day course)
New counselors were encouraged to practice counseling sessions on other counselors, and for initial sessions with clients, to be observed by experienced counselors or supervisors.

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2) Observation of counseling sessions by counseling supervisors, with immediate feedback to counselors. (Forms follow).
Throughout the study, counselors were routinely observed on whether counseling goals were achieved and how well they followed the protocols. Check off forms were used to indicate how well counselors achieved specific objectives, but superviros attempted to make this a "discussion" more than a "rating". Counselors were also encouraged to observe their peers whenever possible, to pick up or consider new skills.

3) Process evaluations for counselors and study participants (Forms follow).

4) A one-hour meeting per week during which counselors were asked to review difficult situations, and use discussion and role play to consider possible options.

BRIEF COUNSELING OBSERVATION AND FEEDBACK GUIDE

HIV COUNSELOR:_____

Project RESPECT Site:_____

Duration of Session(s):_____

Brief Counseling – Session 1

Observer:_____ Date completed:_____

Client Age:_____ Race/Ethnicity:_____ Sex:_____

1. This Brief Ccounseling inventory is a tool to assist counselors and intervention coordinators by summarizing single or multiple (4) observations of the counselor's communication, prevention counseling and steronegative counseling skills. Conclusions should be based on counselor demonstration each skill and achievement of prevention counseling objectives (client-perception of risk, identification and support of client initiated risk reduction, identification of barriers to risk reduction and the negotiation of a specific and incremental risk reduction plan).

2. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

COMMUNICATION SKILLS	**Status of Brief Counseling Objective**				
	Not Achieved		**Achieved**		**Excellent**
1. Demonstrated professionalism.	1	2	3	4	5
2. Establishes rapport (introduction, define scope and duration of session)	1	2	3	4	5
3. Listened effectively, allowed client to speak and did not needlessly interrupt.	1	2	3	4	5
4. Used open-ended questions.	1	2	3	4	5
5. Communicated at the client's level of understanding.	1	2	3	4	5
6. Clarified important misconceptions.	1	2	3	4	5
7. Solicited client's feedback.	1	2	3	4	5
8. Consistently provided reinforcement to the client.	1	2	3	4	5
9. Uses appropriate nonverbal communication.	1	2	3	4	5
10. Assist the client in recognizing risks (link client STD symptoms, history, concerns to HIV risks)	1	2	3	4	5
11. Identify, reinforce and support client concerns, interactions, actions and/or communications about HIV/AIDS.	1	2	3	4	5
12. Address community, peer perceptions of HIV/AIDS.	1	2	3	4	5
14. Maintain focus on the client's sexual behavior and circumstances that affect that behavior.	1	2	3	4	5
15. Assess barriers to HIV risk reduction; identify and define impasses and difficulties.	1	2	3	4	5
16. Negotiate a realistic plan to help the client reduce HIV risks.	1	2	3	4	5

COMMUNICATION SKILLS	Status of Brief Counseling Objective				
	Not Achieved		Achieved		Excellent
17. Establish a reasonable yet challenging incremental step.	1	2	3	4	5
18. Operationalize risk reduction into concrete and specific steps.	1	2	3	4	5
19. Confirm with the client that the plan is reasonable and acceptable.	1	2	3	4	5
20. Document negotiated risk reduction plan, maintain copy and provide client with copy	1	2	3	4	5
21. Establish a plan for receiving results.	1	2	3	4	5
22. Sensitively provide test results.	1	2	3	4	5
23. Review risk behaviors and assessments	1	2	3	4	5
24. Review client progress on negotiated risk reduction plan.	1	2	3	4	5
25. Renegotiate new risk reduction plan.	1	2	3	4	5
26. Assist client with other referrals when appropriate.	1	2	3	4	5

ADDITIONAL COMMENTS AND RECOMMENDATIONS: **End Time:**

PROJECT RESPECT
BRIEF COUNSELING OBSERVATION AND FEEDBACK GUIDE

HIV COUNSELOR:_____

Project RESPECT Site:_____

Duration of Session:_____

Brief Counseling Session 2:

Observer:_____ Date completed:_____

Client Age:_____ Race/Ethnicity:_____ Sex:_____

1. This Brief Counseling tool is designed to assist counselors and intervention coordinators by summarizing observation of a single Brief session documenting the counselor's communication, counseling skills and completion of the required enhancement activities. Conclusions should be based on counselor demonstration of each skill, completion of the activity and identification of client initiated risk reduction plan/task. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

2. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

COMMUNICATION SKILLS	**Brief Counseling Session Two**				
	Not Achieved		**Achieved**		**Excellent**
1. Demonstrated professionalism.	1	2	3	4	5
2. Established rapport (introduction, defined scope and duration of session).	1	2	3	4	5
3. Listened effectively, allowed client to speak and did not needlessly interrupt.	1	2	3	4	5
4. Used open-ended questions.	1	2	3	4	5
5. Communicated at client's level of understanding.	1	2	3	4	5
6. Clarified important misconceptions.	1	2	3	4	5
7. Solicited client's feedback.	1	2	3	4	5
8. Consistently provided reinforcement to the client.	1	2	3	4	5
9. Used appropriate nonverbal communication.	1	2	3	4	5
10. Sensitively provided HIV test results.	1	2	3	4	5
11. Reviewed risk behaviors and assessment.	1	2	3	4	5
12. Reviewed client progress on negotiated risk reduction plan.	1	2	3	4	5
13. Renegotiated new risk reduction plan.	1	2	3	4	5
14. Assisted client with other referrals when appropriate.	1	2	3	4	5

ADDITIONAL COMMENTS AND RECOMMENDATIONS: **End Time:**

WORKSHEET FOR COMMENTS

#	QUOTES AND DESCRIPTION OF OBSERVATION	RECOMMENDATIONS

#	QUOTES AND DESCRIPTION OF OBSERVATION	RECOMMENDATIONS

Process Evaluation -- Brief Counseling Intervention (2 Sessions)

As part of this study you have received counseling both before and after taking your HIV test.

1. **Would you say that the counseling you received about HIV and STD prevention was:**

	extremely	somewhat	somewhat	extremely	
Pleasant	_____	_____	_____	_____	Unpleasant
Informative	_____	_____	_____	_____	Uninformative
Helpful	_____	_____	_____	_____	A waste of time
Good	_____	_____	_____	_____	Bad

2. **When you first talked to the counselor, during your initial visit (when you agreed to participate in this study), what sexual activities were you doing that put you at risk for AIDS and other sexually transmitted diseases?**

_____

_____

_____

3. **During this initial visit, did you and your counselor agree on a specific behavior or action that you would do or try to do?**

_____ (1) NO
_____ (2) YES-----> **What did you agree to do?**

_____

_____

4. **Who chose what you would do -- you or the counselor?**

_____Me ----> **How much help did the counselor give you?**

(1) Little or none (2) Some (3) A Lot

_____The Counselor ----> **How much help did you give the counselor?**

(1) Little or none (2) Some (3) A Lot

5. **In the session you just completed, did you and the counselor agree on a specific behavior or action that you would do or try to do?**

____ (1) NO

____ (2) YES ----> **What did you agree to do?**

_____

6. **Who chose what you would do -- you or the counselor?**

____Me ----> **How much help did the counselor give you?**

(1) Little or none (2) Some (3) A Lot

_____The Counselor ----> **How much help did you give the counselor?**

(1) Little or none (2) Some (3) A Lot

7. **Thinking about both counseling sessions, would you say that, in general:**

_____ (1) the counselor talked and you listened

_____ (2) you talked and the counselor listened or

_____ (3) that you each talked and listened, i.e., that you had a real conversation

8. **Again, thinking about both counseling sessions, how well did the counselor cover your questions, problems or worries?**

	very	somewhat	somewhat	very	
Well	_____	_____	_____	_____	Poorly

9. **How honest were you with the counselor?**

	completely	somewhat	somewhat	completely	
Honest	_____	_____	_____	_____	Dishonest

10. **Do you have anything you'd like to say about your experience with the counselor?**

_____

_____

WORKSHEET FOR COMMENTS

#	QUOTES AND DESCRIPTION OF OBSERVATION	RECOMMENDATIONS

Project RESPECT Didactic Messages Intervention Manual

Baltimore
Denver
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Centers for Disease Control and Prevention

July 1993

Informational Message Intervention (2 sessions)

Project RESPECT

Informational Messages Intervention (2 Sessions)

(Study Arms 3 and 4)

Project RESPECT was a multicenter randomized trial evaluating the efficacy of HIV prevention counseling in changing behavior and reducing new STDs. The Informational Messages Intervention was the comparison (control) intervention used in the study, and was based on typical practice in STD clinics 1991 - 1995..

