

## SESSION SIX: REDUCING SEX -RELATED HIV RISK

Session 6 should be scheduled no earlier than one week and no later than two weeks following an MIP session. The Reducing Sex-Related HIV Risk Session may require more than one contact depending on the participant's individual goals and needs.

### SESSION OBJECTIVES

- Increase participant readiness to reduce HIV/STI sex-related risks.
- Provide information about sex-related HIV risks.
- Strengthen participant ability to practice safer sex.
- Motivate the participant to make positive behavior changes to reduce HIV/STI sex-related risks

### SUMMARY OF REDUCING SEX-RELATED HIV RISK SESSION

The goal of Session 6 is to increase the participant's knowledge and skills regarding safer sex practices. The Counselor or Case Manager/ Community Educator develop a profile of the participant's high HIV risk sex-related behaviors. He/she will discuss risk reduction practices that address those risks. The participant will be provided with a safer sex kit consisting of male and female condoms, literature on condom use, lubrication, dental dams, and so forth. The participant and the Counselor or Case Manager/ Community Educator will set new or review existing sexual risk reduction goals and build skills to accomplish these goals.

**SESSION TIME:** 45 - 60 minutes

**Note:** The time required to complete Session 6 will vary according to participant needs.

### SESSION ACTIVITIES

	Activity	Responsible Party
1.	Introduction (5 minutes)	Counselor
2	Role Induction (10 minutes)	Counselor
3.	Assess Participant Knowledge & Experience with Reducing Sex-Related HIV Risk (15 minutes)	Counselor
4	Safer-Sex Skills-Building Activities to Reduce HIV Risk (15 minutes)	Counselor

5.	Determine Participant Willingness to Reduce Sex-Related HIV Risk (5 minutes)	Counselor
6.	Develop/Modify Action Plan (5 minutes)	Counselor
7.	Ensure Social Support (5 minutes)	Counselor
8.	Summary/Staging for Next Session (5 minutes)	Counselor
9.	Follow-Up Case Management	Case Manager/ Community Educator and Counselor
10.	Complete Documentation Forms	Team
11.	Discuss Session Benchmarks with the MIP Team	Team

**MATERIALS/RESOURCES NEEDED (See Session Appendix for referenced forms):**

NAME	FORM in SESSION APPENDIX
Completed MIP Intake Form (1C), Behavioral Risk Assessment Form(1D) (for review)	From Induction Session (Session 1)
Sexual Activity Orientation Guide	Form 6A
Decisional Balance Form	Form 6B
Using Condoms Handout	Form 6C
Action Plan Form	Form 6D
Behavioral Change Self-Assessment	Form 6E
MIP Self-Assessment and Staging Form	Form 6F
Case Management Referral Form	Form 6G
Progress Notes	Form 6H
HIV/STI, TB, and viral hepatitis counseling and testing resource guide	Local Resource
Local HIV/AIDS and social service resource list for referrals	Local Resources
Safer Sex kits (male and female condoms, lubrication, safer sex brochure, dental dams, and so forth)	
Incentives	

**SESSION LOCATION:**

Due to the sensitive and personal nature of the questions asked during this session, Session 5 must be conducted in a private, enclosed room, where confidentiality can be assured and interruptions avoided.

Case Management services can take place at community venues, project community sites, treatment programs, or any other place with a favorable environment for the intervention

## PREPARATION

- The following forms from the Induction Session need to be fully completed before initiating this session: the **MIP Intake Form (1C)**, and the **Behavioral Risk Assessment Form (1D)**.
- Staff members should review and be familiar with the **Sexual Activity Orientation Guide (6A)** and the **Using Condoms Handout (6C)**.
- Become familiar with the resource guides, the referral processes, and the contents in the safer sex and needle hygiene kits.
- Be prepared to provide on-site HIV/STI, TB, and viral hepatitis testing or to make an appropriate referral if the participant desires to be tested.

## STEP-BY-STEP PROCEDURES

### 1. Introduction (5 minutes)

At the beginning of the session, greet and introduce yourself to the participant if you have not met before, and establish rapport by making conversation with the participant. Make sure to give the participant your full attention.

### 2. Role Induction (10 minutes)

Review the roles and responsibilities of the MIP team members and those of the participant to ensure that the participant knows what the MIP program expects from him/her.

The goal of Session 6- Reducing Sex-Related HIV Risk- is to help the participant initiate safer sexual practices. These behavioral changes include putting on a male and/or female condom, negotiating safer sex, practicing lower risk sexual activities, and learning about sex-related risks for acquiring or transmitting HIV and viral hepatitis.

In this session, the Counselor or Case Manager/ Community Educator develop a profile of the participant's high HIV risk sex-related behaviors and discuss risk reduction practices that address those risks. If there is ambivalence about changing high risk sexual practices the Counselor and participant, by means of Decisional Balance, discuss the positive and negative aspects of continuing with high risk sexual behaviors, and the pros and cons of changing these practices.

The participant is provided with a safer sex kit consisting of male and female condoms, literature on condom use, lubrication, dental dams, and so forth. The participant and the Counselor or Case Manager/ Community Educator set new sexual risk reduction goals and build skills to accomplish these goals. The participant is then accompanied to the Case Manager/Community Educator for case management services.

### 3. Assess Participant Knowledge and Experience with Reducing Sex-Related HIV Risk (15 minutes)

The Counselor provides information about sex-related HIV risk and explores the participant's sex-related HIV risk behaviors. If the participant has limited experience with safer sex practices, the Counselor strongly encourages the participant to learn about sex-related HIV risk reduction strategies.

Using the **Sexual Activity Orientation Guide (6A)** the Counselor or Case Manager/Community Educator and the participant discuss the participant's sex-related HIV risk behaviors and propose safer-sex risk reduction strategies.

The Counselor provides feedback about the participants' past or current sex-related HIV risk behaviors.

If the participant is ambivalent about changing high risk sex behaviors, the Counselor should complete the **Decisional Balance Form (6B)** to identify the positive and negative aspects of continuing present risky behaviors. For participants who are prepared to act, the Counselor should follow with the skills-building, staging, goal setting, and action planning activities.

#### 4. Safer-Sex Skills Building (15 minutes)

Once the Counselor has evaluated the participant's sex-related HIV risk, the counselor should discuss risk-reduction behaviors and demonstrate protective behaviors through simulations. The Counselor should then ask the participant to do the same. For example, practice correct use of male and/or female condoms, negotiating condom use, using dental dams, and so forth. The Counselor should provide the participant with a safer sex kit and use the **Using Condoms Handout (6C)** to ensure that a participants' correct use of condoms.

#### 5. Determine Participant Willingness to Reduce Sex-Related HIV Risk (5 minutes)

The Counselor should gauge the participants' willingness to take action to reduce sex-related HIV risk in order to develop an appropriate action plan.

