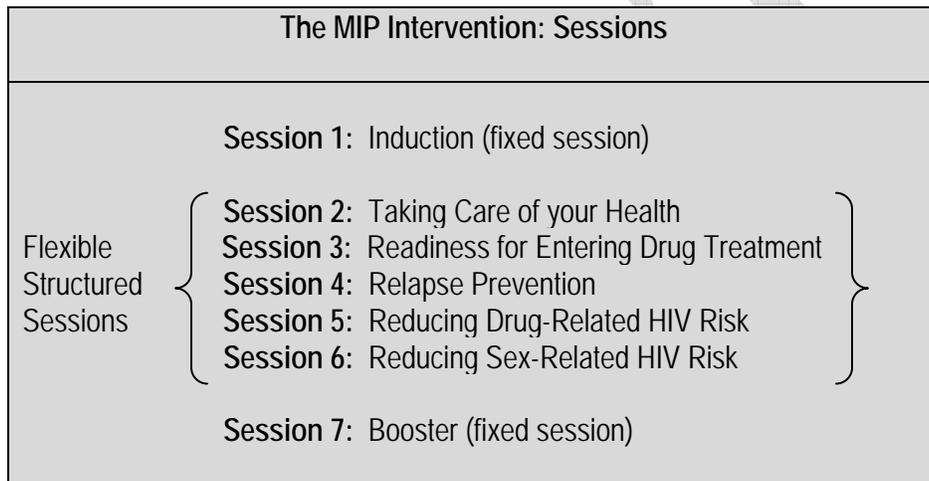


PART III. MIP SESSION GUIDE INTRODUCTION

Introduction

This section of the Program Manual provides detailed, step-by-step instructions for conducting MIP sessions. MIP is a *structured intervention* consisting of seven sessions- Induction (Session 1), five Flexible Structured Sessions (Sessions 2-6), and a Booster (Session 7). A structured intervention follows a specific order and covers specific content. Sessions may require more than one contact to ensure that the participant has mastered session materials.



Documentation forms used in a session can be found at the end of that particular session outline.

Summary of the MIP Intervention

The goal of MIP is to increase participants' health awareness and their self-efficacy to reduce HIV risk behaviors. This is done through a combined approach of individualized counseling and case management support. At each session, the MIP team works with the participant to support HIV risk reduction behavior change and to ensure access to needed services.

Sequence of the Structured Sessions

The Induction (Session 1) and the Booster (Session 7) are **fixed** scheduled sessions meaning that they must occur first and last, respectively. Sessions 2 through 6 are **flexible** structured sessions, meaning that they are not necessarily designed to be delivered in a linear sequence. The Counselor and the participant decide on the sequence of the flexible sessions based on participant readiness and individual need.

At the end of each structured session, the participant and the Counselor review the goals that were established for that session and assess progress made toward achieving those goals. If the participant is comfortable with the progress made during that session, the Counselor will help the participant select another structured session topic for the next appointment. If the participant is not ready to progress to another structured session, he/she may request additional contacts to complete the current structured session. The sequencing of five structured sessions is then modified based on the participant's needs.

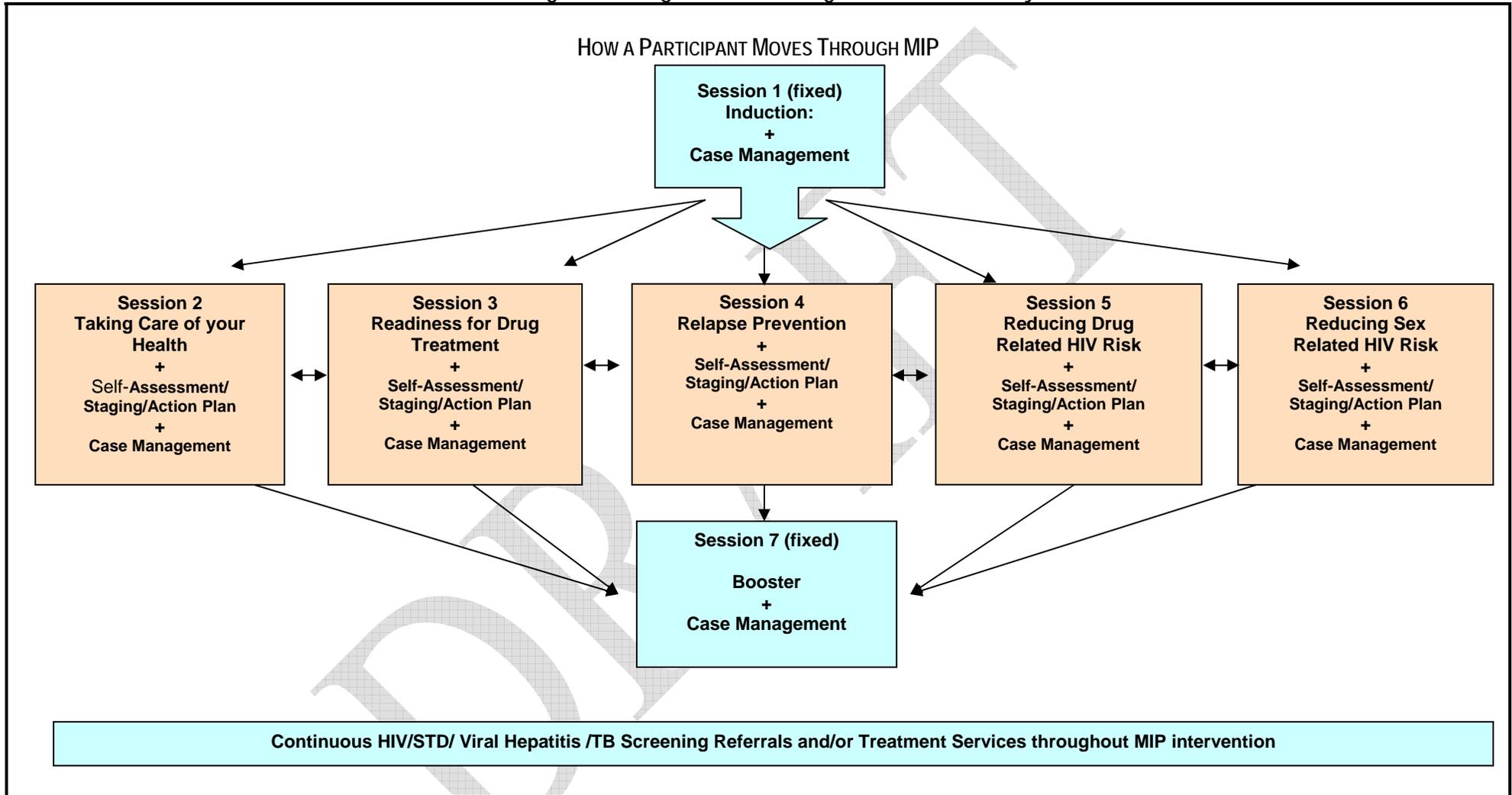
For example, following the Induction Session, a participant may choose to address his/her sex-related HIV risk behaviors. Session 6 (Reducing Sex-Related HIV Risk) would then be selected for the next appointment, rather than Session 2 (Taking Care of your Health). Likewise, a participant may have completed Sessions 2 and 3 with only one contact per structured session but may require multiple contacts to complete Session 5 (Reducing Drug-Related HIV Risk). The sequence and timing of the structured sessions will vary depending on individual participant needs.

What happens when a participant enters a drug treatment program?

If a participant decides to enter a conventional drug treatment program or a methadone maintenance treatment (MMT) program during MIP, the MIP team and the participant will need to decide whether it is appropriate to continue with the intervention. If the participant chooses to continue MIP, the team can change the sequencing of the structured sessions. For example, the Counselor may implement the Relapse Prevention (Session 6) or Reducing Drug-related HIV Risk (Session 5) with the participant in order to prepare him/her for drug treatment, or the Counselor and participant may continue with the other structured sessions and the booster, as appropriate.

For a participant checking into a short-term detoxification in-patient treatment program, it is possible to continue the MIP intervention once the participant leaves. If a participant enters a day treatment program, the Counselor should establish a good working relationship with the treatment staff and should collaboratively assess the participant's ability to continue MIP based on the compatibility of the treatment program with the goals and objectives of MIP.

FIGURE 1: Combining Counseling and Case Management in the Delivery of the MIP Intervention



Note: Induction (Session 1) and Booster (Session 7) represent fixed, structured sessions and must be implemented first and last respectively. Sessions 2-6 are flexible, structured sessions that are administered based on the participant's interest(s) and need(s). Case Management must accompany every structured session.

Timing of the Structured Sessions:

To keep the participant engaged in MIP, weekly contact is recommended. A minimum of one week but no more than two weeks should pass between contacts with a participant. Between sessions, the MIP team should continue to provide case management and follow-up services that support the participant's risk reduction goals.

In the event that a participant is not ready to participate in a structured counseling session during the two week time-frame, the MIP team should continue to provide support and case management services to the participant to encourage on-going participation in MIP. The Booster Session (Session 7) is the final session and should occur only after all six structured sessions have been completed. Counseling, testing, and referrals for HIV/ viral hepatitis and other transmittable diseases are integrated into all seven sessions.

The estimated time frame for completing the MIP intervention is 3-6 months—3 months representing the most motivated participant and 6 months representing participants requiring extensive contacts per structured session. Regardless of a participant's level of motivation and self-efficacy, the MIP team should continue to provide ongoing support. The ideal case would involve a participant attending all seven sessions, completing MIP in 3 months or less, achieving his/her personal risk reduction goals, and maintaining the acquired risk reduction behaviors after he/she leaves the program.

Format of Sessions:

MIP is an individual level intervention. The number of contacts required for each session will vary depending on the individual needs of the participant, the participant's readiness to address certain topics, and the personal goals identified for each session. The Induction Session and Booster Session usually require several contacts, each lasting approximately 45 minutes to 1 hour. Sessions 2 through 6 optimally require one contact lasting approximately 45 minutes to 1 hour.

During each session, the Counselor asks the participant to identify the changes he/she wishes to make regarding a particular behavior (e.g. visiting a physician, using condoms, not sharing needles, entering a drug treatment program, and so forth). The Counselor and the participant engage in an interactive staging process, review participant progress and set new goals as needed. Following each structured session, case management services are provided to ensure that the participant receives the necessary support and referrals to access health and social services. The Counselor integrates the participant's family into the intervention where possible and appropriate.

Location of Sessions:

The location of the sessions is flexible; however, the space used for the sessions must guarantee the safety, privacy, and confidentiality of both the participant and the Counselor. It is highly likely that the first Induction Session contact will take place at the location where the participant is first identified and approached. Generally, all other contacts occur at a site secured by the implementing organization. If necessary, the Case Manager/Community Educator or other team member should escort the participant to and from sessions.

Ensuring Fidelity:

When implementing MIP, it is important to maintain fidelity to the original research. The core elements and key characteristics of the intervention, in addition to Motivational Interviewing strategies and staging techniques, must be retained in order to preserve the integrity and effectiveness of MIP.

