
Modelo de Intervención Psicomédica
Psycho-Medical Intervention Model



MOCK FILE

NAME: RICKY REPASO
CLIENT ID #: A1234567

How to use this mock file:

MIP is comprised of seven sessions. For each session conducted, certain forms are to be completed in order to sufficiently document what was covered during the session and to monitor participant progress toward his/her goals and completion of the MIP intervention.

This mock file is to be used in conjunction with the Ricky Case Scenario presented during the MIP Training of Facilitators training. The information presented on the completed forms for each session is based on data provided by Ricky during the MIP counseling and case management sessions.

This mock files depicts how all the forms recommended for MIP should be completed and should ultimately come together to "create" a story of the client/participant during his/her participation in the MIP intervention.

Session 1 Forms: **Induction**



Modelo de Intervención Psicomédica
Psycho-Medical Intervention Model

INTAKE

Name: Ricky Repaso		Alias: Ricky	Date: 1/26/ 2009
Date of Birth: 1/2/1977		Social Security #: 123- 45 - 6789	
Age: <input type="checkbox"/> < 13 <input type="checkbox"/> 13-18 <input type="checkbox"/> 19-24 <input checked="" type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45 >			
Address: 23 Any Old Road			
City: Los Angeles		State: CA	Zip Code:01234
Telephone: (123) 456-7890		Email: ricky@optonline.net	
Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Transgender		Country of Origin: Mexico	
Ethnicity: <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino		Languages Spoken: <input checked="" type="checkbox"/> English <input checked="" 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 checked="" type="checkbox"/> White			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabitation			
Head of Household: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Total Numbers of Household: one	
Living Arrangement: <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless		Amount of Rent/Mortgage: \$ 60 per week	
Last Grade Completed: 10 th grade		Occupation: Garage Mechanic	
Source of Income: <input type="checkbox"/> Temporary AID Needy Families <input type="checkbox"/> SSI <input type="checkbox"/> SS <input checked="" type="checkbox"/> Food Stamps <input type="checkbox"/> Child Support <input type="checkbox"/> Other			
If Other: None		Income Level: \$ 150 per week	
Health Insurance: <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> None		HIV Status: <input type="checkbox"/> Positive <input checked="" 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 checked="" type="checkbox"/> Unsafe injection drug practices <input type="checkbox"/> Heterosexual contact <input type="checkbox"/> Other			
Emergency Contact #1	Name: Adolfo Ruiz		
Address: 123 Corner Avenue			
Telephone: 123- 45-6789		Relationship: Friend	
Emergency Contact #2	Name:		
Address:			
Telephone:		Relationship:	
Hangout #1: Underneath the bridge by the main road			
Hangout #2: the old k-mart building, 2 nd floor			
Indicate Service(s) Desired:	(1) learn to self-inject safely	(3)	
	(2)	(4)	
Referred By: Self			



Explanation of the Program: MIP

Services:

You are being invited to participate in a program for out of treatment substance users, who are at least 18 years of age. 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;
- Referral to HIV/STI counseling and testing and screening for viral hepatitis, TB, and other transmittable diseases;
- Individual counseling;
- Relapse prevention education;
- Case management and counseling; and
- Referrals and assistance to secure other social service needs.

You will be offered the opportunity to participate in six individual sessions and a booster. Case management staff will help you obtain those services that you identify, need and 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 take part in this program, a culturally competent and appropriate staff person will be assigned to you as your counselor. He/she will ask you about your background; drug and alcohol use; mental status; family and housing issues; school, work and income; legal issues and court contact; physical health and treatment, use of services and your satisfaction with the services through assessment instruments at the beginning and end of your participation in the program.

Also, the staff person will discuss with you potential referral to other programs, your progress in treatment and your progress in other health and social areas. All the information you offer will be considered protected health information with detail that is between you and the staff person only.

All information that you share with the staff person will be kept confidential, and will not be given to anyone or any agency unless you agree to have the material and/or the records given out to a specified agency. Program staff will share with the program evaluator, data on the results of services used, referrals to other programs, progress in treatment, and progress in health and social issues.