For example, after conducting an analysis of the participants' current and past sexual risk-taking behaviors, the Counselor may ask the participant how soon he/she wants to start practicing safer sex. For example, you may ask:

- Are you ready to learn how to use a female condom?
- When will you be ready to show me how to correctly put on a condom?
- Are you ready now to role-play safer-sex negotiation? If not, when?

The participants' response is noted in the progress notes for that session and used to identify session goals and develop the Action Plan specific to the goals of that session.

#### 6. Develop/Modify Action Plan (5minutes)

Based on information obtained from the evaluation of the participant's sex-related HIV risk behaviors and his/her willingness to take action, establish/verify the participant's behavior change goals as it relates to reducing sex-related HIV risk. To do this:

- Verify and write down new goals using the **Action Plan Form (6D)**.
- The MIP team will work with the participant to achieve session goals.

## 7. Ensure Social Support (5 minutes)

As with every session in the MIP intervention, the Counselor reinforces positive social support networks for the participant.

If the participant has identified a person who is supportive of his/her risk reduction efforts, stress benefit of having such a person.

If the participant has not identified such a person, review potential support networks with the participant and attempt to identify an individual who might serve this role. If there is no one to support the participant, suggest an MIP team member as an alternative. Do this by reaffirming MIP staff support, perhaps saying, "I want you to know that we all support you. We believe in what you are doing and know that it matters."

## 8. Wrap-up/Staging for Next Session (5 minutes)

Summarize the main benchmarks of the current session, including what was discussed and the planned action steps and inform the participant that he/she has successfully completed this session and will be deciding on the focus of next session for MIP.

- Provide the participant with a list of remaining session topics. The Counselor should only list the structured session topics that the participant has not yet completed;
- Ask the participant which topic he/she is ready to work on and document in your progress notes. Discuss the participant's selection closest to action to
- Give the participant the **Behavioral Change Self Assessment Form (6E)** and ask him/her to identify the stage where he/she is now. If necessary, the Counselor reads the staging options to the participant and documents his/her responses. Both discuss the stage closest to action--an indication of the participant's readiness to make changes. This information allows you (the Counselor) to determine and prepare for the next structured session. Record the participant's responses on the **MIP Self Assessment and Staging (6F)**.
- Thank the participant for his/her time and reinforce the fact that he/she has taken positive steps toward protecting his or her health.
- Give the appropriate incentive for participating in this session and an appointment card with the time and place of the next session.

## 9. Follow-Up Case Management

After concluding the counseling session, accompany the participant to the Case Manager/Community Educator to initiate case management services. The Counselor shares the **Action Plan Form (6D)** with the Case Manager/Community Educator so that appropriate referrals to health, support and other human services can be made

At each case management session, the Case Manager/Community Educator should assess the participant's satisfaction with MIP and address any issues that could hinder participant retention.

Additionally, the Case Manager/Community Educator should:

- Address participant health and social service needs.
- Make appropriate referrals for services the implementing organization cannot provide. A **Case Management Referral Form (6G)** is included in the session appendix.

- Follow-up with participant on referrals and when possible and appropriate, escort participant to referred agencies.
- Assess the participant's transportation needs to access services and their next MIP appointment, and provide bus or subway tokens, if available.

## 10. Complete Documentation Forms

Check for accuracy on all required forms in this session. In addition complete the **MIP Self Assessment and Staging Form (6F)**, indicating both the participants perception of their stage of change and the Counselors perception of the participant's stage of change.

Document session milestones in progress notes, including changes in participant's stage of change, MIP team perspectives, attended appointments, and any materials, incentives, and so forth given to the participant.

## 11. Discuss Session Benchmarks with the MIP Team

The MIP team meets to discuss the intervention plan for the participant. Information is shared about the participant's goals for behavior change and his/her health and human service needs to ensure a comprehensive and seamless approach to providing services.

Ensure that MIP team members have access to all MIP documentation.

## SESSION VI FORMS:

- A. Sexual Activity Orientation Guide
- B. Decisional Balance Form
- C. Using Condoms Handout
- D. Action Plan Form
- E. Behavioral Change Self-Assessment
- F. Self-Assessment/Staging Form
- G. Sample Case Management Referral Form
- H. Progress Notes

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## STRUCTURED SESSION 6A Sexual Activity Orientation Guide

This form is used by the counselor to explore with the participant the HIV risk behaviors related to sexual activity and the strategies and techniques that can be used to reduce risk taking or re-infection.

Risk Behavior	Modes of Infection	Prevention or Risk Reduction
<p>Multiple sexual partners.</p> <p>To have sexual relations without protection.</p> <p>Use condom incorrectly.</p> <p>To have sexual relations with men who have sex with men without protection.</p> <p>To have sexual relations with women who have sex with women without protection.</p> <p>To have sexual relations HIV+ partners.</p> <p>To have unprotected sex in exchange for money or drugs.</p> <p>To have unprotected sexual relations with an injection drug user.</p> <p>To have unprotected sexual relations under the effects of drugs.</p>	<p>Body fluid exchange (blood, semen, vaginal secretions, and maternal milk) from an HIV infected person to another person.</p>	<p>Practice safer sex measures:</p> <p>Correct condom use: never use petroleum based oils or jelly; correct placement.</p> <p>If you practice oral sex, use condom without lubrication or spermicide.</p> <p>For vaginal/anal sex use latex condoms with lubricant.</p> <p>Avoid using two condoms at the same time.</p> <p>Reduce the number of sexual partners.</p> <p>Know the partner's HIV <i>status</i>.</p> <p>Orient and/or request your partner to have a HIV test.</p> <p>Always have condoms available that are in good condition and check the expiration date.</p> <p><b>Never have sex</b> without protection.</p> <p>Avoid body fluid exchange with HIV infected persons.</p> <p>Utilize low risk techniques: Mutual Masturbation, Rubbing genitalia with protection, and Dry kisses.</p> <p>Use other protection barriers as dental dams or plastic wrap (not microwave type).</p>

## STRUCTURED SESSION 6B DECISIONAL BALANCE

**Note:** Decisional Balance is a strategy to use for participants in the pre-contemplation/ contemplation stages. The following are the procedures for completing the Decisional Balance Strategy:

1. Place an action-oriented goal at the top of the blank Decisional Balance Strategy Chart.
2. Ask the participant to tell you the cons (reasons for not changing a behavior) of making the behavior change.
3. When he/she has completed the list of cons, ask him/her to tell you the pros (reasons for changing a behavior) of making a behavior change.
4. When the participant has listed all the possible pros and cons, explain that not all reasons carry the same weight. For example, even if he/she has a long list cons, the reasons on the list may be less significant than the reasons on a shorter list of pros.

This is an example of using Decisional Balance to assess participant interest in reducing risky drug- use behavior.

### SAMPLE DECISIONAL BALANCE FORM FOR SEXUAL RISK BEHAVIORS

Sample Decisional Balance Strategies Begin Practicing Safer Sex	
PROS	CONS
I don't have to worry about getting infected with HIV/STIs and viral hepatitis.	I like to have sex with lots of different people.
I don't have to worry about infecting someone I care about.	My partner will think I do not trust him/her.
I can have a close relationship without the fear of HIV.	Condoms take the excitement out of sex.
I am told that there are ways of having good sex and still using a condom.	I like having sex without condoms.
Some of my friends will respect my decision.	Some of my friends will think I am stupid.