Integrating Counseling and Testing into Structured Sessions

A key characteristic of MIP is to offer participants referrals for HIV/STI counseling and testing and for viral hepatitis and TB screening at each contact. If a participant agrees to be tested--either on-site or at a partner agency-- he/she should be accompanied by the Case Manager/Community Educator to the test site either immediately or as soon as possible. If a participant refuses the referral, the structured session continues as intended; however, the MIP team should continue to offer HIV/STI testing and TB and viral hepatitis screening at each contact.

Organizations should consult their local jurisdictions for the laws and regulations regarding HIV testing, credentialing, reporting, and confidentiality.

Guidelines for Implementing the Structured Counseling Sessions

In implementing MIP, there are certain steps that should be taken at each session. These steps are part of the delivery process and are necessary for the intervention's success. At each session, the MIP Intervention Team should:

- Encourage the participant to get tested for HIV/STIs and screened for viral hepatitis, TB, and other transmittable diseases.
- Encourage the participant to take steps to utilize health care services, including drug treatment.
- Ensure a social support network for the participant (e.g., family support, external support groups, and linkages to services).
- Provide referrals to community resources available through MOUs, informal partnerships, and the community resource guide.
- Document all contacts in the participant's file, as required by the funding and implementing organization.
- Utilize Motivational Interviewing techniques throughout the course of the intervention.
- If appropriate and within budget, offer participants incentives and/or refreshments.

Counselor Responsibilities:

- Reinforce participant willingness to continue MIP.
- Maintain a therapeutic relationship with the participant.
- Be punctual.
- Be clear about program expectations.
- Maintain commitments made to participant.
- Check and update participant contact information.
- Establish and review behavior change objectives with participants.
- Assist participants with self-assessment staging.
- Review and check statuses of case management referrals.

Case Manager/Community Educator Responsibilities:

- Assess participant satisfaction with MIP.
- Maintain a therapeutic relationship with the participant.
- Be punctual.
- Be clear about program expectations.
- Maintain commitments made to participant.
- Address participant health, human, social service, and support needs through comprehensive case management.
- Review and check-status of case management referrals.
- Be familiar with community resources available through MOUs, informal partnerships, and the community resource guide.
- Escort the participant to and from sessions and appointments, as necessary and appropriate.

Supervisor Responsibilities:

- Conduct quality assurance checks to ensure the fidelity of MIP.
- Provide supervision of all MIP staff.
- Case conference with the MIP team.
- Perform formal and informal program monitoring and evaluation.

Implementing Organization Responsibilities:

- Ensure a welcoming atmosphere for participants.
- Maintain a referral network
- Secure sufficient funding and donations to maintain MIP.
- Provide appropriate safeguards for confidential information.
- Communicate with MIP team members.
- Advertise whether sessions are available on-demand or if appointments are required for counseling and case management session.

Preparation for every structured session should include the following resources:

- Updated Intake Form
- Completed MIP Behavioral Risk Assessment Form (for reference purposes)

- MIP Self-Assessment/Staging Form
- Behavior Change Self-Assessment Form
- Action Plan Forms
- Incentives for participants (organizations should check with their funding source whether or not monetary incentives are allowed)
- Local HIV/AIDS and social service resource guide (for reference purposes)
- MIP documentation forms (progress notes)

Additionally, it is recommended that organizations have the following supplies to support MIP implementation:

- Refreshments for participants
- Needle hygiene kits (small bottle of bleach/water, alcohol pads, and sterile cotton balls)
- Clean needles (in states where needle exchange is legal)
- Safer sex kits (assorted condoms and tubes of lubricant)
- Personal hygiene kits (soap, shaving cream, toothbrush, toothpaste, and so forth)

Guidelines for Implementing Case Management Sessions

Comprehensive Case Management is an integral part of the MIP intervention and should occur at regular intervals throughout the intervention. It is highly recommended that case management support occur either prior to, or following each structured counseling session or contact. Case Management services ensure that basic health, human, and social service needs are being met, allowing the participant to focus solely on making positive behavior changes. The Counselor and Case Manager/Community Educator work with the participant to identify needs and to ensure services are obtained.

At every case management encounter, the Case Manager/Community Educator should:

- Greet the participant and establish rapport by conversing with him/her.
- Assess participant satisfaction with MIP to facilitate participant retention.
- Work with the Counselor and the participant to identify participant health, human and social support needs.
- Make appropriate referrals to facilitate participant access to needed services.
- Conduct follow-up on referrals.
- Document services successfully accessed by the participant.
- Address barriers preventing successful service access.
- Escort participant to referrals, as needed and appropriate.
- Document case management session activities and outcomes.
- Acknowledge positive steps made toward achieving risk reduction goals.

A sample Case Management Referral Form (1G) is included in the appendix at the end of this session.

SESSION ONE: INDUCTION

The primary goal of the Induction Session is to orient the participant to MIP, obtain participant consent, and collect demographic and behavioral data. The Induction Session is the first structured session in MIP and may require one or more contacts in order to explain the intervention, collect baseline data, and ensure the full consent and understanding of the intervention and its requirements.

SESSION OBJECTIVES

- Introduce the MIP intervention to potential participants by explaining the program's objectives and the participant's roles and responsibilities in the intervention;
- Determine a participant's eligibility to enroll in MIP;
- Obtain baseline information concerning the participant's current sex and drug-related HIV risk behaviors;
- Work with the participant to identify and determine his/her most important health, social service, and educational needs;
- Assess the participant's current stage of change and engage the participant in MIP.

SUMMARY OF INDUCTION SESSION

During the Induction Session, the Case Manager/Community Educator or Counselor explains the major components and structure of MIP, informs the participant about the benefits and risks of MIP, discusses the roles and responsibilities of both the MIP team members and the participant, and secures participant consent.

The Induction Session elicits critical information from the participant that will be used throughout the MIP intervention. Part of the Induction process entails conducting a behavioral risk assessment, identifying and discussing behavior change goals, assessing participant readiness for change.

The Counselor refers the participant to the Case Manager/Community Educator for assistance in securing health care and other social services. The Case Manager/Community Educator makes appointments on behalf of the participant and provides escort and transportation services, if necessary.

SESSION TIME: 45-65 minutes (Counseling Session)
Time spent in case management will vary according to participant needs.

Note: The time required to complete the Induction Session will vary according to participant needs

SESSION ACTIVITIES

Session activities can be divided into multiple contacts. These activities assume that the participant has already been recruited from the community and has come in for the first MIP counseling session--the Induction.

	Activity	Responsible Party
1.	Introduction (2 minutes)	Case Manager/ Community Educator
2.	Eligibility Check (3 minutes)	Case Manager/ Community Educator
3.	Description and Overview of MIP (5 minutes)	Case Manager/ Community Educator
4.	Assessment of Participant Interest in MIP (5 minutes)	Case Manager/ Community Educator
5.	Role Induction to MIP (5 minutes)	Counselor
6.	Completion of Participant Consent Form (5 minutes)	Counselor
7.	Completion of Intake Form (5 minutes)	Counselor
8.	Completion of Behavioral Risk Assessment Form (15 minutes)	Counselor
9.	Wrap-up/Staging for Next Session (5 minutes)	Counselor/Participant
10.	Follow-Up Case Management	Case Manager/Community Educator and Counselor
11.	Complete Documentation Forms	Team
12.	Discuss Session Benchmarks with the MIP Team	Team

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

NAME	FORM IN SESSION APPENDIX
Participant Consent Form	Form 1A
Confidentiality Agreement	Form 1B
MIP Intake Form	Form 1C
Behavioral Risk Assessment Form	Form 1D
Behavioral Change Self-Assessment Form	Form 1E
MIP Self Assessment and Staging Form	Form 1F
Case Management Referral Form	Form 1G
Progress Notes	Form 1H
Incentives	

SESSION LOCATION:

Induction Session activities can be conducted in several locations:

- Role Induction can occur in community venues, project sites, treatment programs, or any other location favorable for the intervention.
- Behavioral Risk Assessment, goal identification and action planning can be conducted in a private, enclosed room at the project site.

MIP TEAM MEMBER:

Both the Counselor and Case Manager/Community Educator deliver this session.

- The Case Manager/Community Educator conducts the recruitment and initial introduction to MIP as well as the case management component.
- The Counselor conducts the Intake & Behavioral Risk Assessments and initiates session activities.

PREPARATION

- Become familiar with the **Behavior Risk Assessment Form (1D)**, the **Behavioral Change Self Assessment and Staging Form (1F)**, the **MIP Intake Form (1C)**.
- Become comfortable with the questions on the forms, practice recording participant responses accurately and being nonjudgmental about what the participant reports.
- Practice filling out forms with other staff members so as to avoid fumbling and making errors during form administration.
- Be prepared to provide referrals for HIV/STI counseling and testing and screening for viral hepatitis, TB, and other transmittable diseases.

STEP-BY-STEP PROCEDURES

Note: Session activities for Induction may be divided into multiple contacts with the participant, if necessary. These activities assume that the participant has already been recruited from the community and has come in for the first MIP counseling session. Induction Session activities include:

1. Introduction (2 minutes)

The purpose of the Introduction is to introduce yourself and the implementing organization to the potential participant. Inform the participant that you will be his/her Counselor for the MIP program should he/she decide to commit to the program. The Counselor should thank the participant for coming in and for his/her interest in MIP.

Whenever possible, the Case Manager/Community Educator should escort the participant to the first counseling session and facilitate introductions between the participant and the Counselor. This step further reinforces the team approach to MIP and allows the participant to feel that he/she is in a safe space where difficult issues can be discussed.

2. Eligibility Check (3 minutes)

The Counselor should conduct a quick assessment of the participant's drug-use status for eligibility purposes only. The potential participant must be an out-of-treatment active drug user 18 years or older. He or she must have used drugs (other than methadone and alcohol) within 90 days of joining MIP. Participants who are already in a treatment program are not eligible for MIP; however, they may be eligible for other services within your organization.

3. Description and Overview of MIP (5 minutes)

Provide an overview of the MIP program by briefly describing the seven session intervention structure. Emphasize that MIP is a participant-centered intervention focused on reducing risky drug and sex-related HIV and viral hepatitis risk behaviors through counseling and case management. Explain that the intervention also aims to increase participant access to health and human services through referrals and to increasing participant ability to change harmful behaviors and sustain behavior change efforts.

Mention that a participant must commit to all seven structured counseling sessions and follow-up case management services. Inform the participant that incentives will be provided for active participation in the intervention, and that they are expected to stay actively involved in the MIP program.

4. Assess participant interest in MIP (5 minutes)

Gauge participant interest in and perception of MIP. Pose the following types of open-ended questions:

- "Ask me some questions about MIP?"
- "How do you feel MIP could help you?"
- "What are your feelings about participating in MIP?"

You may also ask the participant how soon he/she wants to start doing something about his/her drug or sex-related HIV risk behaviors. This step helps to assess the participant's readiness for MIP.

If the person agrees to participate in MIP, continue with the rest of the Induction activities. If the individual is not interested or cannot commit to MIP, thank the individual for his/her time and inform him/her that you will be around if he/she decides to participate in MIP at a later time.