Participant Rights:

- Your participation in this project is voluntary;
- You are free not to answer any questions that you do not want to answer;
- You may decide not to take part or to withdraw from this project at any time without any penalty; and
- You can still take referrals for services by other providers, 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 to gain access to health care services general and pressing health care needs;
- Mental health services and/or referral;
- Assistance to address other problems, such as securing health coverage, temporary and permanent housing, employment, etc.; and
- Assistance to enter into a drug treatment program.

Risks:

- You may be asked to disclose information about your situation and experiences that you find stressful or displeasing,
- You may have unpleasant reactions to these questions. If you do not want to answer *any* question you do not have to. 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; and
- You may become stressful or 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 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 that will help influence policies and funding and improve programs for those in need of integrated substance abuse and mental health services, and strategies to assist people with difficult living situations to move to more stable living situations.

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

Ricky Repaso

Participant Name

Ricky Repaso

Participant Signature

1/26/09

Date

Brenda Ruiz

Witness Name

Witness Signature

1/26/09

Date

NOTE: *Signed copies of this consent form must be retained on file in the participant record, and a copy given to the participant.
This document is subject to local HIV/STI surveillance laws HIV/STI laws and surveillance*

The information provided above is strictly protected by the Code of Federal Regulations (CFR) 42 Part II, Sub part A, Section 2.1 and the following (Confidentiality). It is prohibited to share the participant information without a written consent, except for other considerations provided within this regulation.

MIP BEHAVIORAL RISK ASSESSMENT

A. RECORD MANAGEMENT

Date Completed: 6/27/2009

Client ID: A1234567

B. EDUCATION, EMPLOYMENT AND INCOME

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

Not enrolled

Enrolled, full time Program name: _____

Enrolled, part time Program name: _____

Other (specify) _____

Refused

Don't know

2. Are you currently employed?

Employed full time (35+ hours per week, or would have been)

Employed part time

Unemployed, looking for work

Unemployed, disabled

Unemployed, volunteer work

Unemployed, retired

2b. How do you spend most of your time during the day? sleeping, working, getting high

C. FAMILY/SOCIAL CONNECTEDNESS

1. In the past 30 days, where have you been living most of the time?

Shelter (safe havens, transitional living center, low demand facilities, reception centers, other temporary 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 housed (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 **90 days**, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.

Yes [If yes] specify how many times _____ No Refused Don't know

5. In the past **90 days**, did you attend any religious/faith affiliated recovery self-help groups?

Yes [If yes] specify how many times _____ No Refused Don't know

6. In the past **90 days**, did you attend meetings of organizations that support recovery other than the organizations described above?

Yes [If yes] specify how many times _____ No Refused Don't know

7. In the past **90 days**, did you have interaction with family and/or friends that are supportive of your recovery?

Yes [If 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): _____

Notes: _____

 States that he does not trust people. Limited family
 contact. _____

D. DRUG AND ALCOHOL USE

	Number of Days	Refused	Don't Know
1. During the past 90 days how many days have you used the following:			
a. Alcohol to intoxication	_30_ __	<input type="checkbox"/>	<input type="checkbox"/>
b. Both alcohol and drugs (on the same day)	_30_ __	<input type="checkbox"/>	<input type="checkbox"/>

2. During the past 90 days, how many days have you used any of the following:

- a. **Cocaine/Crack** |_0_|_|
- b. **Marijuana/Hashish** E.g. Pot, Joints, Blunts, Chronic, Weed Mary Jane |_0_|_|
- c. **Opiates** E.g. Heroin, Morphine, Demerol, Percocet, Codeine, Heroin, Oxycotin/Oxycodone, non-prescription methadone |_90_|_|_0_|
- d. **Hallucinogens/psychedelics, PCP** E.g. Angel Dust, Ozone, Wade, Rocket Fuel, MDMA (Ecstasy, XTC, X, Adam), LSD, Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline |_0_|_|
- e. **Methamphetamine or other amphetamines** E.g. Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crack |_0_|_|
- f. **Sedatives/Downers/Tranquilizers** E.g. 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, Ketamine (known as Special K or Vitamin K) |_0_|_|
- g. **Inhalants** E.g. poppers, snappers, rush, whippets |_0_|_|
- h. **Other illegal drugs** (Specify):_____ |_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)