## Decisional Balance Form

Problem Statement	
Pros "Benefits"	Cons "Consequences"
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## STRUCTURED SESSION 6C USING CONDOMS

- Distribute Condom Demonstration Kits
- **Condom Exploration**
  1. Distribute condom packets and lubricant.
  2. Encourage the participant to become familiar with the condoms and the lubricant by stretching them, blowing them up, and so forth to see how strong the condoms are and to reduce discomfort.
  3. Explain that even before ejaculating, the penis releases small amounts of fluid that can contain sperm and HIV. Therefore, males must wear a latex condom from the beginning to the end of your sexual contact.
  4. Inform the participant that when using condoms, there are several easy steps to remember. These steps are listed below.

### How to Put a Condom On:

- Step 1:** Talk to your partner about using a condom.
- Step 2:** Buy condoms, check expiration date and check condoms for damage to packaging.
- Step 3:** Man becomes hard.
- Step 4:** Open package carefully. **(DO NOT USE YOUR TEETH TO OPEN THE CONDOM PACKAGE)**
- Step 5:** Add lubricant to condom if necessary
- Step 6:** Pinch tip of condom to remove air (pinch an inch and twist)
- Step 7:** Unroll condom down to base of penis.
- Step 8:** Have sexual intercourse and man ejaculates.
- Step 9:** Male holds the base of the condom as he pulls out to keep the condom from slipping off.
- Step 10:** Remove the condom carefully to keep contents from spilling.
- Step 11:** Throw the used condom away **(NEVER USE A CONDOM TWICE)**

## CONDOM DEMONSTRATION GUIDE

1. Explain the steps for using a condom.
2. As you explain the steps, encourage participants to ask questions.
3. Talk about the different kinds of condoms and what to look for on the packaging.
4. Open up a few different types of condoms, and let participants examine the reservoir tip, the difference between lubricated and non-lubricated, and so forth.
5. Explain that latex condoms are the only kind of condoms that prevent HIV infection.
6. Explain that some condoms are lubricated with spermicide to provide an extra layer of protection against pregnancy.
7. Specify not to buy condoms with non-oxynonol-9 lubricant.
8. Use a phallic proxy to demonstrate condom use.
9. Tell participants to be careful opening the package; fingernails can tear condoms.
10. Allow participants to touch the condoms without inhibitions and demonstrate how big and strong condoms are. Stretch out the condom by pulling it gently, but firmly, at both ends like you would prior to blowing up a balloon. Have people stretch the condom over different body parts (e.g., head, arm, foot, and leg). Whoever succeeds in stretching the condom over the largest area without popping it, wins an extra incentive.
11. Next, blow up a condom and tie it off.
12. Rub Vaseline on one spot. After about three minutes, the condom will break.
13. Inform women participants of the importance of using a water-based lubricant, like K-Y Jelly.
14. Unroll a condom using the proxy, making sure it is unrolling the right way.  
**To UNROLL THE CONDOM:**
  - Pinch the tip of the condom, leaving enough space at the tip of the condom for semen.
  - While pinching the tip, unroll the condom all the way down to the base of the phallic proxy.
  - Smooth out any air bubbles that may be trapped inside.
  - Add more lubricant.
  - Remove the condom. Emphasize that: After having sex, it is essential to pull away gently while holding the base of the condom so that it does not slip off; Do not to spill contents when taking the condom off; Always throw away used condoms.
15. Allow participants to practice putting on and taking off condoms using their phallic proxies.
16. Give participants some female condoms and explain how to use them. Many sex workers have found that male clients are more willing to have sex using a female condom instead of a male condom.

Warnings:

**DO NOT USE CONDOMS THAT CONTAIN NON-OXYNOL- 9!  
THIS CAN ACT AS AN IRRITANT IN THE VAGINA OR THE ANUS AND CAN CAUSE CUTS IN THE  
MEMBRANES, THUS ALLOWING HIV TO ENTER INTO THE BLOODSTREAM.**

Latex Condoms should not be used by people who are allergic to them because it can cause the same type of irritation as non-oxynol-9 condoms.

**NEVER USE THE SAME CONDOM TWICE!**

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## STRUCTURED SESSION 6D ACTION PLAN FORM

Once the participant decides to begin a session, the Counselor inquires about critical problems the participant faces and his/her reasons for deciding to change behaviors that affect those problems. Together, the Counselor and participant develop goals and objectives to address these issues. This action plan documents the steps the participant agrees to take to change those behaviors he/she has identified as being most critical and for which he/she is most likely to have the support of significant others within his/her social network.

<input type="checkbox"/> Induction Session	<input type="checkbox"/> Reducing Drug-Related HIV Risk
<input type="checkbox"/> Taking Care of Your Health	<input type="checkbox"/> Reducing Sex-Related HIV Risk
<input type="checkbox"/> Readiness for Entering Drug Treatment	<input type="checkbox"/> Booster
<input type="checkbox"/> Relapse Prevention	<input type="checkbox"/> Other

Problem: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Goal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Objectives: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Interventions/Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Participant Name

Participant Signature

Date

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Counselor Name

Counselor Signature

Date

**STRUCTURED SESSION 6E**  
**Behavior Change Self-Assessment Form**

The purpose of this form is to learn how you presently perceive your primary health, drug (detox) treatment, sexual risk reduction and drug-related risk reduction needs. Read from the bottom to the top for each category and select the statement that you most agree with.

**HIV RISK**

Health Services	Drug Treatment	Sexual Conduct	Drug Injection Conduct
I have been taking care of my health for over six (6) months.	I have been without using drugs over six (6) months.	It has been more than six (6) months that when I have sexual relations I project myself against HIV.	It has been more than six (6) months that when I inject drugs, I avoid getting infected with HIV.
I am presently taking care of my health.	I am presently in treatment (detox or outpatient).	I presently protect myself against HIV when I have sexual relations.	I presently protect myself against HIV when I inject
Next month, I am planning to see a doctor.	I am planning to request detox admission very soon (next month).	Very soon (next month), I am thinking about making safe decisions regarding my sexual behavior to avoid getting infected with HIV.	Maybe I should be more careful when I inject to avoid getting infected with HIV.
Maybe I should see a doctor.	Maybe my drug use is a problem and I should seek treatment (detox).	Maybe I should be more careful with my sexual activities to avoid getting infected with HIV.	Very soon (next month) I am planning to inject drugs in a safer way to avoid getting infected with HIV
I do not have any health problems that I need to take care of.	My drug use is not a problem.	My sexual practices do not place me at risk of HIV infection.	When I inject drugs, it doesn't concern me that I might get infected with HIV.