5. Role Induction to MIP (5 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 Counselor should explain the various components of the intervention, including the content areas addressed by MIP: taking care of your health, entering into drug abuse treatment, reducing high risk sex and drug-use behaviors, relapse prevention and a Booster session.

Once an overview of MIP has been provided and questions have been answered, encourage the participant to provide full consent to continue with the intervention.

6. Complete of Participant Consent Form (5 minutes)

Give the participant a copy of the **Participant Consent Form (1A)** and read it with him/her, making sure that he/she is fully aware of what is being agreed upon. Once the participant is comfortable with the information, ask him/her to sign the consent form. Give the participant a copy of the signed consent form.

7. Complete Intake Form (5 minutes)

Complete the **MIP Intake Form (1C)** with the participant. Collect social demographic information and information about places where the participant spends most of his/her time. Record participant nicknames or street names and obtain the name, phone number, and address of someone that will be able to locate the participant if necessary. Determine whether or not the Case Manager/Community Educator can interact with the participant with follow-up contacts.

For example, the participant may not be willing to talk to a Case Manager/Community Educator on the street but would do so in a coffee shop or a park. Record this information on the **MIP Intake Form (1C)**. Assure the participant that all personal information he/she has provided will remain completely confidential.

8. Complete Behavioral Risk Assessment (15 minutes)

The **Behavioral Risk Assessment Form (1D)** is to be administered by the Counselor. It is to be used as a reference tool throughout the intervention. It only takes approximately 20 minutes to complete.

This form is used as an assessment and evaluation tool to examine participant progress during each structured session. By reviewing baseline information on participant risk behaviors, the Counselor can help the participant set risk reduction goals.

It is important to remember that the participant should not fill this form out on his/her own. The tool is to be administered as an interview. The **Behavioral Risk Assessment Form (1D)** asks sensitive questions related to health conditions, family support systems, sources of income, drug use, sexual behavior, mental health, and so forth. Therefore, staff members implementing MIP must become acquainted with the form prior to administering it. The more you use it, the easier it will be to administer this tool.

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

Summarize the main benchmarks of the current session, including discussions and planned action steps. Inform the participant that he/she has successfully completed the Induction Session and will be deciding on the focus of next session for MIP. Provide the participant with a list of remaining session topics. These topics are:

- Taking Care of your Health
- Readiness for Entering Drug-Treatment
- Relapse Prevention
- Reducing Drug-Related HIV Risk
- Reducing Sex-Related HIV Risk

Ask the participant which topic he/she is ready to work on and document in your progress notes.

- Give the participant the **Behavioral Change Self Assessment Form (1E)** and ask him/her to identify the stage where he/she is now. If necessary, the Counselor reads the staging options for the chosen session to the participant and documents his/her responses. 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 Form (1F)**.

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.

10. Follow-Up Case Management

After concluding the counseling session, accompany the participant to the Case Manager/Community Educator to initiate case management services.

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.
- Offer a referral for HIV/STI testing and counseling services. Offer referrals for TB and viral hepatitis screening and vaccination.
- Make appropriate referrals for services the implementing organization cannot provide. A **Case Management Referral Form (1G)** is in the session appendix.
- Follow-up on participant when possible and appropriate and escort participant to referred agencies.
- Ensure that participants have transportation to access services.
- Provide bus or subway tokens, if available and necessary.

11. Documentation

MIP Staff must check the **MIP Intake Form (1C)**, **Behavioral Risk Assessment Form (1D)**, for accuracy, missing information or errors. In addition, complete the **MIP Self Assessment and Staging Form (1F)**, indicating both the participant's perception of their stage of change and the Counselor's perception of the participant's stage of change. Check for signature and date on the **Participant Consent Form (1A)**.

Document session milestones in **Progress Notes (1H)**, including changes in the participant's stage of change, MIP team perspectives, attended appointments, and any materials, incentives, and resources given to the participant.

12. 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.

DRAFT

STRUCTURED SESSION 1- FORMS:

- A. Participant Consent Form
- B. Confidentiality Agreement
- C. MIP Intake Form
- D. Behavioral Risk Assessment Form
- E. Behavior Change Self-Assessment Form
- F. MIP Self-Assessment and Staging Form
- G. Case Management Referral Form
- H. Progress Notes

DRAFT

STRUCTURED SESSION 1A PARTICIPANT CONSENT FORM

Explanation of the Program: [*Name of the Program*]

Services: You are being invited to participate in a program for out of treatment substance users 18 years of age and older. If you agree to participate in this program, you will have the opportunity to receive the following services:

- Substance abuse treatment services and referrals for methadone, detox, and in and out-patient services.
- Mental health services and/or referrals.
- Free and confidential HIV counseling and testing.
- Individual counseling.
- Relapse prevention education.
- Case management and counseling.
- Referrals to other social service needs,

You will be offered the opportunity to participate in six individual sessions and one booster session. Case management staff will help you obtain services that you identify, need, and/or want. It is your decision as to which services and educational information you want to receive. You will not be required to accept any services or information unless you are ready and want to accept them.

Process of Service: If you agree to partake in this program, a culturally competent staff person will be assigned as your Counselor. He/she will ask you about your background: drug and alcohol use, mental status, family and housing needs, school, work and income, legal issues and court contacts, and physical health and treatment. He/she will ensure use of services and assess your satisfaction with services using assessment instruments.

Also, the staff person will discuss potential referrals for other programs, treatment progress, and health and social needs. All information will be considered protected health information between you and the staff person only.

All material shared with the staff person will be kept confidential and will not be given to anyone or to any agency unless specified by you (the participant).

Program staff will share services data, referrals, treatment progress, and health and social needs with the program evaluator.

Participant Rights:

- Your participation in this project is voluntary.
- You can abstain from answering any question you wish.
- You may decide not to take part or to withdraw from this project at any time without any penalty.
- You can still obtain referrals for services if you decide not to participate in this program.

Benefits:

Participants receive immediate and long-term benefits from this program. Immediate advantages to participants may include:

- Assistance accessing health care services, both for general and pressing health care needs.
- Mental health services and/or referral to such services.
- Assistance securing health coverage, temporary and permanent housing, employment, and so forth.
- Assistance entering drug treatment programs.

Risks:

- You may be asked to disclose stressful or displeasing information about your situation and experiences.
- You may have unpleasant reactions to these questions. If you do not want to answer any question, you may choose not to do so. You may take breaks or stop the interview at any time. We will keep your answers private at all times. However, if someone in the program is in urgent danger of suicide, threatens harm to someone else, reveals a case of child abuse or neglect, or reveals a case of elder abuse, program staff must report these cases.
- You may experience unpleasant feelings as a result of participating in this program. You may ask to speak to a professional about these feelings.

Confidentiality:

Case records will be kept confidential, as stated by law. The only times when the law does not protect confidentiality are listed in the risk section of this document. No names will appear in any reports or papers related to the evaluation of this program. Program forms will be coded with a number instead of a name, and case records will be stored in locked files.

Program Evaluation:

Program evaluation data will be used in reports and papers to help influence policies and funding and to improve program services.

By signing this form, you agree to participate in the program described to you both verbally by a staff member and visually in this form. If you have any questions or concerns about your participation in this program; contact **[Name and Telephone of Contact]**.

Participant Name	Participant Signature	Date
Witness Name	Witness Signature	Date

Note: Signed copies of this consent form must be kept on file in participant record, on file with the Program Evaluator, and a copy must be given to the participant.

NOTE: This document is subject to local HIV/STI surveillance laws HIV/STI laws and surveillance

STRUCTURED SESSION 1B CONFIDENTIALITY AGREEMENT

I, _____, an employee of [*Name of Organization*], agree to abide by the confidentiality laws of the State of [*Name of State*] governing mental health services/practices, the Federal Government's Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law No. 104-191, 110 Stat. 1936-codified as amended in scattered sections of 18, 26, 29, and 42 U.S.C.), and regulations protecting client rights.

Confidentiality refers to the privacy of all clients/participants (e.g., *parents, guardians, caretakers, youth, children, and so forth*) who have had contact with/received services from this organization.

In the course of my work at [*Name of Organization*], I understand that I am bound to confidentiality. I am not to reveal and/or discuss any information pertaining to any client from this organization to any one, unless the client/participant signs a written release for this purpose.

Federal law and regulations protect the confidentiality of client records maintained by this program.

Generally, the program may not disclose an individual's status as a program participant or as an alcohol/drug abuser unless:

1. The client consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

By your signature, you are fully consenting to the terms set forth in this agreement. This agreement is not limited to working hours; it is extended to off duty hours as well. In addition, this agreement will remain in effect regardless of employment status (e.g., resignation, termination, leave of absence, and so forth). Violation of this agreement is ground for immediate termination.

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Participant Name

Participant Signature

Date

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Witness Name

Witness Signature

Date

STRUCTURED SESSION 1C MIP INTAKE FORM

Please answer all questions. The information on this form will be held in strictest confidence. Some programs offered by our organization require proof of identity and/or citizenship.

Name:		Date:	
Date of Birth:		Social Security #: - -	
Age: <input type="checkbox"/> < 13 <input type="checkbox"/> 13-18 <input type="checkbox"/> 19-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45 >			
Address:			
City:		State:	Zip Code:
Telephone:		Email:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender		Country of Origin:	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino		Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabitation			
Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Numbers of Household:	
Living Arrangement: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless		Amount of Rent/Mortgage: \$	
Last Grade Completed:		Occupation:	
Source of Income: <input type="checkbox"/> Temporary AID Needy Families <input type="checkbox"/> SSI <input type="checkbox"/> SS <input type="checkbox"/> Food Stamps <input type="checkbox"/> Child Support <input type="checkbox"/> Other			
If Other:		Income Level: \$	
Health Insurance: <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> None		HIV Status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative/Unknown	
Transmission Risk: <input type="checkbox"/> Sexual contact involving transgender and unsafe injection drug practices			
<input type="checkbox"/> Male to male sexual contact and unsafe injection drug practices		<input type="checkbox"/> Sexual contact involving transgender	
<input type="checkbox"/> Male to male sexual contact <input type="checkbox"/> Unsafe injection drug practices		<input type="checkbox"/> Heterosexual contact <input type="checkbox"/> Other	
Emergency Contact #1	Name:		
Address:			
Telephone:		Relationship:	
Emergency Contact #2	Name:		
Address:			
Telephone:		Relationship:	
Hangouts:			
Indicate Service(s) Desired: (1)		(2)	
Referred By:			

STRUCTURED SESSION 1D 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 FEMALE] 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 90 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 90 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	_ _	0	0

- Angel Dust, Ozone, Wade, Rocket Fuel)
MDMA (Ecstasy, XTC, X, Adam), LSD
(Acid, Boomers, Yellow Sunshine),
Mushrooms or Mescaline)

e. Methamphetamine or other amphetamines 0 0
 ▪ Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crack

f. Sedatives/Downers/Tranquilizers 0 0
 ▪ Benzodiazepines: Diazepam (Valium),
Alprazolam (Xanax), Triazolam (Halcion),
and Estazolam (Prosoin and Rohypnol-also
known as roofies, roche, and cope);
 ▪ Barbiturates: Mephobarbital (Mebacut) and
pentobarbital sodium (Nembutal);
 ▪ Non-prescription: Grievous Bodily Harm,
Liquid Ecstasy, and Georgia Home Boy;

g. Inhalants (Poppers, Snappers, Rush, Whippets) 0 0
 ▪ Ketamine: (known as Special K or Vitamin K)

h. Other illegal drugs (Specify): 0 0

3. In the past 90 days have you injected drugs?

- YES
- NO
- REFUSED
- DON'T KNOW

4. In the past 90 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:

- | | |
|---|-------------|
| | Days |
| 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

F. 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:

Contacts

a. Sexual partners (vaginal, oral, anal) did you have
How many of those partners did you practice safe sex?