	Needle	Cooker	Cotton	Water
Always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than half the time	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 | <input checked="" type="checkbox"/> <u> 2 </u> nights | <input type="checkbox"/> |
| ii. Mental or emotional difficulties | <input type="checkbox"/> _____ nights | <input checked="" type="checkbox"/> |
| iii. Alcohol or substance abuse | <input type="checkbox"/> _____ nights | <input checked="" type="checkbox"/> |
| b. Out-patient Treatment for: | YES (for how many nights) | NO |
| i. Physical complaint | <input type="checkbox"/> _____ nights | <input checked="" type="checkbox"/> |
| ii. Mental or emotional difficulties | <input type="checkbox"/> _____ nights | <input checked="" type="checkbox"/> |
| iii. Alcohol or substance abuse | <input type="checkbox"/> _____ nights | <input checked="" type="checkbox"/> |
| c. Emergency Room Treatment for: | YES (for how many nights) | NO |
| i. Physical complaint | <input checked="" type="checkbox"/> <u> 2 </u> nights | <input type="checkbox"/> |
| ii. Mental or emotional difficulties | <input type="checkbox"/> _____ nights | <input checked="" type="checkbox"/> |
| iii. Alcohol or substance abuse | <input type="checkbox"/> _____ nights | <input checked="" type="checkbox"/> |

Results

3. Have you been tested for:

- | | | | | |
|---------------------|--|-----------------------------------|-----------------------------------|---|
| a. HIV? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Unknown |
| b. Viral hepatitis? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Unknown |
| c. STIs? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Unknown |
| d. TB | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input checked="" type="checkbox"/> Unknown |

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

- | | |
|---|-------------|
| | Days |
| a. Experienced serious depression | _0_ _ _ |
| b. Experienced serious anxiety or tension | _5_ _ _ |
| c. Experienced hallucinations | _0_ _ _ |
| d. Experienced trouble understanding, concentrating, or remembering | _5_ _ _ |
| e. Experienced trouble controlling violent behavior | _0_ _ _ |
| f. Attempted suicide | _0_ _ _ |
| g. Been prescribed medication for psychological/emotional program | _0_ _ _ |

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

- Not at all Considerable Slightly Moderately Refused Don't know

F. SEXUAL ACTIVITY

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

- Yes How many days: |_7_|_|_| No Not permitted to ask Refused Don't know

//IF YES Altogether, how many:

- | | |
|--|---------|
| a. Sexual partners (vaginal, oral, anal) did you have? | _4_ _ _ |
| How many of those partners did you use condoms with? | _3_ _ _ |

b. Unprotected sexual contacts did you have? |_2_|_|_|

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

1. HIV positive or has AIDS |_0_|_|_|

2. An injection drug user |_0_|_|_|

3. High on some substance |_0_|_|_|

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

Did not have vaginal sex in the past 30 days

X Yes How many days: |_4_|_|_| No Not permitted to ask Refused Don't know

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

X Did not have anal sex in the past 30 days

Yes How many days: |_|_|_| X No Not permitted to ask 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

X Yes How many days: |_3_|_|_| No Not permitted to ask Refused Don't know

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

Always X 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. (In this Mock File, Section G can be found in Session 7 Forms: Booster

Session 2 Forms: Taking Care of Your Health



This form is to be used by the Counselor to explain the medical examination process to the participant during Activity 4 of the Taking Care of Your Health session.

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 taken off or unbuttoned in order to facilitate the medical evaluation. Most of the time you are going to 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 the aid of a stethoscope.

Optional Exams for Women (Performed by a Obstetrician and/or Gynecologist)

Papanicolaou or Pap Smear: The purpose of this test is to collect samples of cells in the vagina and cervix to detect pre-cancerous cells. The procedure is conducted while lying on the examination table and legs lifted on the sides. A medical instrument called 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 of this test is to palpate the uterus and the ovaries. The procedure consists of a glove-covered finger introduced inside of the vagina while the other hand is placed over the abdomen.

Breast Exam: The purpose of this test is to palpate the breasts to detect lumps or tumors. The procedure consists of the doctor palpating or feeling the breasts in circular form to detect any abnormal growth or lumps.

Optional Exams for Men (Performed by a General Practitioner or a Primary Care Physician)

Testicular Exam: The purpose of this test is to palpate the testicles to detect abnormal growths and inflamed or tender areas. The procedure consists of the doctor palpating or feeling the testicles in circular form to detect any abnormal growth or lumps.