**STRUCTURED SESSION 6F  
MIP SELF ASSESSMENT & STAGING FORM**

This form is to be used by the Counselor to record the Participant's stage of change

Participant		Date	
Staff		Location	
Session No		Contact No	
<input type="checkbox"/> Face to Face	<input type="checkbox"/> Telephone Contact	<input type="checkbox"/> Session Completed	*Dosage _____
<input type="checkbox"/> Safer Sex Kits	<input type="checkbox"/> Bleach Kits	<input type="checkbox"/> Incentive	<input type="checkbox"/> Referral

**TAKING CARE OF YOUR HEALTH**

Role Induction		Decisional Balance			
Affirmations		Information/Options			
Reflective Listening		Goal Setting			
Support Self-Efficacy		Action Plan			
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	3	4	5
Participant	1	2	3	4	5

**PREPARING TO ENTER DRUG TREATMENT**

Role Induction		Decisional Balance			
Affirmations		Information/Options			
Reflective Listening		Goal Setting			
Support Self-Efficacy		Action Plan			
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	3	4	5
Participant	1	2	3	4	5

**REDUCING DRUG-RELATED HIV RISK**

Role Induction		Decisional Balance			
Affirmations		Information/Options			
Reflective Listening		Goal Setting			
Support Self-Efficacy		Action Plan			
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	3	4	5
Participant	1	2	3	4	5

**REDUCING SEX-RELATED HIV RISK**

Role Induction		Decisional Balance			
Affirmations		Information/Options			
Reflective Listening		Goal Setting			
Support Self-Efficacy		Action Plan			
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	3	4	5
Participant	1	2	3	4	5

**STRUCTURED SESSION 6G  
CASE MANAGEMENT REFERRAL FORM**

The objective of this session is for the participant to accept and continue participating in the intervention and in utilizing case management services.

PARTICIPANT'S FULL NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PARTICIPANT'S ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

REFERRED TO: \_\_\_\_\_ TO SEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_ TIME: \_\_\_\_\_

**REASON FOR REFERRAL:**

- |  |  |
|--|--|
| <input type="checkbox"/> Mental Health Services    | <input type="checkbox"/> Primary Health Services             |
| <input type="checkbox"/> Opiate Addiction/Abuse    | <input type="checkbox"/> Parenting Skills Program            |
| <input type="checkbox"/> Cocaine Addiction/Abuse   | <input type="checkbox"/> Domestic Violence/ Anger Management |
| <input type="checkbox"/> Alcohol                   | <input type="checkbox"/> Food Voucher                        |
| <input type="checkbox"/> Poly-Substance Abuse      | <input type="checkbox"/> Counseling                          |
| <input type="checkbox"/> Rental/Housing Assistance | <input type="checkbox"/> Transportation                      |
| <input type="checkbox"/> Utility Assistance        | <input type="checkbox"/> Other                               |
| <input type="checkbox"/> Family Planning           |  |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT ME AT: \_\_\_\_\_  
SINCERELY,

\_\_\_\_\_  
Counselor/Case Manager

\_\_\_\_\_  
Date

**STRUCTURED SESSION 6H  
PROGRESS NOTES**

		Case Manager Notes	Counselor Notes
DATE:	END TIME:		
	START TIME:		
DATE:	END TIME:	_____ Signature of MIP Team Member	_____ Signature of MIP Team Member
	START TIME:		
DATE:	END TIME:	_____ Signature of MIP Team Member	_____ Signature of MIP Team Member
	START TIME:		
DATE:	END TIME:	_____ Signature of MIP Team Member	_____ Signature of MIP Team Member
	START TIME:		

## SESSION SEVEN: BOOSTER

**Note:** The Booster Session marks the completion of the MIP Program and should be the last of the seven sessions conducted. It should be conducted no sooner than two weeks after completing the last of the six structured sessions. The Booster Session will require more than one contact in order to review and reinforce participant risk reduction accomplishments. The Booster also ensures that the participant has support systems in place to help maintain positive behavior change. The MIP staff should schedule follow-up contacts as needed.

### SESSION OBJECTIVES

- Review and evaluate participant behavior change goals and accomplishments.
- Affirm positive steps taken by the participant during MIP.
- Develop a plan to maintain positive behavioral changes.
- Ensure that the participant is linked to mental health services and social support networks that encourage and sustain risk reduction efforts.

### SUMMARY OF SESSION ACTIVITIES

The Booster Session marks the completion of the MIP Program and should be the last of the seven sessions conducted.

The goal of the Booster is to ensure maintenance of positive behavioral changes and skills developed during MIP. This session reviews the participant's achievements in the program, reinforces self-efficacy in risk reduction behaviors, identifies the barriers for unmet goals, and seeks possible solutions to resolve challenges.

The Booster session requires that the Counselor and Case Manager/Community Educator work together to prepare for the Booster and run the session. Both MIP team members commend the participant for adopting risk-reduction behaviors, and for accessing and utilizing case management services, including healthcare and drug treatment (if applicable).

At the conclusion of the session, the Counselor and the participant develop a continuum of care action plan to support the participant's protective behaviors (utilization of health services, utilization of drug treatment services, and safer sex and injection practices). The participant is given a copy of his/her continuum of care plan, asked about additional case management needs, and informed that he/she has successfully completed MIP.

**SESSION TIME:** 45 - 60 minutes, however, multiple contacts may be necessary  
**Note:** The time required to complete Session 7 will vary according to participant needs.

### SESSION ACTIVITIES

Booster Session activities follow a slightly different order than that of the other structured sessions. This is because the Booster requires the Counselor or Case Manager/Community Educator to collect post-intervention data from the participant by re-administering the **MIP Behavioral Risk Assessment (7A)**.

The MIP staff then review and compare the MIP Behavioral Risk Assessment data taken at Induction to the assessment data from the Booster. Additionally, the MIP team will review the participant's case record, case management action plans, and progress notes to capture all major accomplishments. Team members will then develop a continuum of care action plan which reflects the on-going health, social service, and support needs of the participant.

	Activity	Responsible Party
1.	Preparation for Booster Session and a continuum of care action plan (time will vary depending on the individual participants' case)	MIP team
2.	Introduction (5 minutes)	Counselor
3.	Role Induction (10 minutes)	Counselor
4.	Conduct Behavioral Risk Assessment and Booster Forms (20 minutes)	Counselor <u>and</u> Case Manager/Community Educator
5.	Summarize Participant Goals and Accomplishments in MIP (20 minutes)	Counselor <u>and</u> Case Manager/Community Educator
6.	Develop a Continuum of Care Action Plan to Sustain Behavior Change (15 minutes)	Counselor <u>and</u> Case Manager/Community Educator
7.	Ensure support and referral (5 minutes)	Counselor <u>and</u> Case Manager/Community Educator
8.	Next Steps/Closing the Counseling Session (5 minutes)	Counselor <u>and</u> Case Manager/Community Educator
9.	Follow-Up Case Management Contact	Case Manager/Community Educator
10.	Complete Documentation Forms	Team
11.	Discussion and case closeout with the MIP Team	Team

## MATERIALS/RESOURCES NEEDED: (Forms can be found in the session appendix)

NAME	FORM in SESSION APPENDIX
Completed Intake Form, Behavioral Risk Assessment, and Action Plan forms (for review)	From Induction and structured sessions (Session 1-6)
Behavioral Risk Assessment	Form 7A
Booster Development Guide	Form 7B
Continuum of Care Action Plan Form	Form 7C
Case Management Referral Form	Form 7D
Progress Notes	Form 7E
Local HIV/AIDS and social service resource list for referrals	Local Resources
HIV/STI, TB, and viral hepatitis counseling and testing resource guide	Local Resources
Incentives	

### SESSION LOCATION:

Due to the sensitive and personal nature of the questions asked during this session, the Booster Session must be conducted in a private, enclosed room, where confidentiality can be assured and interruptions avoided.