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

--	--	--	--

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--	--	--	--

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

NOTE: For the Booster Session (Session 7), complete section G of this form on the next page.

DRAFT

G. EVALUATION OF SERVICES RECEIVED

[TO BE COMPLETED BY MIP PROGRAM STAFF AT BOOSTER SESSION (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

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

[PROVIDE AN ANSWER FOR AT LEAST ONE TREATMENT SERVICE NUMERED 1 THOROUGH 4.]

Treatment Services	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	_ _ _

Medical Services

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

After Care Services

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

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

Peer-To-Peer Recovery Support Services

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) _____	_ _ _

STRUCTURED SESSION 1E
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 1F
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 1G
CASE MANAGEMENT REFERRAL FORM**

The Form is to be used by the MIP Counselor and/or Case Manager/Community Educator to refer the participant for health, human, and support services not currently offered by the implementing organization.

Participant's Full Name: _____ Telephone Number: _____

Participant's Address: _____

Date of Birth: _____ Age: _____

Referred to: _____ Contact: _____

Address: _____

Date of Appointment: _____ Time: _____

Reason for Referral

- | | |
|--|---|
| <input type="checkbox"/> Mental Health Service | <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"/> Family Planning |
| <input type="checkbox"/> Other: _____ | |

Comments

For more information, contact _____ at ()

Counselor/Case Manager

Date

**STRUCTURED SESSION 1H
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 TWO: TAKING CARE OF YOUR HEALTH

Session 2 should be scheduled no earlier than one week following the Induction sessions or another structured session that the participant chose to cover prior to covering this session. Structured sessions should be scheduled within a two-week period to maintain participant interest in MIP. The **Taking Care of Your Health Session** may require one or more contacts depending on the participant's individual goals and needs.

SESSION OBJECTIVES

- Increase participant readiness to take care of his/her health.
- Obtain participant health history.
- Assist participants with obtaining care, support, and treatment for his/her health problems.
- Provide active referral and follow-up. This includes making appointments to increase participant access to healthcare services.
- Ensure the availability of social support networks for the participant's health-related goals.

SUMMARY OF TAKING CARE OF YOUR HEALTH SESSION

In this session, the MIP team encourages the participant to take control of his/her health, primarily by making an appointment with a physician. The participant receives information about what a physical examination entails and shares his/her experience with the health care system. Through role induction and motivational interviewing skills, the participant is able to identify his/her health care needs while increasing his/her ability to make decisions, take action, and obtain necessary medical care and testing.

The participant's **Behavioral Risk Assessment Form (1D)** is reviewed by the MIP team. Using this information, the Counselor and participant set new goals and the MIP team encourages the participant to comply with medical recommendations, including lab tests, prescriptions, and/or referrals and offers transportation services, if necessary.

At the end of the session, the participant fills out a self-evaluation. The Counselor provides feedback about the session, about the participant's willingness to take action. The Counselor and the participant summarize the issues they discussed, agree on a plan to address them, and make the next counseling appointment.

SESSION TIME: 45-60 minutes (Counseling Session)
Time spent in case management will vary according to participant needs.

Note: The time required to complete Session 2 will vary according to participant needs.

SESSION ACTIVITIES

	Activity	Responsible Party
1.	Introduction (5 minutes)	Counselor
2.	Role Induction (10 minutes)	Counselor
3.	Participant Health History (Health History Form) (20 minutes)	Counselor
4.	Determine Participant Willingness to Utilize Health Care & Decisional Balance (10 minutes)	Counselor
5.	Develop Action Plan (5 minutes)	Counselor
6.	Ensure Social Support Networks (5 minutes).	Counselor
7.	Wrap-up/Staging for Next Session (5 minutes)	Counselor
8.	Follow-Up Case Management	Case Manager/ Community Educator and Counselor
9.	Complete Documentation Forms	Team
10.	Discuss Session Benchmarks with the MIP Team	Team

MATERIALS/RESOURCES NEEDED (See Session 2 Appendix for referenced forms):

NAME	FORM in SESSION APPENDIX
Completed MIP Intake Form (1C), Behavioral Risk Assessment Form (1D)	From Induction Session (Session 1)
Health History Form	Form 2A
Medical Examination Guide	Form 2B
Decisional Balance Form	Form 2C
Action Plan Form	Form 2D
Behavioral Change Self-Assessment	Form 2E
MIP Self-Assessment and Staging Form	Form 2F
Case Management Referral Form	Form 2G
Progress Notes	Form 2H
Health care resource guide including list of physician, infectious disease clinics, drug treatment programs, and community-based medical services	Local Resource
HIV/STI, TB, and viral hepatitis counseling and testing resource guide	Local Resource
Incentives	

SESSION LOCATION:

Due to the sensitive and personal nature of the questions asked during this session, Session 2 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 reviewed before initiating this session: the **MIP Intake Form (1C)**, the **Behavioral Risk Assessment Form (1D)**.
- Become familiar with the **Health History Form (2A)**.
- Staff members should review these forms to become familiar with the participant's history and risk reduction goals and to be prepared to follow-up on any referrals that have been made.
- 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.

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.

Explain that the purpose of Session 2 is to help the participant take care of his/her health care needs. Discuss the activities that will take place during the session—including a description of what occurs during a medical examination—and review the respective roles and responsibilities of both the MIP team members and of the participant.

Remind the participant of agreements made during the Induction Session with regard to health status. Use data from the **Behavioral Risk Assessment Form (1D)**, if necessary.

3. Participant Health History (20 minutes)

The main focus of this session is to obtain a detailed history of the participants' health in order to motivate the participant to access health services. Obtaining a detailed health history helps facilitate the process and can also motivate the participant towards behavior change.

The Counselor does this using the **Health History Form (2A)**. This form assesses a participant's knowledge and experience with the health care system. The Counselor also provides information about health examinations using the **Medical Examination Guide (2B)**. The Counselor then provides feedback about what has been discussed in relation to the participant's health.

If the participant is not receiving appropriate healthcare, the Counselor strongly encourages the participant to address his/her health care needs and to seek medical attention through a physician, an infectious disease clinic, or a community-based organization that offers medical care.

If available, the participant should be given a local resource guide with a list of community services.

4. Determine Participant Willingness to Utilize Health Care (10 minutes)

The Counselor determines the participant's willingness to access and utilize health care and psycho-medical services, including primary health care, drug treatment, emergency care, infectious diseases services, and community based medical care.

If necessary, the Counselor should complete the **Decisional Balance Form (2C)** as an exercise to help the participant identify the positive and negative aspects of continuing present patterns of health neglect, as well as the pros and cons of consulting a physician for a physical examination.

The Decisional Balance strategy is usually conducted with a participant when there is ambivalence about changing a risk behavior. Ambivalence is usually expressed when the participant is in the pre-contemplation or contemplation stage of change. The goal of the Decisional Balance exercise is to work with the participant until the advantages of changing a risk behavior clearly outweigh maintaining the participant's current risk behavior.

Another strategy used in every MIP structured session is to gauge the participants' willingness to take action on specific issues--which in this case, is accessing health care services. Determining the participants' willingness to take action is a quick and simple step that provides the Counselor with the information he/she needs in order to create the session action plan and inform follow-up case management services. For example, after taking the participants' health history, the Counselor may ask the participant how soon he/she wants to start doing something to take charge of his/her health.

- Which health issues do you want to address now?
- Are you ready to go to a doctor today? I can accompany you if you wish.
- If not today, then how about next week?
- If not next week, when?

This information is noted in the progress notes for that session and used to identify session goals and used to complete an **Action Plan Form (2D)** in the next activity.

5. Develop Action Plan

Based on information obtained during the health history and on the participant's willingness to take action, establish/verify the participant's behavior change goals as it relates to taking care of his/her health. To do this:

- Verify and write down the new goals using the **Action Plan Form (2D)**.
- The Case Manager/Community Educator will work with the participant to make an appointment with a primary care physician, if the participant wishes to do so.
- Provide participants with a local resource guide listing services in the community.

6. 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 the 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."

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

The Counselor should:

- Summarize the main benchmarks of the current session, including established goals and planned action steps.
- 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;
- 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.
 - Give the participant the **Behavioral Change Self-Assessment (2E)** and ask him/her to identify their current stage of change, 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. Record the participant's response on the **MIP Self Assessment and Staging Form (2F)**.
- 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.
- Give them an appointment card with the time and place of the next session.

8. Follow-Up Case Management Contact

After concluding the counseling session, the Counselor should accompany the participant to the Case Manager/Community Educator to initiate case management services. The Counselor shares the **Action Plan Form (2D)** 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.
- Offer a referral for HIV/STI testing and counseling services. Offer referrals for TB and viral hepatitis screening and vaccination.
- Make appropriate referrals for services the implementing organization cannot provide. A **Case Management Referral Form (2G)** is included in the session appendix.
- Follow-up on participant when possible and appropriate and escort participant to referred agencies.
- Ensure that participants have transportation and access to services.
- Provide bus or subway tokens, if available and necessary.

9. Complete Documentation Forms

Check for accuracy on the **Health History Form (2A)** and **Action Plan Form (2D)**. In addition complete the **MIP Self Assessment and Staging Form (2F)**, indicating both the participant's perception of their stage of change and the Counselor's perception of the participant's stage of change.

Document session milestones in **Progress Notes(2H)**, including changes in participant's stage of change, MIP team perspectives, attended appointments, and any materials, incentives, and so forth given to the participant.

10. 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.

SESSION II FORMS:

- A. Health History Form
- B. Medical Examination Guide
- C. Decisional Balance Form
- D. Action Plan Form
- E. Behavior Change Self-assessment
- F. MIP Self-Assessment and Staging Form
- G. Case Management Referral Form
- H. Progress Notes

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STRUCTURED SESSION 2A HEALTH HISTORY FORM

Name of Participant: _____
 Number: _____
 Date of Birth: _____
 Sex: _____
 Location of Session: _____
 Date of Session: _____

Note: This information is confidential and will not be shared with any other agency or unit within this organization unless a written consent is provided by the participant to do so.

1. What health problems, if any, do you currently have?

2. Do you have a primary health care physician? ____Y ____N
 - Would you like me to help you get medical care from a doctor or a nurse practitioner?