Prostate Exam: The purpose of this test is to palpate the prostate to detect abnormal growth or tenderness. The procedure consists of a glove-covered finger introduced inside of the anal cavity while the upper body is bent forward. Stay relaxed. With the glove covered finger the doctor palpates the prostate to detect abnormal growth or tenderness. It may cause discomfort, but not pain. This is an annual procedure.

3. Clinical Analysis: To detect alterations of blood and urine components. The doctor will request blood be drawn to obtain a complete blood count of red and white cells (CBC Test); an SMA20 or chemical test that measures the functions of kidney, liver, pancreas and other organs. The doctor will also for a urine sample to conduct a Urinalysis, which is a test to detect sugar, protein, bacteria, and blood levels in the urine; and a Urinary Toxicology Test, which is a Detoxification Exam that detects recent psychoactive substance use.

Depending on your general condition the doctor may order other test: Chest X-Ray to detect cardiac and pulmonary conditions; TB Test to detect Tuberculosis; and Blood Test to detect sexually transmitted diseases or Viral Hepatitis.



Modelo de Intervención Psicomédica Psycho-Medical Intervention Model

ACTION PLAN

Once the participant agrees to take part in the session, the counselor inquires about critical problems the participant faces and reasons for considering entering into a process to change the behaviors that affect several of these critical problem areas. Together, the counselor and participant list the problem they will address in the session.

- | | |
|--|---|
| <input type="checkbox"/> Induction Session | <input type="checkbox"/> Reducing Drug-Related HIV Risk |
| X 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(Describe)_____ |

Problem:

Ricky is experiencing a lot of pain from the abscess on his leg. The abscess is getting worse and looks like it may open. Ricky is willing to go back to the hospital.

Goal:

Access health services for his leg abscess.

Objectives:

To get treatment for his leg abscess from health services.

Activities:

To obtain a referral to health care services and access the emergency room for treatment on his leg abscess. Help obtain the necessary transport to the medical facility. Counselor will accompany Ricky and wait with him while he gets treated.

Example:

This action plan details the steps the participant agrees to take to change those behaviors he or she has identified as being most critical and for which he or she is likely to have the support of significant others within their social network for addressing any obstacles to making the changes.

Ricky Repaso		1/26/09
Participant Name	Participant Signature	Date
Brenda Ruiz		1/26/09
Counselor Name	Counselor Signature	Date

Session 3 Forms:
**Readiness for Entering
Drug Treatment**



Modelo de Intervención Psicomédica *Psycho-Medical Intervention Model*

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.

✓ **RICKY'S
SELECTION**

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.



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: Ricky Repaso
 Location of Session: Los Angeles

Client ID: A1234567 Date of Birth: 1/2/1977 Gender: Male
 Date of Session: 1/26/2009

Treatment Modality	Experienced	Completed	Repeated
Outpatient	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X 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)	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X 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
Safe injection Works Clinic	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No



Once the participant agrees to take part in the session, the counselor inquires about critical problems the participant faces and reasons for considering entering into a process to change the behaviors that affect several of these critical problem areas. Together, the counselor and participant list the problem they will address in the session.

- | | |
|---|---|
| <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 checked="" type="checkbox"/> Readiness for Entering Drug Treatment | <input type="checkbox"/> Booster |
| <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Other(Describe)_____ |

Problem:

Injection drug-use

Goal:

To learn about short-term treatment facilities and self-assess readiness to enter treatment.

Objectives:

To provide information on treatment options and modalities lasting less than 90 days.

Activities:

Set up appointments with publicly funded programs that offer aftercare services.

Example:

This action plan details the steps the participant agrees to take to change those behaviors he or she has identified as being most critical and for which he or she is likely to have the support of significant others within their social network for addressing any obstacles to making the changes.

Ricky Repaso

2/06/09

Participant Name

Participant Signature

Date

Brenda Ruiz

2/06/09

Counselor Name

Counselor Signature

Date

Session 4 Forms: **Relapse Prevention**



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? Events or things that place people at risk of relapse.

- 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 about 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 ended?
- What is the probability that this situation may be repeated?