This two session intervention was conducted by the study clinician (session 1) and either the clinician or a study educator (session 2). Each session used an informational (didactic) approach, with sessions lasting 5 minutes each. Session 1 was given during the enrollment visit, and session 2 was conducted when the HIV test results returned, from 7 to 10 days later.

This educational intervention had the following aims:
Inform participants about their personal STD/HIV risks, increase participants' knowledge about HIV/STD transmission and the effectiveness of specific risk reduction strategies. Whenever applicable, emphasize condom use strategies. A condom demonstration may be appropriate in many situations.

Informational Messages Intervention

Session 1 is conducted by the study Clinician. Session 2 is conducted by either the study clinician or an HIV counselor associated with the study.

Session 1: Day of the clinic visit, before the HIV test

The session takes place at the end of the initial clinic visit after the clinician has talked with the participant about the findings from the clinic visit and, if applicable, given a treatment plan.

Estimated time 5 minutes

Goals Overall goals for Session 1:

- Inform the participant about the sexual risk behaviors (participant risks and sex partner risks) that place him or her at risk for HIV and other STDs.
- Inform the participant about the important elements of the HIV test.

Guidelines (both Sessions 1 and 2)

- This intervention is informative, but *not* interactive. Information should be given in a courteous, direct, and professional manner; however, interactive discussion should not be attempted (e.g., avoid open ended questions). If the participant has questions, these should be answered appropriately.
- Strict protection of client confidentiality for all persons taking the HIV test must be maintained.
- During the session, the clinician/educator should communicate at the participant's level of understanding, avoiding technical terms, jargon, or words beyond the comprehension of the client (e.g., *window period, antibody, non-reactive).*
- Whenever applicable, the clinician/educator should discuss the participant's risk for HIV in the context of the participants' clinic visit.

Session 2: Informational Messages Intervention

Session 2 is conducted either by the clinician or an HIV educator. The session takes place when the HIV test results return, 7-10 days after the initial clinic visit.

Estimated time 5 minutes

Goals Overall goals for session 2:

- Give the HIV test results.
- Remind the participant about the general and specific sexual risks that place him or her at risk for HIV and other STDs.
- Answer any questions the participant has about the HIV test.

Guidelines See session 1

Elements of the session *(in order of application)*

- Give the participant the HIV test results.
- Inform the participant that negative results indicate that he or she was not infected in the past. However, the test is not useful to assess recent infection. To be safe, any client with risk in the past 30-60 days should "practice safe sex", then repeat the HIV test in about 6 months. Give examples of safe sex that are consistent with the participant's risks *(e.g. abstinence with particular partners; consistently and correctly using latex condoms).*
- Remind the participant about his or her specific high risk behaviors.
- Ask if the participant has any questions, and answer all questions posted.
- Ask the participant if he or she would like more condoms.

Elements of the session

The clinician/educator should employ each of the 6 points listed below in each session, in the following order:

- Mention that the participant has come to the clinic for an STD exam, and that like other sexually transmitted diseases, HIV is spread through sexual contact.

- Reinforce the participant for taking the HIV test. Discuss aspects of the test, including:

  The test can detect infection in the past, but is not good at detecting infection that happened recently, i.e., the past month.

  The test result will return in 7 days. Ask the participant to come back to the clinic to get the test results the.

- Inform the participant about specific ways he or she can avoid HIV/STDs in the future. Try to include strategies that this participant can use.

  Examples: • *Use latex condoms whenever you can.*
  • *Avoid sex with an HIV-infected partner or with anyone who doesn't know whether s/he has HIV or another STD.*
  • *Have fewer partners.*
  • *If you have sex, oral sex is probably safer than vaginal sex, and vaginal sex is probably safer than anal sex for preventing HIV (but nothing is risk free!)*
  • *Your safest bet is, Never share needles. But if you do share, at least clean the works with bleach/H_2O for at least 60 seconds; etc.*

  Note: For many participants, a condom demonstration may be applicable. This should be done in an informative (rather than interactive) manner.