3. Place a check in the box next to your current conditions.

Anemia	<input type="checkbox"/>	Epilepsy, seizures	<input type="checkbox"/>	Mental health (depression, bipolar, schizophrenia, other: _____)	<input type="checkbox"/>
Asthma, bronchitis	<input type="checkbox"/>	Fibroid, tumor	<input type="checkbox"/>	Pulmonary embolus	<input type="checkbox"/>
Bleeding (vaginal, anal)	<input type="checkbox"/>	Gonorrhea	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>
Blood clot in veins	<input type="checkbox"/>	Headaches (frequent and severe)	<input type="checkbox"/>	Sickle cell anemia	<input type="checkbox"/>
Breast lump, tumor	<input type="checkbox"/>	Heart disease/murmurs	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Hepatitis, liver disease	<input type="checkbox"/>	Stomach ulcer	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>	Herpes	<input type="checkbox"/>	Syphilis	<input type="checkbox"/>
Chest pain (severe)	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Thyroid problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Infection of uterus, ovaries (PID)	<input type="checkbox"/>	Trichomonas	<input type="checkbox"/>
Discharge (vaginal)	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	TB	<input type="checkbox"/>
Dizzy or fainting spells (recurring)	<input type="checkbox"/>	Ovarian cysts	<input type="checkbox"/>	Varicose veins/phlebitis	<input type="checkbox"/>
Dental problems	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>
Injuries	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Sexual Abuse/Rape	<input type="checkbox"/>		<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

4. Pregnancies: ___Y ___N

5. Have you ever had?
Hepatitis B vaccination? ___Y ___N
HIV test? ___Y ___N
6. Have you ever had a:
Pap Smear ___Y ___N
Mammogram ___Y ___N
7. Do you use birth control? ___Y ___N
Methods? _____
Do you want birth control?
8. Do you use condoms? ___Y ___N
Do you need condoms? ___Y ___N
9. Are you taking any prescription medication? ___Y ___N
What kinds? _____
10. Do you take drugs on a regular basis? ___Y ___N
What kind? _____
How often? _____
11. Do you have health insurance? ___Y ___N
Did you ever have one? _____
What happened to it? _____

STRUCTURED SESSION 2B

Medical Examination Guide

Note: This form is to be used by the Counselor to explain the medical examination process to the participant during Activity 3 of the Taking Care of Your Health session.

Physical Examination

Physical Examination is conducted to evaluate health status and review risk factors; is performed by a certified physician; it takes place at the physician's office; it does no harm or hurt; and lasts around 40 minutes. **The physical examination consists of three parts: Medical History, General Physical Examination and Clinical Analysis.**

1. Medical History: To obtain information about: prior conditions or illnesses; family medical history; medications presently being used; and habits or behaviors that affect health.

2. General Physical Examination: Conducted in an examination room. Clothing must be unbuttoned or taken off in order to facilitate the medical evaluation. Most of the time, you will be asked to change into a comfortable garment that facilitates the medical evaluation. You will be weighed; your vital signs will be taken (pulse, blood pressure, respiration and temperature). The doctor will also examine eyes, ears, nose and throat; palpate the trunk and the pelvis; evaluate the reflexes by lightly tapping the joints and listen to your chest (heart and lungs) and abdomen (intestinal sounds) with a stethoscope.

Optional Exams:

Women (performed by the Obstetrician and/or Gynecologist)

Papanicolaou or Pap smear: The purpose of this annual examination is to collect samples of vagina and cervix cells to detect cancerous growths.

Procedure: While lying on the examination table and with legs lifted to the side, a medical instrument (a speculum) is introduced into the vaginal canal. Stay relaxed. Through the speculum, a cotton swap is smeared over the walls of the vagina and around the cervix. It may cause discomfort, but not pain.

Pelvic Exam: The purpose is to palpate the uterus and the ovaries.

Procedure: A glove covered finger is introduced inside the vagina while the other hand is placed over the abdomen with light pressure applied.

Breast Exam: The purpose is to palpate the breasts to detect any tumors.

Procedure: A physician palpates breasts in circular form to detect any abnormal growth or lumps.

Men (performed by a general practitioner or primary care physician)

Testicular Exam: The purpose is to palpate the testicles to detect abnormal growths and/or inflamed or tender areas.

Procedure: In standing position, upper body bent forward and relaxed, a physician palpates the testicles and prostate.

Prostate Exam: The purpose of this test is to palpate the prostate to detect abnormal growth or tenderness.

Procedure: Consists of a glove-covered finger introduced inside of the anal cavity while the upper body is bent forward and relaxed. The physician palpates the prostate to detect abnormal growth or tenderness. It may cause discomfort, but not pain and is recommended annually.

3. Clinical Analysis: a series of tests to detect alterations of blood and urine components.

Samples Ordered:

CBC: complete blood count of red and white cells- the CBC test.

SMA20: chemical test that measures the functions of kidney, liver, pancreas, and other organs.

Urinalysis: Analysis to detect sugar, protein, bacteria, and blood levels in urine.

Urinary Toxicology Test: Detoxification Exam that detects recent psycho-active substance use.

STRUCTURED SESSION 2C DECISIONAL BALANCE FORM

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 visiting a primary care physician.

Sample Decisional Balance Chart: Decision to Visit a Health Care Provider	
PROS	CONS
I cannot get help for this pain unless I see a doctor.	I am worried about what the doctor might find out about me.
I want to live in a healthier way than I do now.	I do not like having to get undressed.
I now have support when I go to the clinic.	I am worried that they will treat me poorly.
I know my Counselor won't let me be treated badly.	I am worried that they might criticize me for using drugs or have me arrested.
I am worried that I am getting sicker.	I am worried that I might get sicker.
My friends and family will be relieved that I am getting help.	I am like my grandfather, and he lived to be 95 without seeing a doctor.

DECISIONAL BALANCE FORM

Problem Statement	
Pros "Benefits"	Cons "Consequences"
DRAFT	

STRUCTURED SESSION 2D 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 2E
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 2F
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 2G
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 2H
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 THREE: READINESS FOR ENTERING DRUG TREATMENT

Session 3 should be scheduled no earlier than one week and no later than two weeks following a previous MIP Session. The Readiness for Entering Drug Treatment Session may require more than one contact depending on the participant's individual goals and needs. The participant should have knowledge of HIV risk reduction skills and relapse prevention information prior to entering drug treatment to increase their chances for success. If a participant decides to go into drug treatment, it is highly recommended that the participant still complete Session 4 (Relapse Prevention), and Session 5 (Reducing Drug-related HIV Risk).

SESSION OBJECTIVES

- Raise participant awareness about HIV and other health risks associated with injection drug use.
- Assess participant knowledge and experience with drug treatment services.
- Increase participant readiness to enter drug treatment.

SUMMARY OF READINESS FOR ENTERING DRUG TREATMENT SESSION

The goal of Session 3 is to encourage participants to consider drug treatment (detoxification, in-patient, or out-patient drug treatment). The Counselor conducts a history of the participant's drug use and treatment. Through program content and motivational interviewing skills, participants are engaged in a decisional balance process that enables them to explore and identify the positive and negative aspects of entering a detoxification and/or treatment program.

By means of role induction, the Counselor encourages the participant to enroll in a drug treatment program. The Counselor and the participant discuss various drug treatment options and the Counselor and the participant set goals and develop a plan for entering drug treatment. If the participant agrees to enter treatment and these services are available, the MIP team will ensure that the admission process is initiated immediately.

At the end of the session, the participant fills out a self-evaluation. The Counselor provides feedback about the session and about the participant's readiness to change. The Counselor and the participant summarize the issues they discussed, agree on a plan to address them, and make the next counseling appointment.

SESSION TIME: 45-60 minutes (Counseling Session)
Time spent in case management will vary according to participant needs.

Note: The time required to complete Session 3 will vary according to participant needs.

SESSION ACTIVITIES

	Activity	Responsible Party
1.	Introduction (5 minutes)	Counselor
2.	Role Induction (10 minutes)	Counselor
3.	Assess Knowledge and Experience with Drug Treatment Services (15 minutes).	
4.	Willingness to Entering Drug Treatment (5 minutes)	Counselor
5.	Develop Action Plan (5 minutes)	Counselor
6.	Ensure Social Support Networks (5 minutes).	Counselor
7.	Wrap-up/Staging for Next Session (5 minutes)	Counselor
8.	Follow-Up Case Management	Case Manager/ Community Educator and Counselor
9.	Complete Documentation Forms	Team
10.	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)
Drug Treatment History and Experience Form	Form 3A
Decisional Balance Form	Form 3B
Action Plan Form	Form 3C
Behavioral Change Self-Assessment	Form 3D
MIP Self-Assessment and Staging Form	Form 3E
Case Management Referral Form	Form 3F
Progress Notes	Form 3G
Drug treatment resource guide including detoxification, in-patient, out-patient, and methadone treatment services	Local Resource
HIV/STI, TB, and viral hepatitis counseling and testing resource guide	Local Resource
Local HIV/AIDS services and social services resource list	Local Resources
Incentives	

SESSION LOCATION:

Due to the sensitive and personal nature of the questions asked during this session, Session 3 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 and reviewed prior to initiating this session: **MIP Intake Form (1C)**, the **Behavioral Risk Assessment Form (1D)**
- Review and become familiar with the **Drug Treatment History and Experience Form (3A)**.
- Staff members should review these forms to become familiar with the participant's history and risk reduction goals and to be prepared to follow-up on any referrals that have been made.
- 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.

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.

Introduce Session 3, by explaining that the purpose of the session is to discuss drug treatment and to assess whether the participant is ready to go into drug treatment.

Discuss admission to a detoxification program, in-patient, and out-patient drug treatment. Utilize a drug abuse services resource guide to inform the participant of his/her drug treatment options, and review the program criteria for admission.

Remind the participant of agreements made during the Induction Session with regard to health status, including drug use and/or risk reduction goals. Use data from Behavioral Risk Assessment, if necessary.

3. Develop Drug History (10 minutes)

Develop health history utilizing the **Drug Treatment History and Experience Form (3A)**. The Counselor provides feedback about the participant's drug treatment history.

4. Assess Knowledge and Experience with Drug Treatment Services. (20 minutes)

The focus of this session is to provide information about drug treatment services, including: detoxification, in-patient, and out-patient drug treatment. The Counselor should discuss the different philosophies, eligibility criteria, and admission processes for various drug treatment modalities.

Using the **Drug Treatment History and Experience Form (3A)** to help facilitate the discussion, the Counselor should explore the participant's experience with the drug treatment services, if any, and document the participant's responses on the form.

The Counselor should encourage the participant to explore his/her drug treatment needs and consider treatment. If the participant is ambivalent about drug treatment services, complete the **Decisional Balance Form (3B)** to identify the positive and negative aspects of continuing present patterns of drug use and the pros and cons of accepting drug treatment services. The Counselor encourages the participant to explore his/her drug treatment needs and consider treatment.