Case Management services can take place at community venues, project community sites, treatment programs, or any other place with a favorable environment for the intervention.

### MIP TEAM MEMBER:

The Counselor and Case Manager/Community Educator deliver this session. It is recommended that both staff members participate in the preparation and implementation of the Booster Session since counseling data as well as case management information will be required to summarize accomplishments and develop a continuum of care action plan for the participant.

If the Counselor and Case Manager/Community Educator cannot both be present for the Booster session, as with the other sessions, the Counselor conducts most of the activities outlined in the structured session; however, the Case Manager/Community Educator must provide detailed information to the Counselor on services accessed or pending. A follow-up case management episode may also be necessary.

### STEP-BY-STEP PROCEDURES

#### 1. Preparation for Booster

It is highly recommended that the MIP team work together to prepare for the Booster Session and that the Counselor and Case Manager/Community Educator conduct the Booster session together. This provides dual support and closure for the participant.

- Become familiar with the **Booster Development Guide (7B)**.
- Review the participant's utilization of case management services, including access to drug treatment.

- Be prepared to provide on-site HIV/STI, TB, and viral hepatitis testing or to make an appropriate referral if the participant desires to be tested

In preparation for the session, the Counselor and Case Manager/Community Educator should meet to review the participant's file. Documents for review include:

- MIP Behavioral Risk Assessment (From Induction)
- Action Plan Forms
- Case Management Referral Forms
- Self-Assessment and Staging Forms
- Progress Notes
- Continuum of Care Action Plan Form

Based on the document review, the Counselor and Case Manager/Community Educator should:

- Summarize the participant's accomplishments in MIP.
- Identify the participant's current and past stage of change for each risk behavior addressed.
- Summarize case management services accessed by the participant.
- Identify gaps that require additional counseling and/or case management services.
- Document accomplishments, gaps, and additional participant needs in order to facilitate the Booster session and develop an appropriate continuum of care action plan.

## 2. Introduction (5 minutes)

Greet the participant and establish rapport by making conversation with the participant. Give the participant your full attention.

## 3. Role Induction (10 minutes)

Review the roles and responsibilities of the MIP team members and those of the participant to ensure that the participant knows what to expect from this session

Inform the participant that he/she has officially completed six of the seven MIP sessions and that this session- the Booster- is the final session in MIP. Explain that the purpose of the session is to review the goals and accomplishments from previous structured session sand establish any areas that need further improvement.

Explain that during this contact, you will need to administer the **Behavioral Risk Assessment Form (7A)** once again to get a sense of what has been accomplished thus far and of how you can support positive behavior maintenance.

Inform the participant that you will summarize his/her goals and accomplishments, identify gaps, and work with him/her to develop a Continuum of Care Action Plan Form that sustains positive behavior change.

Clarify that although this is the final contact for the MIP Intervention, he/she can contact any MIP team member for additional counseling, case management, and support services, as needed.

#### 4. Administer the MIP Behavioral Risk Assessment (20 minutes)

The **Behavioral Risk Assessment Form (7A)** is to be administered by the Counselor. The Counselor obtains updated and current information on participant demographics, social and family networks, mental health, and physical health, including experience with drug treatment services. Information about current substance use and sexual behaviors is also collected. The Counselor then asks the participant about the case management services he/she has utilized as part of the MIP Intervention in **Section G** of the **Behavioral Risk Assessment Form (7A)**.

The Counselor and Case Manager/Community Educator should both be involved in the review of the Behavioral Risk Assessment Forms (at Induction, and again, during the Booster). Positive behavior changes should be noted, as well as outstanding goals that still need to be accomplished.

While the Counselor and Case Manager/Community Educator work, the team should ensure that the participant is remains occupied by offering a meal, or another incentive.

#### 5. Summarize Participant Goals, Accomplishments in MIP (20 minutes)

Using the **Booster Development Guide (7B)** the Counselor, participant and Case Manager/Community Educator review the goals that were developed during the intervention. They validate the participant's achievements in reaching or working toward reaching those goals.

MIP team members and the participant summarize the issues discussed within each structured session and use affirmations to support the participants' successes in achieving his/her goals for each structured session. MIP team members highlight the benefits of the intervention and encourage the participant to continue making positive changes.

If appropriate, MIP team members should commend positive behavior changes that were not identified as goals, but which were observed during the intervention.

Team members also discuss any new or unmet goals with the participant and recommend strategies to achieve those goals in the Continuum of Care Action Plan Form.

#### 6. Develop a Continuum of Care Action Plan to Sustain Behavior Change (15 minutes)

The MIP team asks the participant to work out an action plan to help maintain the behavioral changes made in MIP and to achieve unmet goals identified during the review of accomplishments.

MIP team members, working with the participant, should complete the **Continuum of Care Action Plan Form (7C)**. The participant identifies all the challenges he/she feels will face in maintaining behavioral changes.

If it appears useful, the Counselor or Case Manager/Community Educator should return to the relapse prevention session, reviewing triggers and identifying support systems.

## 7. Ensure Social Support and Referral (5 minutes)

Explore the participant's social support options.

If the participant has no one to support him/her, link the participant to counseling services or support groups.

## 8. Closing the Counseling Session (5 minutes)

The commitment to a Continuum of Care Action Plan Form completes the MIP cycle. Inform the participant that you would like to follow-up with him/her in 3 months to see how he/she is doing. Put a note in the participant file to contact him/her and ask about HIV test results and reduction of risk behaviors.

Say good-bye to participant and tell him/her to stop by whenever he/she feels it is necessary or wishes to see you. Wish the participant good luck, and praise the participant for taking positive steps toward protecting his/her health.

Give the participant a copy of his/her Continuum of Care Action Plan and provide an incentive for participating in this session.

## 9. Follow-Up Case Management Contact

As a follow-up to the Continuum of Care Action Plan Form, address any final case management needs identified during the counseling session that will help the participant maintain his/her behavior change accomplishments. A **Case Management Referral Form (7D)** can be found in the appendix.

Check the status of any previous referrals, and note whether or not there has been follow-up. Ask the participant whether he/she has additional health and social service needs. Make appropriate referral/linkages to services.