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Passing by a drug selling point or shooting gallery. | <input type="checkbox"/> Getting money |
| <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Feeling bored | <input type="checkbox"/> Feeling happy | <input checked="" 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 checked="" type="checkbox"/> Feeling alone | <input type="checkbox"/> Other (Describe) _____ | | | |

3. Probes for thoughts:

- | | |
|---|--|
| <input checked="" 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 checked="" 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) _____



Modelo de Intervención Psicomédica
Psycho-Medical Intervention Model

ACTION PLAN

Once the participant agrees to take part in the session, the counselor inquires about critical problems the participant faces and reasons for considering entering into a process to change the behaviors that affect several of these critical problem areas. Together, the counselor and participant list the problem they will address in the session.

- Induction Session
- Taking Care of Your Health
- Readiness for Entering Drug Treatment
- Relapse Prevention
- Reducing Drug-Related HIV Risk
- Reducing Sex-Related HIV Risk
- Booster
- Other(Describe)_____

Problem:

Injection drug-use. Ricky has had several unsuccessful attempts with self-injection due to poor confidence and fear of losing his fix. He depends on friends or peers to get his fix. Ricky is willing to learn to self inject.

Goal:

Learn safer drug-injecting.

Objectives:

To learn how to self- inject with confidence and skill.

Activities:

Set-up an appointment at the needle exchange program and self-inject program. Make sure transport is available to get Ricky to his appointment and make sure a counselor is there to accompany him, if he so desires.

Example:

This action plan details the steps the participant agrees to take to change those behaviors he or she has identified as being most critical and for which he or she is likely to have the support of significant others within their social network for addressing any obstacles to making the changes.

Ricky Repaso

1/26/09

Participant Name

Participant Signature

Date

Brenda Ruiz

1/26/09

Counselor Name

Counselor Signature

Date



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? Events or things that place people at risk of relapse.

- When did the most recent relapse episode occur? (Think about that day and the time it happened).
- Where were you when the relapse occurred? (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 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 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"/> Being with a previous sex partner | <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"/> Talking to someone about sex | <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"/> Not carrying condoms |
- X** Other (Participant Describes) *Feeling lonely and wanting to be close to someone*

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 rejected | <input type="checkbox"/> Feeling afraid | X Feeling excited | <input type="checkbox"/> Feeling in love | <input type="checkbox"/> Feeling alone |
- X** Other (Describe) **Lonely**

3. Probes for thoughts:

- | | |
|--|---|
| X To remember the last time you had unprotected sex. | <input type="checkbox"/> To think that you will feel better if you had unprotected sex. |
| X To think that sex helps you to forget. | <input type="checkbox"/> To think that you cannot live without unprotected sex. |
| <input type="checkbox"/> To think that you are not important to anybody. | <input type="checkbox"/> To think that you don't have alternatives. |

4. Other:

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

Session 5 Forms:
**Reducing Drug-Related
HIV Risk**



This form is used by the counselor to explore with the participant the HIV risk behaviors related to drug use and the strategies and techniques that can be used to reduce risk taking.

<i>Risk Behavior</i>	Sharing needles or injection equipment..
<i>Modes of Infection</i>	Contaminated Needle or injection with blood infected with HIV.
<i>Prevention or Risk Reduction</i>	Use new needles each time you inject drugs. Carry your own syringe and another to share. Clean with chlorine and water. Do not lend equipment. Do not use a syringe used by others. Verify that the syringe has the tip covered. Participate in a needle exchange program.

<i>Risk Behavior</i>	Sharing the cooker or spoon.
<i>Modes of Infection</i>	Contaminated cooker or spoon with blood residues.
<i>Prevention or Risk Reduction</i>	Do not share cooker or spoon. Clean with 1part bleach and 9 parts water. Use your own cooker. Obtain new cookers.

<i>Risk Behavior</i>	Sharing rinsing water.
<i>Modes of Infection</i>	Contaminated water with blood infected with HIV.
<i>Prevention or Risk Reduction</i>	Do not share rinsing water. Use clean water each time you clean equipment. Throw away rinsing water after using it. Do not collect water in the street, with your hands or in dirty or moldy containers.