If the participant is prepared to enter treatment, the MIP team must follow-up immediately to identify treatment programs with their respective eligibility requirements and current capacity. Upon confirmed availability, arrangements should be made immediately to get the participant into the drug treatment program; even if it may mean escorting him/her to the program site.

4. Participant Willingness to Enter Drug Treatment Services (5 minutes)

The Counselor should gauge the participants' willingness to take action on entering drug treatment in order to develop an appropriate action plan for that session. For example, after taking the participants' drug treatment history, the Counselor may ask the participant how soon he/she wants to access drug treatment services.

You may ask:

- How ready are you to go into a drug treatment program?
- Are you ready to go into a drug treatment program today? I can accompany you if you wish. If you ask this question, make sure on-demand treatment is an option.
- If not today, then how about next week?
- If not next week, 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.

5. Develop Action Plan

Based on information obtained during drug treatment history and on the participant's willingness to take action, establish/verify the participant's behavior change goals. To do this:

- Develop new goals using the **Action Plan Form (3C)**.

- The Case Manager/Community Educator will work with the participant to access drug treatment and other services, as appropriate.
- Participants should be provided with a local resource guide listing services in the community.

Together, the Counselor and participant discuss drug-use risk reduction goals and develop an **Action Plan Form (3C)** mapping out strategies to prepare the participant for entering drug treatment.

6. 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."

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

In this activity, the Counselor will:

- Summarize the main benchmarks of the current session, including what was discussed and the planned action steps.
- Inform the participant that he/she has successfully completed the "Readiness for Entering Drug Treatment" Session and will be deciding on the focus of next session for MIP.
- Provide the participant with a list of remaining session topics;
- Ask the participant which topic he/she is ready to work on and document in progress notes.
- Give the participant the **Behavioral Change Self Assessment Form (3D)** 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. Record the participant's responses on the **MIP Self Assessment and Staging Form (3E)**.
- If the participant is willing to go to treatment, explain to him/her the program's willingness to deliver the Relapse Prevention Session prior to his/her admission to treatment. The Counselor also offers to deliver the Reducing Drug and/or Relapse prevention sessions if the participant so chooses. These sessions provide knowledge and skills that support self-efficacy and relapse-prevention. Delivering these sessions prior to treatment will prevent exposing the participant to paraphernalia and potential triggers after treatment.
- 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.
- Give them an appointment card with the time and place of the next session.

8. Follow-Up Case Management Contact

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 (3C)** with the Case Manager/Community Educator so that appropriate referrals to health, support and other human services can be made.

Additionally, the Case Manager/Community Educator should:

- Address participant health and social service needs.
- Offer a referral for HIV/STI testing and counseling services. Offer referrals for TB and viral hepatitis screening and vaccination.
- Make appropriate referrals for services the implementing organization cannot provide. A **Case Management Referral Form (3F)** is included in the session appendix.
- Follow-up on participant when possible and appropriate and escort participant to referred agencies.
- Ensure that participants have transportation and access to services.
- Provide bus or subway tokens, if available and necessary.

9. Complete Documentation Forms

Check for accuracy on the **Drug Treatment History and Experience Form (3A)** and the **Action Plan Form (3C)**. In addition, complete the **MIP Self Assessment and Staging Form (3E)**, indicating both the participant's perception of their stage of change and the Counselor's perception of the participant's stage of change.

Document session milestones in **Progress Notes (3G)**, including changes in participant's stage of change, MIP team perspectives, attended appointments, and any materials, incentives, and so forth given to the participant.

10. 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 participant intake data, behavioral risk data, and case management action plans.

STRUCTURED SESSION III FORMS:

- A. Drug Treatment History and Experience form
- B. Decisional Balance Form
- C. Action Plan Form
- D. Behavior Change Self-Assessment
- E. MIP Self-Assessment and Staging Form
- F. Sample Case Management Referral Form
- G. Progress Notes

DRAFT

STRUCTURED SESSION 3A DRUG TREATMENT HISTORY AND EXPERIENCE FORM

Note: This form is to be used with the behavioral risk assessment and the drug/alcohol history.

This information is confidential and will not be shared with any other agency or unit within this organization, unless a written consent is provided by you the participant to do so. This form should be used in collaboration with the information in the behavioral risk assessment drug/alcohol history. EACH IMPLEMENTING ORGANIZATION MUST PREPARE A LIST OF AVAILABLE TREATMENT OPTIONS IN THEIR SPECIFIC COMMUNITY.

Participant Name: _____ Client ID: _____ Date of Birth: _____
 Gender: _____ Location of Session: _____ Date of Session: _____

Treatment Modality	Experienced	Completed	Repeated
Outpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Modality	Experienced	Completed	Repeated
Intensive Outpatient (At least 9 hours per week)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Modality	Experienced	Completed	Repeated
Partial Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Modality	Experienced	Completed	Repeated
Residential Inpatient (Non Hospital)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Modality	Experienced	Completed	Repeated
Detox	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Modality	Experienced	Completed	Repeated
Inpatient Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Modality	Experienced	Completed	Repeated
Other (Specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

STRUCTURED SESSION 3B DECISIONAL BALANCE FORM

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 seeking drug treatment.

Sample Decisional Balance Chart Access Drug Treatment

Pros	Cons
I want to do more for my children.	I like using drugs because it makes me feel good.
I want my family to respect me.	I like using drugs with my friends.
I want to be able to pay my bills.	I do not know what I would do without drugs.
I want to stay healthy and not get HIV.	I like using drugs because I do not feel sad when I do so.
I don't want to lose my children.	I don't believe I will succeed.
The treatment facility will help me stop using drugs.	I don't like to be told what to do.
There are out-patient treatment programs.	I don't like to be locked up in a treatment program.

DECISIONAL BALANCE FORM

Problem Statement	
Pros "Benefits"	Cons "Consequences"
DRAFT	

STRUCTURED SESSION 3C 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 3D
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 3E
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 3F
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 3G
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 FOUR: RELAPSE PREVENTION

It is recommended that the Relapse Prevention Session (Session 4) be administered prior to, in conjunction with, or after any of the following sessions.

- Readiness for Entering Drug Treatment
- Reducing Drug-related HIV risk
- Reducing Sex-related HIV risk

The Relapse Prevention Session may require more than one contact depending on the participant's individual goals and needs.

SESSION OBJECTIVES

- Discuss the process and procedures of the Relapse Prevention Session (Session 4);
- Assess the participants' relapse experiences with drug use and unsafe sex practices;
- Assist the participant in developing skills to prevent relapse.

SUMMARY OF RELAPSE PREVENTION SESSION

The objective of the Relapse Prevention Session is to maintain the drug and sex-related risk reduction practices that the participant has incorporated into his/her life and help the participant prevent relapse by developing greater self-efficacy in risk reduction behaviors. This session often is negotiated with the MIP participant in order to further support drug and sex risk reduction practices and drug treatment.

This session includes examples of situations that precipitate relapse. The Counselor and the participant explore the participant's last relapse event (and the feelings, thoughts, and behaviors associated with that event) to develop an individualized profile of high-risk situations for relapse and identify strategies that can be used to avoid a relapse episode.

At the end of the session the participant conducts a self-evaluation and sets relapse prevention goals. The Counselor and the participant summarize the issues they discussed, agree on a plan to address them, and make the next counseling appointment.

SESSION TIME: 45-60 minutes (Counseling Session)
Time spent in case management will vary according to participant needs.

Note: The time required to complete Session 4 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 Experiences with Relapse (15 minutes).	Counselor
4.	Determine Participant Willingness to Learn Relapse Prevention Strategies(5 minutes)	Counselor
5.	Develop Action Plan (5 minutes)	Counselor
6.	Ensure Social Support Networks (5 minutes).	Counselor
7.	Wrap-up/Staging for Next Session (5 minutes)	Counselor
8.	Follow-Up Case Management	Case Manager/ Community Educator and Counselor
9.	Complete Documentation Forms	Team
10.	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)
Guide for the Analysis of the Most Recent Relapse—Drug Use	Form 4A
Guide for the Analysis of the Most Recent Relapse—Unprotected Sexual Activity	Form 4B
Decisional Balance Form	Form 4C
Action Plan Form	Form 4D
Behavioral Change Self-Assessment	Form 4E
MIP Self-Assessment and Staging Form	Form 4F
Case Management Referral Form	Form 4G
Progress Notes	Form 4H
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
Incentives	

SESSION LOCATION

Due to the sensitive and personal nature of the questions asked during this session, Session 4 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 and reviewed prior to initiating this session: **the MIP Intake Form (1C), and the Behavioral Risk Assessment Form (1D).**
- Review the **Guide to Analysis of Most Recent Relapse –Drug Use (4A) and Unprotected Sexual Activity (4B).**
- Staff members should review these forms to become familiar with the participant's history and risk reduction goals and to be prepared to follow-up on any referrals that have been made.
- 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. Session Induction (10 minutes)

Introduce the Relapse Prevention Session by explaining that the purpose of the session is to increase the participant's ability to recognize and avoid relapse triggers that lead to resuming risky behaviors. Explain that session activities will include a discussion of relapse episodes, the strategies and techniques to prevent relapse, and skills-building exercises to help prevent relapse.

Review respective roles of both the MIP team members and of the participant in accomplishing this task.

Remind the participant of agreements made during the Induction Session with regard to sexual risk taking, drug use, and risk reduction goals.

3. Assess Participant Experiences with Relapse (20 minutes)

Following the **Guide for the Analysis of Most Recent Relapse in Drug Use (4A)** and **Sexual Risk Taking (4B)** the Counselor and the participant explore the participant's last relapse episode to develop a profile of high risk situations for relapse. Together, they analyze thoughts, feelings, and behaviors that led to relapse. The Counselor should ask open-ended questions such as:

- What was taking place when you decided to resume risky behaviors?
- What thoughts and feelings did you experience before engaging in risky behavior?
- How could the relapse have been avoided?
- What things would you change about that situation?
- What could you have done differently?
- What are some alternate behaviors to what you did?
- Who could have helped you through the situation that led to your relapse?

Based on the information the participant provides about his/her most recent relapse, the Counselor identifies healthy behaviors that can be substituted for risky ones in order to prevent relapse.

The Counselor should remain nonjudgmental during this discussion. He/she should stress to the participant that a relapse episode offers the opportunity to learn about the individualized process of recovery. It can also help the participant develop new strategies and skills to avoid future relapse episodes by answering the following questions pertaining to recovery: What works? What doesn't work? Who can help? What are the triggers?

The Counselor provides feedback about the issues discussed and asks the participant to identify the risk behaviors he/she wishes to work on to prevent relapse. The Counselor should complete the **Decisional Balance Form (4C)** for those participants ambivalent about changing the behaviors associated with relapse. For participants that are prepared to act, the Counselor should continue with goal setting and action planning for that session.

4. Determine Participant Willingness to Learn Relapse Strategies (5 minutes)

The Counselor should gauge the participants' willingness to take action to avoid relapse in order to develop an appropriate action plan.