Congratulate the participant for taking positive steps toward improving his/her health and Inform the participant that he/she has successfully and formally completed the MIP Intervention. Invite him/her to contact you if in need of additional case management services.

## 10. Complete Documentation Forms

Document the last session's milestones in **Progress Notes (7E)**.

Write a summary report.

## 11. Discuss Intervention Benchmarks with the MIP Team

The MIP team meet to close-out the intervention and to complete the final report.

## SESSION VII FORMS:

- A. Behavioral Risk Assessment Form
- B. Booster Development Guide
- C. Continuum of Care Action Plan Form
- D. Case Management Referral Form
- E. Progress Notes

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## STRUCTURED SESSION 7A BEHAVIORAL RISK ASSESSMENT

**Description:** The MIP Behavioral Risk Assessment is designed to assess the participant's current drug and sex-related HIV/STI/viral hepatitis risk behaviors. The assessment also captures the participant's family, health, and social support needs.

### **Administration:**

This instrument should be administered to each participant at the time of enrollment in MIP as part of the Induction Session (Session 1). The MIP team uses this information to work with the participant in developing personal drug and sex-related HIV risk reduction goals. This information is also useful in building social support systems that encourage positive behavior change. The MIP Behavioral Risk Assessment is to be administered again during the Booster Session (Session 7). The Counselor and Case Manager/Community Educator fill out Section G in preparation for implementing the Booster Session.

The Behavioral Risk Assessment measures individual progress made in achieving the identified risk reduction goals. Individuals who have not completed the expected number of sessions should also be administered the MIP Behavioral Risk Assessment. This Behavioral Risk Assessment should not be administered during the delivery of MIP intervention activities.

**Instructions to Interviewer:** This assessment is intended to be completed using an interview format.

- Familiarize yourself with the document, and read each question or statement to the participant exactly as it is written.
- Explain that you will be asking a series of questions about family support, drug and alcohol use, and sexual practices. Relay that this information will only be used to help the participant establish risk reduction goals that foster a healthier lifestyle. Tell the participant that they do not have to answer any question that they are uncomfortable with and that they can choose to skip any question they wish. Tell the participant that they should answer the questions honestly and provide accurate information so that the MIP team can better help him/her. Inform the participant that the interview will take about 15 minutes to complete.
- Record the client's responses by checking the appropriate box following each question or statement. It is unacceptable for the participant to fill out the form by him/herself.
- Check for obvious inconsistencies in the participant's responses and bring these to the attention of the participant. Resolve inconsistencies as they are encountered.
- Refer to and use the baseline data acquired in the Behavioral Risk Assessment for each structured session to help set HIV risk reduction goals.

## A. RECORD MANAGEMENT

Date Completed: \_\_\_\_\_

Client ID: \_\_\_\_\_

## B. EDUCATION AND EMPLOYMENT

1. Are you currently enrolled in school or in a job training program?

- NOT ENROLLED
- ENROLLED, FULL TIME
- ENROLLED, PART TIME
- OTHER (SPECIFY)
- REFUSED
- DON'T KNOW

Program Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

2. Are you currently employed?

- EMPLOYED FULL TIME (35+ HOURS PER WEEK)
- EMPLOYED PART TIME
- UNEMPLOYED, LOOKING FOR WORK
- UNEMPLOYED, DISABLED
- UNEMPLOYED, VOLUNTEER WORK
- UNEMPLOYED, RETIRED
- UNEMPLOYED, NOT LOOKING FOR WORK
- OTHER (SPECIFY) \_\_\_\_\_
- REFUSED
- DON'T KNOW

2b. How do you spend most of your time during the day? \_\_\_\_\_

## C. FAMILY/SOCIAL CONNECTEDNESS

1. In the past 30 days, what has been your main housing situation?

- SHELTER (SAFE HAVENS, TRANSITIONAL LIVING CENTER [TLC], LOW DEMAND FACILITIES, RECEPTION CENTERS, OTHER TEMPORARY DAY OR EVENING FACILITY)
- STREET/OUTDOORS (SIDEWALK, DOORWAY, PARK, PUBLIC OR ABANDONED BUILDING)
- INSTITUTION (HOSPITAL, NURSING HOME, JAIL/PRISON)
- HOUSED [ IF HOUSED, CHECK APPROPRIATE SUBCATEGORY: ]
  - OWN/RENT APARTMENT, ROOM, OR HOUSE
  - SOMEONE ELSE'S APARTMENT, ROOM, OR HOUSE
  - HALFWAY HOUSE
  - RESIDENTIAL TREATMENT
  - OTHER HOUSING (SPECIFY)
- REFUSED

DON'T KNOW

2. [IF NOT MALE] Are you currently pregnant?

- YES
- NO
- REFUSED
- DON'T KNOW

3. Do you have children?

- YES
- NO
- REFUSED
- DON'T KNOW

a. How many children do you have?

|\_|\_|\_|  REFUSED  DON'T KNOW

b. Are any of your children living with someone else due to a child protection court order?

- YES
- NO
- REFUSED
- DON'T KNOW

c. If yes, how many of your children are living with someone else due to a child protection court order?

|\_|\_|\_|  REFUSED  DON'T KNOW

d. For how many of your children have you lost parental rights?

|\_|\_|\_|  REFUSED  DON'T KNOW

4. In the past 30 days, have you attended any voluntary self-help groups not affiliated with a religious or faith-based organization? In other words, did you participate in a non-professional, peer-operated organization devoted to helping individuals who have addiction related problems. Some such organizations can include: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety, and so forth.

- YES [SPECIFY HOW MANY TIMES] \_\_\_\_\_
- NO
- REFUSED
- DON'T KNOW

5. In the past 30 days, did you attend any religious/faith-based voluntary self-help groups?

- YES [SPECIFY HOW MANY TIMES] \_\_\_\_\_
- NO
- REFUSED
- DON'T KNOW

6. In the past 30 days, did you attend meetings that support recovery other than those of the organizations described above?
- YES [SPECIFY HOW MANY TIMES] \_\_\_\_\_
  - NO
  - REFUSED
  - DON'T KNOW
7. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?
- YES [SPECIFY HOW MANY TIMES] \_\_\_\_\_
  - NO
  - REFUSED
  - DON'T KNOW
8. To whom do you turn when you are having trouble?
- NO ONE
  - CLERGY MEMBER
  - FAMILY MEMBER
  - FRIENDS
  - REFUSED
  - DON'T KNOW
  - OTHER (SPECIFY): \_\_\_\_\_

**D. DRUG AND ALCOHOL USE**

	Number of Days	REFUSED	DON'T KNOW
1. During the past 30 days how many times have you used the following:			
a. Alcohol to intoxication	_ _	0	0
b. Both alcohol and drugs (on the same day)	_ _	0	0
2. During the past 30 days, how many times have you used the following:			
a. Cocaine/Crack	_ _	0	0
b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	_ _	0	0
c. Opiates:	_ _	0	0
▪ Heroin, Morphine, Demerol, Percocet, Codeine, Oxycotin/Oxycodone, non-prescription methodone)			