<i>Risk Behavior</i>	Re-use and/or share cotton.
<i>Modes of Infection</i>	Blood contaminated cotton.
<i>Prevention or Risk Reduction</i>	Do not share cotton. Do not re-use. Use new clean cotton each time you inject. Avoid making balls with threads of dirty clothing.

<i>Risk Behavior</i>	Consequences of contributing in the purchase and use of drugs known as “pooling money for drugs”; frontloading or backloading
<i>Modes of Infection</i>	Injection equipment is contaminated with HIV infected blood.
<i>Prevention or Risk Reduction</i>	Use a new syringe to measure diluted drug. Cooker should be new or clean. Each participant has a new (preferred) or clean syringe. Use new cotton. Order of participation considers that those who have a new syringe go first, then the ones with clean syringes and used ones at the end.

<i>Risk Behavior</i>	Use dirty equipment from a garbage can or from the street.
<i>Modes of Infection</i>	Blood contaminated equipment.
<i>Prevention or Risk Reduction</i>	Do not pick up equipment from garbage cans or from the street. If it is to be used, clean it with chlorine and water ahead of time before using it.



Once the participant agrees to take part in the session, the counselor inquires about critical problems the participant faces and reasons for considering entering into a process to change the behaviors that affect several of these critical problem areas. Together, the counselor and participant list the problem they will address in the session.

- | | |
|--|--|
| <input type="checkbox"/> Induction Session | <input checked="" 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(Describe)_____ |

Problem:

Injection drug-use. Ricky has had several unsuccessful attempts with self-injection due to poor confidence and fear of losing his fix. He depends on friends or peers to get his fix. Ricky is willing to learn to self inject.

Goal:

Learn safer drug-injecting.

Objectives:

To learn how to self- inject with confidence and skill.

Activities:

Set-up an appointment at the needle exchange program and self-inject program. Make sure transport is available to get Ricky to his appointment and make sure a counselor is there to accompany him, if he so desires.

Example:

This action plan details the steps the participant agrees to take to change those behaviors he or she has identified as being most critical and for which he or she is likely to have the support of significant others within their social network for addressing any obstacles to making the changes.

Ricky Repaso

1/28/09

Participant Name

Participant Signature

Date

Brenda Ruiz

1/28/09

Counselor Name

Counselor Signature

Date

Session 6 Forms:
**Reducing Sex-Related
HIV Risk**



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

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



Once the participant agrees to take part in the session, the counselor inquires about critical problems the participant faces and reasons for considering entering into a process to change the behaviors that affect several of these critical problem areas. Together, the counselor and participant list the problem they will address in the session.

- | | |
|--|---|
| <input type="checkbox"/> Induction Session | <input type="checkbox"/> Reducing Drug-Related HIV Risk |
| <input type="checkbox"/> Taking Care of Your Health | X 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(Describe)_____ |

Problem:

States he has occasional sex un-protected with sex-workers.

Goal:

Maintain consistent condom use

Objectives:

To continue to use condoms on a regular basis even when high and having sex with sex workers.

Activities:

Set up appointments with counselors to support HIV testing and referral to agencies that supply condoms free of charge

Example:

This action plan details the steps the participant agrees to take to change those behaviors he or she has identified as being most critical and for which he or she is likely to have the support of significant others within their social network for addressing any obstacles to making the changes.

Ricky Repaso

2/06/09

Participant Name

Participant Signature

Date

Brenda Ruiz

2/06/09

Counselor Name

Counselor Signature

Date

Session 7 Forms: **Booster**

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]