For example, after conducting an analysis of the participants' last relapse episode, the Counselor may ask the participant how soon he/she wants to take action to prevent a (drug-use or unprotected sexual activity) relapse. For example,

- When would you like to work on relapse prevention strategies?
- Are you ready to work with me now to explore your relapse triggers and identify strategies to avoid relapse?

The participants' response is noted in the progress notes for that session and used to identify session goals and develop the **Action Plan Form (4D)** specific to the goals of that session.

5. Develop Action Plan

Based on information obtained during the recent relapse analysis and on the participant's willingness to take action, establish/verify the participant's behavior change goals. To do this:

- Refer to the information from the Induction Session action plan and verify new goals using the **Action Plan Form (4D)**.
- The Case Manager/Community Educator will work with the participant to make necessary referrals.
- Provide participants with a local resource guide listing services in the community.

6. 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."

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

In this activity, the Counselor will:

- Summarize the main benchmarks of the current session, including what was discussed and the planned action steps.
- Inform the participant that he/she has successfully completed the "Relapse Prevention" Session and will be deciding on the focus of next session for MIP.
- Provide the participant with a list of remaining session topics;
- Ask the participant which topic he/she is ready to work on and document in your progress notes.
 - Give the participant the **Behavioral Change Self Assessment Form (4E)** and ask him/her to identify the stage where he/she is now. If necessary, the Counselor reads the staging options for the chosen session to the participant and documents his/her selected response. 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 Form (4F)**.
- 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.
- Give them an appointment card with the time and place of the next session

8. 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 (4D)** with the Case Manager/Community Educator so that appropriate referrals to health, support and other human services can be made.

Additionally, the Case Manager/Community Educator should:

- Address participant health and social service needs.
- Offer a referral for HIV/STI testing and counseling services. Offer referrals for TB and viral hepatitis screening and vaccination.
- Make appropriate referrals for services the implementing organization cannot provide. A **Case Management Referral Form (4G)** is included in the session appendix.
- Follow-up on participant when possible and appropriate and escort participant to referred agencies.
- Ensure that participants have transportation and access to services.
- Provide bus or subway tokens, if available and necessary.

9. Participation Documentation

Check for accuracy on all forms completed during the session. In addition complete the **MIP Self Assessment and Staging Form (4F)**, indicating both the participant's perception of their stage of change and the Counselor's perception of the participant's stage of change.

Document session milestones in **Progress Notes (4H)**, including changes in participant's stage of change, MIP team perspectives, attended appointments, and any materials, incentives, and so forth given to the participant.

10. 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.

SESSION IV FORMS:

- A. Guide for Analysis of Most Recent Relapse- Drug Use and Sex
- B. Guide for Analysis of Most Recent Relapse- Unprotected Sexual Activity
- C. Decisional Balance Form
- D. Action Plan Form
- E. Behavior Change Self-Assessment
- F. MIP Self-Assessment and Staging Form
- G. Case Management Referral Form
- H. Progress Notes

DRAFT

STRUCTURED SESSION 4A

Guide for Analysis of Most Recent Relapse—DRUG USE

This guide is to be used by the Counselor in discussions with participants on possible triggers of relapse and how to cope with them. Explore with the participant their most recent drug relapse experience and analyze thoughts, feelings and behaviors.

What can be done?

What are the alternate and healthy behaviors?

Relapse offers the opportunity to learn about the individualized process of recovery. It can help develop new strategies and skills to avoid future relapse episodes by answering the following questions pertaining to recovery: What works? What doesn't work? Who can help? What are the triggers? Consider the following questions while analyzing the most recent relapse in unprotected sexual activity.

- When did the most recent relapse episode occur? (Think about that day and the time it happened).
- Where were you when you used drugs? (Think on the specific place)
- Think about the specific activity you were doing at that moment. (For example, were you drinking?)
- Who was with you at the moment relapse occurred? What were the other persons doing?
- How did you obtain the drug? (Think about all the specific activities you had to do in order to obtain the drug).
- What do you think triggered your relapse?
- How did you feel when this use episode ended?
- What is the probability that this situation may be repeated?

1. Probes of activities, actions and behaviors that triggered relapse:

- | | |
|---|--|
| <input type="checkbox"/> Passing by a drug selling point or shooting gallery. | <input type="checkbox"/> Getting money |
| <input type="checkbox"/> Meeting someone with whom you can buy, use and /or share drugs | <input type="checkbox"/> Finding a job |
| <input type="checkbox"/> Having a fight or discussion with a close member of the family | <input type="checkbox"/> Not being able to find a job |
| <input type="checkbox"/> Loosing your children | <input type="checkbox"/> Talking to someone about drug use |
| <input type="checkbox"/> Seeing related paraphernalia | <input type="checkbox"/> Coming out of jail/prison |
| <input type="checkbox"/> Using drugs after being drug-free for sometime | <input type="checkbox"/> Being at a party |
| <input type="checkbox"/> Using other types of drugs (Alcohol, Cigarettes) | |
| <input type="checkbox"/> Other (Participant Describes) _____ | |

2. Probe for feelings:

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Feeling bored | <input type="checkbox"/> Feeling happy | <input type="checkbox"/> Feeling sad/frustrated | <input type="checkbox"/> Feeling angry | <input type="checkbox"/> Feeling guilty |
| <input type="checkbox"/> Feeling tired | <input type="checkbox"/> Feeling rejected | <input type="checkbox"/> Feeling afraid | <input type="checkbox"/> Feeling excited | <input type="checkbox"/> Feeling in love |
| <input type="checkbox"/> Feeling alone | <input type="checkbox"/> Other (Describe) _____ | | | |

3. Probes for thoughts:

- | | |
|---|---|
| <input type="checkbox"/> To remember the last time you used drugs. | <input type="checkbox"/> To remember a dream about drugs. |
| <input type="checkbox"/> To think that you will feel better if you use drugs. | <input type="checkbox"/> To think that drugs help you to forget. |
| <input type="checkbox"/> To think that you cannot live without drugs. | <input type="checkbox"/> To think that you cannot function without drugs. |
| <input type="checkbox"/> To think that you cannot come out of using drugs. | <input type="checkbox"/> To think that you are not important to anybody. |
| <input type="checkbox"/> To think that you don't have alternatives. | <input type="checkbox"/> To think that nobody wants to help |

4. Other:

- Other (Describe) _____
- Other (Describe) _____

DRAFT

STRUCTURED SESSION 4B

Guide for Analysis of Most Recent Relapse—UNPROTECTED SEXUAL ACTIVITY

This guide is to be used by the Counselor in discussions with participants on possible triggers of relapse and how to cope with them. Explore with the participant their most recent unprotected sexual experience and analyze thoughts, feelings and behaviors.

What can be done?

What are the alternate and healthy behaviors?

Relapse offers the opportunity to learn about the individualized process of behavior change. It can help develop new strategies and skills to avoid future relapse episodes by answering the following questions: What works? What doesn't work? Who can help? What are the triggers? Consider the following questions while analyzing the most recent relapse in unprotected sexual activity.

- When did the most recent relapse episode occur? Think about the specific day and time.
- Where were you when the relapse episode occurred? Think of the specific place.
- What were you doing when the relapse episode occurred? Think about the specific activity.
- Who was with you when the relapse episode occurred? What was he/she doing?
- Did you anticipate having unprotected sex in this situation?
- What do you think triggered your relapse?
- How did you feel after the relapse episode?
- What is the probability that this will happen again?

1. Probes of activities, actions and behaviors that triggered relapse:

- | | |
|--|---|
| <input type="checkbox"/> Getting together with someone you had previously had unprotected sex with | <input type="checkbox"/> Getting money |
| <input type="checkbox"/> Not carrying condoms with you | <input type="checkbox"/> Finding a job |
| <input type="checkbox"/> Meeting someone with whom you can buy, use and /or share drugs | <input type="checkbox"/> Not being able to find a job |
| <input type="checkbox"/> Having a fight or discussion with a close member of the family | <input type="checkbox"/> Talking to someone about sex |
| <input type="checkbox"/> Loosing your children | <input type="checkbox"/> Being at a party |
| <input type="checkbox"/> Coming out of jail/prison | |
| <input type="checkbox"/> Using drugs after being drug-free for sometime | |
| <input type="checkbox"/> Other (Participant Describes) _____ | |

2. Probe for feelings:

- Feeling bored Feeling happy Feeling sad/frustrated Feeling angry Feeling guilty
 Feeling rejected Feeling afraid Feeling excited Feeling in love Feeling alone
 Other (Describe) _____

3. Probes for thoughts:

- To remember the last time you had unprotected sex.
 To think that you will feel better if you had unprotected sex.
 To think that sex helps you to forget.
 To think that you cannot live without unprotected sex.
 To think that you are not important to anybody.
 To think that you don't have alternatives.

4. Other:

- Other (Describe) _____
 Other (Describe) _____
 Other (Describe) _____

STRUCTURED SESSION 4C 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 of 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 maintaining positive behavior changes.

**Sample Decisional Balance Chart:
Preventing Relapse**

PROS	CONS
I want to address my drug or sex-related HIV risk behavior.	My risk for HIV/STIs, viral hepatitis, and other transmittable diseases will increase if I cannot prevent relapse.
I want to live in a healthier way than I do now.	I would always have to be conscious about my behavior if I want to prevent relapse.
I want to improve myself.	I will feel like a failure if I cannot prevent relapse.
My friends and family will be proud of me.	My family will be unhappy and isolate me if I cannot prevent relapse.

DECISIONAL BALANCE

Problem Statement	
Pros "Benefits"	Cons "Consequences"
DRAFT	

STRUCTURED SESSION 4D 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 4E
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 4F
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 4G
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 4H
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 FIVE: REDUCING DRUG-RELATED HIV RISK

Session 5 should be scheduled no earlier than one week and no later than two weeks following a previous MIP session. The Reducing Drug-Related HIV Risk Session may require more than one contact depending on the participant's individual goals and needs. It is also recommended that this session be administered prior to a participant entering drug treatment in order to increase their chances for success.

SESSION OBJECTIVES

- Increase participant readiness to reduce drug-related HIV risks.
- Provide information regarding drug-related HIV risk behaviors.
- Strengthen participant skills in reducing drug-related HIV risk behaviors.
- Motivate the participant to make changes that reduce high risk injection behaviors.

SUMMARY OF REDUCING DRUG-RELATED HIV RISK SESSION

The goal of Session 5 is to help the participant initiate behavioral changes by developing skills for safer injection drug use. These behavioral changes include cleaning works and paraphernalia and learning about drug-related risks for acquiring or transmitting HIV and viral hepatitis.

The MIP team provides participant with drug and sex safety kits consisting of bleach, cookers, cotton, condoms, lubrication, alcohol pads, water, and over the counter topical antibiotic ointment. Where legal and available, clean syringes may also be distributed.

By means of Decisional Balance, the Counselor and the participant discuss the positive and negative aspects of continuing with present drug injection practices, as well as the pros and cons of changing these practices.

The participant and the Counselor or Case Manager/ Community Educator establish drug-related risk reduction goals and work on skills-building to accomplish these goals. The participant is then accompanied to the Case Manager/Community Educator for case management services.