- |  |     |   |   |
|--|-----|---|---|
| d. Hallucinogens/psychedelics, PCP<br>▪ Angel Dust, Ozone, Wade, Rocket Fuel)<br>MDMA (Ecstasy, XTC, X, Adam), LSD<br>(Acid, Boomers, Yellow Sunshine),<br>Mushrooms or Mescaline)   | _ _ | 0 | 0 |
| e. Methamphetamine or other amphetamines<br>▪ Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crack   | _ _ | 0 | 0 |
| f. Sedatives/Downers/Tranquilizers<br>▪ Benzodiazepines: Diazepam (Valium),<br>Alprazolam (Xanax), Triazolam (Halcion),<br>and Estazolam (Prosoin and Rohypnol-also<br>known as roofies, roche, and cope);<br>▪ Barbiturates: Mephobarbital (Mebacut) and<br>pentobarbital sodium (Nembutal);<br>▪ Non-prescription: Grievous Bodily Harm,<br>Liquid Ecstasy, and Georgia Home Boy;<br>▪ Ketamine: (known as Special K or Vitamin K) | _ _ | 0 | 0 |
| g. Inhalants (Poppers, Snappers, Rush, Whippets)   | _ _ | 0 | 0 |
| h. Other illegal drugs (Specify):  | _ _ | 0 | 0 |

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**3. In the past 30 days have you injected drugs?**

- YES
- NO
- REFUSED
- DON'T KNOW

**4. In the past 30 days, how often did you use: (Check the appropriate response for each behavior)**

a syringe/needle                  a cooker                  cotton                  water

Always

More than half the time

Half the time

Less than half the time

Never

REFUSED

DON'T KNOW

**E. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY**

1. How would you rate your overall health right now?

- Excellent
- Very good
- Good
- Fair
- Poor
- REFUSED
- DON'T KNOW

2. During the past 30 days, did you receive:

a. In-patient treatment for:

\_\_\_ YES (for how many nights) \_\_\_ NO

- i. Physical complaint  \_\_\_ nights
- ii. Mental or emotional difficulties  \_\_\_ nights
- iii. Alcohol or substance abuse  \_\_\_ nights

b. Out-patient treatment for:

\_\_\_ YES (for how many nights) \_\_\_ NO

- i. Physical complaint  \_\_\_ nights
- ii. Mental or emotional difficulties  \_\_\_ nights
- iii. Alcohol or substance abuse  \_\_\_ nights

c. Emergency Room treatment for:

\_\_\_ YES (for how many nights) \_\_\_ NO

- i. Physical complaint  \_\_\_ nights
- ii. Mental or emotional difficulties  \_\_\_ nights
- iii. Alcohol or substance abuse  \_\_\_ nights

**Results:**

3. Have you been tested for:

- a. HIV  Y  N  Positive  Negative  Unknown
- b. Viral hepatitis  Y  N  Positive  Negative  Unknown
- c. STIs  Y  N  Positive  Negative  Unknown
- d. TB  Y  N  Positive  Negative  Unknown

4. In the past 30 days, not due to your use of drugs or alcohol, how many days have you:

- |   |             |
|---|-------------|
|   | <b>Days</b> |
| a. Experienced serious depression                                   | _ _         |
| b. Experienced serious anxiety or tension                           | _ _         |
| c. Experienced hallucinations                                       | _ _         |
| d. Experienced trouble understanding, concentrating, or remembering | _ _         |
| e. Experienced trouble controlling violent behavior                 | _ _         |
| f. Attempted suicide  | _ _         |
| g. Been prescribed medication for psychological/emotional program   | _ _         |

5. How much have you been bothered by these psychological or emotional problems in the past 30 days?

- Not at all
- REUSED
- DON'T KNOW
- Considerably
- Slightly
- Moderately

## G. SEXUAL ACTIVITY

1. During the past 30 days, did you engage in sexual activity?

- Yes [How many times] |\_\_|\_\_|
- No
- NOT PERMITTED TO ASK
- REFUSED
- DON'T KNOW

If yes, how many:

a. Sexual partners (vaginal, oral, anal) did you have  
How many of those partners did you use condoms with

Contacts


b. Unprotected sexual contacts did you have

--	--	--	--

c. Unprotected sexual contacts were with an individual who is or was:

- 1. HIV positive or has AIDS
- 2. An injection drug user
- 3. High on some substance

--	--	--	--

--	--	--	--

--	--	--	--

2. During the past 30 days, have you used condoms for vaginal sex?

- Did not have vaginal sex in the past 30 days
- Yes [How many times?] |\_\_|\_\_|
- No
- REFUSED
- DON'T KNOW

3. During the past 30 days, have you used condoms for anal sex?

- Did not have anal sex in the past 30 days
- Yes [How many times?] |\_\_|\_\_|
- No
- REFUSED
- DON'T KNOW

4. During the past 30 days, have you had sex while you were drunk or high?

- Did not have sex in the past 30 days
- Yes [How many times?] |\_\_|\_\_|
- No
- REFUSED
- DON'T KNOW

4a. If you had sex while high or drunk, how many times did you use condoms?

- Always
- More than half the time
- Half the time
- Less than half the time
- Never
- REFUSED
- DON'T KNOW

SEE NEXT PAGE—PART G—FOR BOOSTER (SESSION 7)

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**G. EVALUATION OF SERVICES RECEIVED**

*[TO BE COMPLETED BY MIP PROGRAM STAFF AT BOOSTER SESSION ONLY (Session 7)]*

Date Completed: \_\_\_\_\_

Identify the number of days services were provided to the participant during the MIP intervention. [ENTER ZERO IF NO SERVICES PROVIDED]

Modality	Days
1. Case Management	____
2. Day Treatment	____
3. Inpatient/Hospital (Other than detox)	____
4. Outpatient	____
5. Outreach	____
6. Intensive Outpatient	____
7. Methadone	____
8. Residential/Rehabilitation	____
9. Detoxification (Select Only One)	
A. Hospital Inpatient	____
B. Free Standing Residential	____
C. Ambulatory Detoxification	____
10. After Care	____
11. Recovery Support	____
12. Other (Specify) _____	____

Case Management Services	Y	N
1. Family Services (Marriage Education, Parenting, Child Development Services)	Y	N
2. Child Care	Y	N
3. Family Planning	Y	N
4. Male or Female Condoms	Y	N
5. Employment Service	Y	N
6. Pre-Employment	Y	N
7. Employment Coaching	Y	N
8. Individual Services Coordination	Y	N
9. Transportation	Y	N
10. HIV/AIDS Service	Y	N
11. Domestic Violence	Y	N
12. Utility Assistance	Y	N
13. Food voucher	Y	N
14. Supportive Transitional Drug-Free Housing Services	Y	N
15. Other (Specify) _____	Y	N

Identify the number of sessions provided to the participant during the MIP Intervention. [ENTER ZERO IF NO SERVICES PROVIDED.]