1. Modality	YES	NO		YES	NO
1. Case Management	X	<input type="checkbox"/>	8. Residential/Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
2. Day Treatment	X	<input type="checkbox"/>	9. Inpatient Hospital Detox	<input type="checkbox"/>	<input type="checkbox"/>
3. Inpatient/Hospital (Other than Detox)	<input type="checkbox"/>	<input type="checkbox"/>	10. Free Standing Residential Detox	<input type="checkbox"/>	<input type="checkbox"/>
4. Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	11. Ambulatory Detoxification	<input type="checkbox"/>	<input type="checkbox"/>
5. Outreach	<input type="checkbox"/>	<input type="checkbox"/>	12. After Care	<input type="checkbox"/>	<input type="checkbox"/>
6. Intensive Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	13. Recovery Support	<input type="checkbox"/>	<input type="checkbox"/>
7. Methadone	<input type="checkbox"/>	<input type="checkbox"/>	14. Other (Specify) __Safe Injection drug use		X
2. Treatment Services	YES	NO		YES	NO
1. Screening	X	<input type="checkbox"/>	7. Individual Counseling	X	<input type="checkbox"/>
2. Brief Intervention	<input type="checkbox"/>	<input type="checkbox"/>	8. Group Counseling	X	<input type="checkbox"/>
3. Brief Treatment	<input type="checkbox"/>	<input type="checkbox"/>	9. Family/Marriage Counseling	<input type="checkbox"/>	<input type="checkbox"/>
4. Referral to Treatment	<input type="checkbox"/>	<input type="checkbox"/>	10. Co-Occurring Treatment/Recovery	<input type="checkbox"/>	<input type="checkbox"/>
5. Assessment	<input type="checkbox"/>	<input type="checkbox"/>	11. Pharmacological Interventions	<input type="checkbox"/>	<input type="checkbox"/>
6. Treatment/Recovery Planning	<input type="checkbox"/>	<input type="checkbox"/>	12. HIV/AIDS Counseling	X	<input type="checkbox"/>
			13. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Medical Services	YES	NO		YES	NO
1. Medical Care	X	<input type="checkbox"/>	3. HIV/AIDS Medical Support /Testing	X	<input type="checkbox"/>
2. Alcohol/Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>	4. Other Safe Injection drug use	X	<input type="checkbox"/>
4. Case Management Services	YES	NO		YES	NO
1. Family Services Marriage Education, Parenting, Child Development	<input type="checkbox"/>	<input type="checkbox"/>	8. Individual Services Coordination	<input type="checkbox"/>	<input type="checkbox"/>
2. Child Care	<input type="checkbox"/>	<input type="checkbox"/>	9. Transportation	X	<input type="checkbox"/>
3. Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	10. HIV/AIDS Service	X	<input type="checkbox"/>
4. Male or female condoms	X	<input type="checkbox"/>	11. Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
5. Employment Service	<input type="checkbox"/>	<input type="checkbox"/>	12. Utility Assistance	<input type="checkbox"/>	<input type="checkbox"/>
6. Pre-Employment	<input type="checkbox"/>	<input type="checkbox"/>	13. Food voucher	X	<input type="checkbox"/>
7. Employment Coaching	<input type="checkbox"/>	<input type="checkbox"/>	14. Supportive Transitional Housing	<input type="checkbox"/>	<input type="checkbox"/>
			15. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
5. After Care Services	YES	NO		YES	NO
1. Continuing Care	X	<input type="checkbox"/>	4. Self-Help and Support Groups	X	<input type="checkbox"/>
2. Relapse Prevention	X	<input type="checkbox"/>	5. Spiritual Support	<input type="checkbox"/>	<input type="checkbox"/>
3. Recovery Coaching	<input type="checkbox"/>	<input type="checkbox"/>	6. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Education Services	YES	NO		YES	NO
1. Substance Abuse Education	X	<input type="checkbox"/>	3. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
2. HIV/AIDS Education	X	<input type="checkbox"/>			
7. Peer-To-Peer Recovery Services	YES	NO		YES	NO
1. Peer Coaching or Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	3. Alcohol and Drug Free Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
2. Housing Support	<input type="checkbox"/>	<input type="checkbox"/>	4. Information and Referral	X	<input type="checkbox"/>
			5. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>



This instrument is administered to participants at the end of the intervention. The interview measures a participant's status on different risk reduction behaviors using a stages-of-change framework. This allows the participants' risk reduction progress to be measured in instances where the participant has taken meaningful steps toward reducing his or her risks, but has not yet been fully successful in achieving his or her stated goal. A comparison of the Behavioral Risk Assessment data should be conducted pre and post implementation of the MIP intervention.