Note: Needles may not be distributed at any time using federal funds. Federal funding for MIP may not be used to support needle exchange services.

SESSION TIME: 45-60 minutes (Counseling Session)
Time spent in case management will vary according to participant needs.

Note: The time required to complete Session 5 will vary according to participant needs.

SESSION ACTIVITIES

	Activity	Responsible Party
1.	Introduction (5 minutes)	Counselor
2.	Role Induction (10 minutes)	Counselor
3.	Assess Knowledge and Experience Reducing Drug-Related HIV Risk (15 minutes)	Counselor
4.	Skills-Building Activities to Reduce HIV Risk- Safer Works (15 minutes)	Counselor
5.	Determine Participant Willingness to Reduce Drug-Related HIV Risk (5 minutes)	Counselor
6.	Develop Action Plan (5 minutes)	Counselor
7.	Ensure Social Support Networks (5 minutes).	Counselor
8.	Wrap-up/Staging for Next Session	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)
Injection Drugs Orientation Guide	Form 5A
Decisional Balance Form	Form 5B
Action Plan Form	Form 5C
Behavioral Change Self-Assessment	Form 5D
MIP Self-Assessment and Staging Form	Form 5E
Case Management Referral Form	Form 5F
Progress Notes	Form 5G
"Safer Works- Steps to Cleaning Syringes "- Handout	Form 5H
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
Needle hygiene/drug use safety kits (small bottle of bleach/water, alcohol pads, and sterile cotton balls)	
Clean needles (only in states where needle exchange is legal)	
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 become familiar with the **Injection Drugs Orientation Guide (5A)** and **Safer Works-Steps to Cleaning Syringes Handout (5H)**.
- 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 (5 minutes)

Review the respective roles and responsibilities of both the MIP team members and of the participant and explain that the purpose of this session is to increase participant knowledge about drug-related HIV and viral hepatitis risks and to encourage participants to develop skills to minimize those risks. Inform the participant that he/she will learn about drug-related risks for acquiring or transmitting HIV and viral hepatitis. He/she will also have an opportunity to practice steps for safer injection drug use, such as cleaning works and paraphernalia.

At the end of the session the participant conducts a self-evaluation and with the help of the Counselor, sets risk reduction goals for drug use. The Counselor may use information from the Behavioral Risk Assessment and Induction Session Action Plan, if necessary, to help with goal setting. The Counselor and the participant summarize the issues they discussed, agree on a plan to address them, and make the next counseling appointment. The participant is then accompanied to the Case Manager/Community Educator to access case management services in support of these and other MIP-related goals.

3. Assess Knowledge and Experience Reducing Drug-Related HIV Risk (15 minutes)

The Counselor provides information about drug-related HIV risk reduction behaviors and explores the participant's experience with drug-related HIV risk behaviors. If the participant has no past experience with reducing drug-related HIV risk behaviors, the Counselor strongly encourages the participant to explore his/her drug-related HIV risks and learn about risk reduction strategies.

Following the **Injection Drugs Orientation Guide (5A)**, the Counselor and the participant discuss drug-using HIV risk behaviors that the participant may have engaged in the past. The Counselor then provides feedback about the participant's past HIV risk behaviors.

If the participant has no past experience with attempting to reduce drug-related HIV risk behaviors, the Counselor strongly encourages the participant to learn about risk reduction strategies.

The following is an example of Counselor feedback: "You've mentioned a number of behaviors that put you at risk for becoming infected with HIV. These behaviors can also place your partners (and possibly others) at risk. You mentioned that you have shared either needles, cookers, spoons, rinsing water, or cotton. You said that on more than one occasion, you have used unsterilized equipment found on the street. This puts you at risk for HIV, viral hepatitis, and other infections."

If the participant is ambivalent about reducing drug-related HIV risk behavior, complete the **Decisional Balance Form (5B)** 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. Skills-Building Activities to Reduce HIV Risk (15 minutes)

Once the Counselor has evaluated the participants' drug-related HIV risk, the counselor should discuss risk-reduction behaviors and demonstrate protective behaviors through simulation, for example cleaning works and safely using injection equipment.

The Counselor should provide information on safer drug-injection practices and local syringe exchange programs, where available. The **Safer Works- Steps to Cleaning Syringes Handout (5H)** found in the Appendix at the end of this section can be used as a guide to explain safer injection drug use to participants. Video clips that demonstrate how to clean ones works can be found at the Harm Reduction site: www.harmreduction.org or <http://www.anypositivechange.org/menu.html>. This site provides an excellent visual of "cleaning works" that can be used as a teaching tool to introduce and/or reinforce safer drug-injection practices.

Finally, the Counselor should provide participant with a safer injection drug use kit.

5. Determine Participant Willingness to Reduce Drug-Related HIV Risk

The Counselor should gauge the participants' willingness to take action to reduce drug-related HIV risk in order to develop an appropriate action plan. For example, after conducting an analysis of the participants' current and past risky drug-use behaviors, the Counselor may ask the participant how soon he/she wants to start reducing their drug related HIV risk. For example, ask:

- How ready are you to make changes with regard to sharing needles?

- Do you want to learn how to clean your works now? If not, when?

The participant's response is noted in the progress notes for that session and used to identify session goals and complete the **Action Plan Form (5C)** specific to the goals of this session.

6. Develop/Modify Action Plan

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

- Verify and write down new goals using the **Action Plan Form (5C)**.
- 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)

In this activity, the Counselor will summarize the main benchmarks of the current session, including what was discussed and the planned action steps.

- Inform the participant that he/she has successfully completed the "Reducing Drug-Related HIV Risk" Session and will be deciding on the focus of next session for MIP.
- Provide the participant with a list of remaining session topics;
- Ask the participant which topic he/she is ready to work on and document in your progress notes.
- Give the participant the **Behavioral Change Self Assessment Form (5D)** and ask him/her to identify the stage where he/she is now. The Counselor reads the staging options for the chosen session to the participant and documents his/her responses. 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 Form (5E)**.
- 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.
- Give them 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 (5C)** with the Case Manager/Community Educator so that appropriate referrals to health, support and other human services can be made.

Additionally, the Case Manager/Community Educator should:

- Address participant health and social service needs.
- Offer a referral for HIV/STI testing and counseling services. Offer referrals for TB and viral hepatitis screening and vaccination.
- Make appropriate referrals for services the implementing organization cannot provide. A **Case Management Referral Form (5F)** is included in the session appendix.
- Follow-up on participant when possible and appropriate and escort participant to referred agencies.
- Ensure that participants have transportation and access to services.
- Provide bus or subway tokens, if available and necessary.

10. Complete Documentation Forms

Check for accuracy on the required forms in this session. In addition complete the **MIP Self Assessment and Staging Form (5E)**, indicating both the participant's perception of their stage of change and the Counselor's perception of the participant's stage of change.

Document session milestones in **Progress Notes (5G)**, 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 participant intake data, behavioral risk data, and case management action plans.

SESSION V FORMS:

- A. Injection Drugs Orientation Guide
- B. Decisional Balance Form
- C. Action Plan Form
- D. Behavioral Change Self-Assessment
- E. MIP Self-Assessment and Staging Form
- F. Sample Case Management Referral Form
- G. Progress Notes
- H. Safer Works- Steps to Cleaning Syringes - Handout

DRAFT

STRUCTURED SESSION 5A

Injection Drugs Orientation Guide

Note: This form is to be used by the Counselor and the participant to explore drug-related HIV risk behaviors and to analyze the strategies and techniques used to reduce risk behaviors.

Risk Behavior	Modes of Infection	Prevention or Risk Reduction
1. Sharing needles or injection equipment.	1. Needles and injection equipment are contaminated with HIV-infected blood.	<ul style="list-style-type: none"> -Use new needles each time you inject drugs. -Carry your own syringe and another to share. -Clean equipment with chlorine and water. -Do not lend equipment; do not use another person's equipment. -Do not share syringes. -Verify that the syringe has the tip covered. -Participate in a needle exchange program.
2. Sharing cookers or spoons.	2. Cookers or spoons are contaminated with HIV-infected blood.	<ul style="list-style-type: none"> -Do not share cookers or spoons. -Clean cookers with 1part bleach & 9 parts water. -Use your own cooker. -Obtain new cookers.
3. Sharing rinsing water.	3. Water contaminated with HIV-infected blood.	<ul style="list-style-type: none"> -Do not share rinsing water. -Use clean water each time you clean equipment. -Throw away rinsing water after using it. -Do not collect water from the street, with your hands, or in dirty or moldy containers.
4. Re-using and/or sharing cotton	4. Cotton contaminated with HIV-infected blood.	<ul style="list-style-type: none"> -Do not share cotton. -Do not re-use cotton. -Use new, clean cotton each time you inject. -Do not make balls with threads of dirty clothing.
5. Consequences of contributing in the purchase and use of drugs also known as "pooling money for drugs"; frontloading or back loading	5. Injection equipment contaminated with HIV-infected blood.	<ul style="list-style-type: none"> -Use a new syringe to measure diluted drug. -Cooker should be new or clean. -Each participant has a new (preferable) or clean syringe. -Use new cotton. -Order of participation: those with new syringes go first, those with clean syringes go next, and those with used syringes go last.
6. Using equipment found in a garbage can or on the street.	6. Equipment contaminated with HIV-infected blood.	<ul style="list-style-type: none"> -Do not pick up equipment from garbage cans or from the street. -If it is to be used, clean it with chlorine and water before using it.

STRUCTURED SESSION 5B Decisional Balance Strategies

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 of 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 Strategies Reduce Drug Use and Risky Drug-Use Behaviors	
Pros	Cons
I could get HIV or viral hepatitis if I do not end risky drug-use behaviors	My girl/boyfirend shoots up with me.
My family will respect me more if I use drugs less.	I could loose credibility with my peers.
I can avoid overdosing.	I can overdose
I will protect my partner and children from HIV and viral hepatitis.	I'm addicted – when I need drugs I need them immediately; I don't have time to think about clean needles.
I can save money because I won't have to use drugs as often.	I have to worry about finding clean needles.
I won't need drugs all the time.	I'll lose my contacts and won't be able to get drugs when I need them.

Decisional Balance Form

Problem Statement	
Pros "Benefits"	Cons "Consequences"
DRAFT	

STRUCTURED SESSION 5C 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 5D
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 5E
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 5F
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 5G
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:	_____ Signature of MIP Team Member	_____ Signature of MIP Team Member
DATE:	END TIME:		
	START TIME:		
DATE:	END TIME:		
	START TIME:		

STRUCTURED SESSION 5H SAFER WORKS - STEPS TO CLEANING SYRINGES

These are the correct steps to cleaning syringes.

- 1 Pour water into two cups
- 2 Pour some bleach into a cup
- 3 Draw water into the syringe the first time
- 4 Pour out the first cup of water
- 5 Shoot water out the first time
- 6 Draw bleach into the syringe
- 7 Shoot the bleach out.
- 8 Draw water into the syringe the second time
- 9 Shoot water out the second time
- 10 Dump out bleach and final cup of water