Treatment Services <i>[PROVIDE AN ANSWER FOR AT LEAST ONE TREATMENT SERVICE NUMERED 1 THORUGH 4.]</i>	Sessions
1. Screening	____
2. Brief Intervention	____
3. Brief Treatment	____
4. Referral to Treatment	____
5. Assessment	____
6. Treatment/Recovery Planning	____
7. Individual Counseling	____
8. Group Counseling	____
9. Family/Marriage Counseling	____
10. Co-Occurring Treatment/ Recovery Services	____
11. Pharmacological Interventions	____
12. HIV/AIDS Counseling	____
13. Other Clinical Services (Specify) _____	____

After Care Services	Sessions
1. Continuing Care	____
2. Relapse Prevention	____
3. Recovery Coaching	____
4. Self-Help and Support Groups	____
5. Spiritual Support	____
6. Other After Care Services (Specify) _____	____

Education Services	Sessions
1. Substance Abuse Education	____
2. HIV/AIDS Education	____
3. Other Medical Services (Specify) _____	____

Peer-To-Peer Recovery Support Services	Sessions
1. Peer Coaching or Mentoring	____
2. Housing Support	____
3. Alcohol and Drug Free Social Activities	____
4. Information and Referral	____
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	____

Medical Services	Sessions
1. Medical Care	____
2. Alcohol/Drug Testing	____
3. HIV/AIDS Medical Support & Testing	____
4. Other Medical Services (Specify) _____	____

## STRUCTURED SESSION 7B

### Booster Development Guide

This instrument is administered to participants upon completing the intervention. It assesses a participant's perspective on various risk reduction behaviors using a stages-of-change framework. This allows the participant's risk reduction progress to be measured in instances where the participant has taken meaningful steps toward reducing his/her risks but has not yet fully achieved his/her stated goal.

After the Case Manager/Community Educator and the Counselor review the participant's record and identify achievements, strengths, and areas that need improvement, the following steps should be taken:

1. Engage the participant in a discussion about what motivated him/her to begin and continue MIP.
2. Discuss the achievements and benefits of participating in the project, emphasizing the importance of maintaining positive behavior changes. Begin the discussion by asking the participant to answer the following questions:
  - What were some of the benefits of participating in MIP? What were some of your most meaningful achievements?
  - Where do you still have room for improvement in relation to topics covered in the intervention sessions?
3. After the participant identifies achievements and the areas to be improved, the Case Manager/Community Educator and the Counselor will add positive behavior changes that took place without being identified during an exercise. These behavior changes should be noticeable through case records and personal interaction.

The facilitator will validate participant achievements, beginning with participant identified goals that were reached during the intervention. Assess the positive impact of behavior changes in the participant's family, work, and social life. Illustrate the Stage of Change process to help the participant better understand his/her progress.

## Booster Development Guide .....*continued*

1. What positive behavior changes have you achieved in the program?
2. How do you plan to maintain positive behavior changes?
3. Do you foresee any problems maintaining positive behavior changes?
4. How can the MIP team help you address these problems?
5. Is there anything else you want to change related to health, drug and sex-related risk behaviors, or family?
6. What are some reasons to make those changes (e.g., personal, children, and so forth)?
7. Who can support you in making further positive behavior changes (e.g., family members, counselors, and so forth)?
8. What counselor or professional can you call if you feel you have a problem maintaining behavior change?

## STRUCTURED SESSION 7C CONTINUUM OF CARE ACTION PLAN FORM

Once the participant decides to begin a session, the Counselor inquires about critical problems the participant faces and his/her reasons for deciding to change behaviors that affect those problems. Together, the Counselor and participant develop goals and objectives to address these issues. This action plan documents the steps the participant agrees to take to change those behaviors he/she has identified as being most critical and for which he/she is most likely to have the support of significant others within his/her social network.

<input type="checkbox"/> Induction Session	<input type="checkbox"/> Reducing Drug-Related HIV Risk
<input type="checkbox"/> Taking Care of Your Health	<input type="checkbox"/> Reducing Sex-Related HIV Risk
<input type="checkbox"/> Readiness for Entering Drug Treatment	<input type="checkbox"/> Booster
<input type="checkbox"/> Relapse Prevention	<input type="checkbox"/> Other

Problem: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Goal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Objectives: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Interventions/Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Participant Name	Participant Signature	Date

Counselor Name	Counselor Signature	Date

**STRUCTURED SESSION 7C  
CONTINUUM OF CARE ACTION PLAN FORM**

AREA OF FOCUS	GOALS	OBJECTIVES	INTERVENTION/ACTIVITIES
Health			
Drug Treatment			
Reducing Drug-Related HIV Risk			
Reducing Sex-Related HIV Risk			

**STRUCTURED SESSION 7D  
CASE MANAGEMENT REFERRAL FORM**

The objective of this session is for the participant to accept and continue participating in the intervention and in utilizing case management services.

PARTICIPANT'S FULL NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PARTICIPANT'S ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

REFERRED TO: \_\_\_\_\_ TO SEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_ TIME: \_\_\_\_\_

**REASON FOR REFERRAL:**

- |  |  |
|--|--|
| <input type="checkbox"/> Mental Health Services    | <input type="checkbox"/> Primary Health Services             |
| <input type="checkbox"/> Opiate Addiction/Abuse    | <input type="checkbox"/> Parenting Skills Program            |
| <input type="checkbox"/> Cocaine Addiction/Abuse   | <input type="checkbox"/> Domestic Violence/ Anger Management |
| <input type="checkbox"/> Alcohol                   | <input type="checkbox"/> Food Voucher                        |
| <input type="checkbox"/> Poly-Substance Abuse      | <input type="checkbox"/> Counseling                          |
| <input type="checkbox"/> Rental/Housing Assistance | <input type="checkbox"/> Transportation                      |
| <input type="checkbox"/> Utility Assistance        | <input type="checkbox"/> Other                               |
| <input type="checkbox"/> Family Planning           |  |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT ME AT: \_\_\_\_\_

SINCERELY,

\_\_\_\_\_  
Counselor/Case Manager

\_\_\_\_\_  
Date

**STRUCTURED SESSION 7E  
PROGRESS NOTES**

		Case Manager Notes	Counselor Notes
DATE:	END TIME:		
	START TIME:		
DATE:	END TIME:	<p style="text-align: center;">_____ Signature of MIP Team Member</p>	<p style="text-align: center;">_____ Signature of MIP Team Member</p>
	START TIME:		
DATE:	END TIME:	<p style="text-align: center;">_____ Signature of MIP Team Member</p>	<p style="text-align: center;">_____ Signature of MIP Team Member</p>
	START TIME:		
DATE:	END TIME:	<p style="text-align: center;">_____ Signature of MIP Team Member</p>	<p style="text-align: center;">_____ Signature of MIP Team Member</p>
	START TIME:		