- Ask if the participant has any questions, and answer all questions posed.

- Give the participant a supply of at least 10 condoms.

- Make an appointment for the post-test session (HIV test result) 7-10 after clinic visit. Write the date and time on the back of the clinic card.

In some clinics, the clinician may not him- or herself give the condoms and/or the appointment card to the participant. In these cases, the clinician should still discuss that condoms will be given to the participant by <name> ___, and that ___ <name> ___ will be making him or her an appointment for the HIV test results.

Project RESPECT

Informational Messages Intervention (2 Sessions)

(Study Arms 3 and 4)

This two session intervention was conducted by the study clinician (session 1) and either the clinician or a study educator (session 2). Each session used an informational (didactic) approach, with sessions lasting about 5 minutes each. Session 1 was given during the enrollment visit, and session 2 was conducted when the HIV test results returned, from 7 to 10 days later.

This educational intervention had the following aims:
Inform participants about their personal STD/HIV risks, increase participants' knowledge about HIV/STD transmission and the effectiveness of specific risk reduction strategies. Whenever applicable, emphasize condom use.

Quality Assurance components included:

1) Standard training for all clinicians and educators (done by the same clinician).

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2) Observation of information sessions by counseling supervisors, with immediate feedback to clinicians/educators. (Forms follow).

Throughout the study, clinicians or educators were routinely observed on whether the informational messages interventions goals were achieved and how well they followed the protocols. Check off forms were used to indicate how well clinicians/educators achieved specific objectives, but superviros attempted to make this a "discussion" more than a "rating".

3) Process evaluations for clinicians and study participants (Forms follow).

Process Evaluation -- Informational Messages Intervention

As part of this study, you were seen by a clinician prior to taking an HIV test, and you were given your test results by a counselor. We'd first like to find out how to felt about the time you spent talking to the clinician AFTER the physical exam. That is, we want to know your reaction to the time you spent talking to the clinician about preventing STD's and HIV infection.

1. **Would you say that the time you spent talking to the clinician about HIV and STD prevention was:**

	extremely	somewhat	somewhat	extremely	
Pleasant	_____	_____	_____	_____	Unpleasant
Informative	_____	_____	_____	_____	Uninformative
Helpful	_____	_____	_____	_____	A waste of time
Good	_____	_____	_____	_____	Bad

2. **When you and the clinician talked about HIV and STD prevention, would you say that:**

_____ (1) the clinician talked and you listened
_____ (2) you talked and the clinician listened or
_____ (3) that you each talked and listened that you had a real conversation

3. **How well did the clinician cover your questions, problems or worries?**

	very	somewhat	somewhat	very	
Well	_____	_____	_____	_____	Poorly

4. **How honest were you with the clinician?**

	very	somewhat	somewhat	very	
Honest	_____	_____	_____	_____	Dishonest

5. **Do you have anything you'd like to say about your experience with the clinician?**

_____

_____

_____

6. **Now we'd like to ask about the [Messages] you received when you got your HIV test results.**

6b. **Would you say that the post test counseling you received was:**

	extremely	somewhat	somewhat	extremely	
Pleasant	_____	_____	_____	_____	Unpleasant
Informative	_____	_____	_____	_____	Uninformative
Helpful	_____	_____	_____	_____	A waste of time
Good	_____	_____	_____	_____	Bad

7. **When you received your post-test counseling, would you say that:**

____ (1) the counselor talked and you listened
____ (2) you talked and the counselor listened or
____ (3) that you each talked and listened, i.e., that you had a real conversation

8. **How well did the [counselor/clinician] cover your questions, problems or worries?**

	very	somewhat	somewhat	very	
Well	_____	_____	_____	_____	Poorly

9. **How honest were you with the [counselor/clinician]?**

	very	somewhat	somewhat	very	
Honest	_____	_____	_____	_____	Dishonest

10. **Do you have anything you'd like to say about your experience with the [counselor/clinician]?**

_____

_____

_____

INFORMATIONAL MESSAGES OBSERVATION AND FEEDBACK GUIDE

CLINICIAN/COUNSELOR -EDUCATOR_____

Project RESPECT Site:_____

Duration of Session(s):_____

Informational Messages – Session 1

Observer:_____ Date completed:_____

Client Age:_____ Race/Ethnicity:_____ Sex:_____

1. This Informational Messages inventory is a tool to assist counselors and intervention coordinators by summarizing single or multiple (4) observations of the clinician/educator's communication, information and seronegative information skills. Conclusions should be based on counselor demonstration each skill and achievement of informational messages.

2. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

COMMUNICATION SKILLS	**Status of Informational Messages Objective**				
	Not Achieved		**Achieved**		**Excellent**
1. Demonstrated professionalism.	1	2	3	4	5
2. Establishes rapport (introduction, define scope and duration of session)	1	2	3	4	5
3. Communication in a didactic rather than interactive approach.	1	2	3	4	5
4. Communicated at the client's level of understanding.	1	2	3	4	5
5. Provides results of HIV test.	1	2	3	4	5
6. Instruct participant that negative results mean he/she not infected in the past. Still don't know about recent infection. Be safe, should practice safe sex from now on, repeat HIV test in about 6 months, if appropriate.	1	2	3	4	5
7. Identified aloud behaviors or situations that placed client at risk for HIV or STDs (e.g., STD diagnosis at clinic visit. C&T form behaviors.	1	2	3	4	5
8. Follow-up on key ways this participant can reduce his or her personal risk for HIV or other STDs.	1	2	3	4	5
9. Asks the participant if he/she has questions.	1	2	3	4	5
10. Appropriately answers the questions.	1	2	3	4	5
11. Offers the participant more condoms.	1	2	3	4	5

INFORMATIONAL MESSAGES: OBSERVATION AND FEEDBACK GUIDE

HIV CLINICIAN/COUNSELOR-EDUCATOR_____

Project RESPECT Site:_____

Duration of Session:_____

Informational Messages Session 2:

Observer:_____ Date completed:_____

Client Age:_____ Race/Ethnicity:_____ Sex:_____

1. This Informational Messages tool is designed to assist clinicians and counselor-educators s and intervention coordinators by summarizing observation of a single informational messages session documenting the clinician or counselor-educator's communication skills and completion of the required enhancement activities. Conclusions should be based on clinician or counselor-educator's demonstration of each skill, completion of the activity and identification of client initiated risk reduction plan/task. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

2. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

COMMUNICATION SKILLS	**Informational Messages Session Two**				
	Not Achieved		**Achieved**		**Excellent**
1. Demonstrated professionalism.	1	2	3	4	5
2. Established rapport (briefly) introduces the educational message/defines the scope of the message.	1	2	3	4	5
3. Communicated the main points of the educational message effectively and succinctly.	1	2	3	4	5
4. Communicated at participant's level of understanding, avoided technical terms, jargon, and words beyond the comprehension of the participant.	1	2	3	4	5
5. Used a primarily didactic rather than interactive approach with the participant.	1	2	3	4	5
6. Identified aloud any behaviors or situations that placed this participant at risk for HIV or STDs (e.g., participant has an STD today.)	1	2	3	4	5
7. Describes the key ways this participant can reduce his or her personal risk for HIV or other STDs.	1	2	3	4	5
8. Describes the important elements of the HIV test, including the inability of the test to detect recent infection.	1	2	3	4	5
9. Asks the participant if he/she has questions.	1	2	3	4	5
10. Appropriately answers the questions the participant asks.	1	2	3	4	5

COMMUNICATION SKILLS	Informational Messages Session Two				
	Not Achieved		Achieved		Excellent
11. Keeps the educational message appropriately brief (depending on the participant's risk situation.)	1	2	3	4	5
12. Offers the participant more condoms.	1	2	3	4	5

ADDITIONAL COMMENTS AND RECOMMENDATIONS: **End Time:**

WORKSHEET FOR COMMENTS

#	QUOTES AND DESCRIPTION OF OBSERVATION	RECOMMENDATIONS

#	QUOTES AND DESCRIPTION OF OBSERVATION	RECOMMENDATIONS