After the Case Manager/Community Educator and Counselor review the participants' record identifying achievements, strengths and areas that need improvement, the following steps should be conducted:

- (1) Discuss with the participant, what motivated them to participate in the project and continue in *MIP*?
- (2) Having already reviewed the participant's record, discuss the achievements and benefits reached through his/her participation in the project, emphasizing that the participant maintain the changes achieved. Having in mind that *MIP* is a participative model, start by asking the participant the following:
 - What achievements or benefits do you consider you have acquired through your participation in the *MIP*?
 - What things do you consider can still be improved according to the areas reviewed in the intervention sessions?
 - After the participant identifies achievements and the things that can be improved, the Case Manager/Community Educator and the Counselor will add those things that the participant did not identify but are visible from analyzing the records and from the experience with the case.

The facilitator will validate achievements obtained by the participant starting from the goals that were chosen by the participant and the team during the intervention. It is important to know the effect that the intervention has had in other aspects of the participant's life (for example, family, work, etc.).



1. What positive behavior changes have you achieved in the program?

Safe injection use and regular use of condoms. Treatment for an abscess on my calf. HIV and STI testing and counseling. Possibly re-connecting with my family in Mexico.

2. How do you plan to maintain positive behavior changes?

Make regular visits to the safe injection program.

3. Do you foresee any problems maintaining positive behavior changes?

Yes, loosing confidence in being able to safely inject.

4. How can the MIP team help you address these problems?

Being able to access counseling services easily.

5. Is there anything else you want to change related to health, drug and sex-related risk behaviors, or family?

I have plans to re-connect with my family in Mexico.

6. What are some reasons to make those changes (e.g., personal, children, and so forth)?

Health reasons.

7. Who can support me in making further positive behavior changes (e.g., family members, counselors, and so forth)?

The MIP staff.

8. What counselor or professional can I call if I feel I have a problem maintaining behavior change?

The MIP counselor.



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

Participant	Ricky Repaso	Date	1/26/09
Staff	Brenda Ruiz	Location	Los Angeles
Session No	1	Contact No	1
X Face to Face	<input type="checkbox"/> Telephone Contact	X Session Completed	*Dosage _____
<input type="checkbox"/> Safer Sex Kits	<input type="checkbox"/> Bleach Kits	X Incentive	<input type="checkbox"/> Referral

TAKING CARE OF YOUR HEALTH

Role Induction	X	Decisional Balance			
Affirmations	X	Information/Options	X		
Reflective Listening	X	Goal Setting	X		
Support Self-Efficacy	X	Action Plan	X		
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	X3	4	5
Participant	1	2	3	4	5

PREPARING TO ENTER DRUG TREATMENT

Role Induction	X	Decisional Balance			
Affirmations	X	Information/Options			
Reflective Listening	X	Goal Setting	X		
Support Self-Efficacy	X	Action Plan	X		
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	3	4	5
Participant	1	X2	3	4	5

REDUCING DRUG-RELATED HIV RISK

Role Induction	X	Decisional Balance			
Affirmations	X	Information/Options	X		
Reflective Listening	X	Goal Setting	X		
Support Self-Efficacy	X	Action Plan	X		
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	3	4	5
Participant	1	2	X3	4	5

REDUCING SEX-RELATED HIV RISK

Role Induction	X	Decisional Balance			
Affirmations	X	Information/Options			
Reflective Listening	X	Goal Setting	X		
Support Self-Efficacy	X	Action Plan	X		
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	3	4	5
Participant	1	2	3	X4	5



The objective of this session is for the participant to accept and continue participating in the intervention, health care, and utilization of services.

Participant's Full Name: Ricky Repaso

Telephone Number: (123) 456-7890

Participant's Address: 23 Any Old Road, Los Angeles, CA, 01234

Date of Birth: 1/2/1977 **Age:** 32 years

Referred to: Safe Injection Works **Contact:** Charlie Leon

Address: 45 High Road, Los Angeles, CA, 01234

Date of Appointment: 6/26/09 **Time:** 12:00pm

Reason for Referral

- | | |
|---|---|
| <input type="checkbox"/> Mental Health Service | <input type="checkbox"/> Primary Health Services |
| X 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 |
| X Other: Learn how to safe inject self and needle exchange programs | |

Comments

Ricky is very eager to learn how to self-inject with confidence and to use clean works each and every time he uses.

For more information, contact Brenda Ruiz at (201) 123-4567

Counselor/Case Manager Brenda Ruiz

Date 1/26/09



Modelo de Intervención Psicomédica **PROGRESS NOTES**
Psycho-Medical Intervention Model

		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:		

