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

**MODULES 1 – 10**



**POWERPOINT PRESENTATIONS**

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# Welcome to MIP

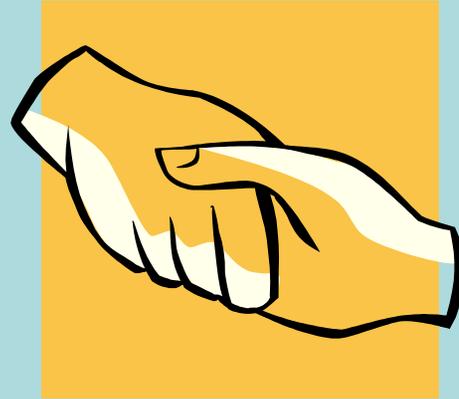
## Training of Facilitators

*Please spend a few minutes browsing  
through your Implementation Manual*



# Warm-up

- Name
- Title/Role
- Workplace
- One expectation for the training
- One thing about you we wouldn't know by looking at you (and are willing to share with participants)



# MIP Training Objectives

- ✓ Describe the goals and objectives of MIP
- ✓ Describe the core elements and key characteristics of MIP
- ✓ Identify and perform tasks needed to prepare for the intervention
- ✓ Describe each of the six structured sessions and booster session
- ✓ Demonstrate ability to use instructional materials

# Overview of MIP

- MIP is a comprehensive, individualized behavior change intervention aimed at reducing HIV risk behaviors among Drug Users.
- MIP provides case management
- MIP combines Motivational Interviewing, self-efficacy and role induction strategies.



# Overview of MIP *(Continued)*

- Target population:
  1. Out-of-treatment drug users
  2. 18 years of age and older
  3. Used drugs within 90 days of intake
- Individualized counseling with comprehensive case management
- 3 – 6 month intervention period
- 7 session intervention



# Goals of MIP

1. Reduce HIV/viral hepatitis risk behaviors associated with injection drug use and sex.

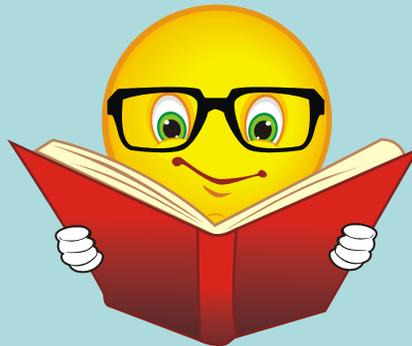
2. Engage participants in drug treatment and healthcare services.

3. Enhance participants' self-efficacy for maintaining behavior change and preventing relapse.

# What Makes MIP Effective?

## The Research

- Research by Dr. Rafaela Robles and her team at the Universidad Central del Caribe, Escuela de Medicina, Puerto Rico funded by National Institute of Drug Abuse.
- Target population was:
  1. Latino men and women 18 years of age and older
  2. Injection drug users in the past 30 days
  3. Residing in Puerto Rico.
- Article on research is on pg. 20 in the Implementation Manual.



# What Makes MIP Effective?

## The Research Results

At Six-month follow up participants were:

- Twice as likely to have entered drug treatment
- Less likely to continue drug injection
- Twice as likely to have increased self-efficacy in a needle-sharing situation
- Less likely to pool money to buy drugs
- Less than half as likely to share needles.

# MIP Uniqueness and Efficacy

- Combines individualized counseling and case management
- Supportive interaction between the participant and MIP team
- Flexibility in all seven sessions



# MIP Theoretical Foundations

1. The Transtheoretical Model of Change  
(Prochaska & DiClementi)

3. Role Induction Theory  
(Stark & Kane)

5. Cognitive Behavioral Approach (Beck)

2. Social Learning Theory  
(Bandura)

4. Motivational Interviewing  
(Miller and Rollnick)

7. Comprehensive Case Management

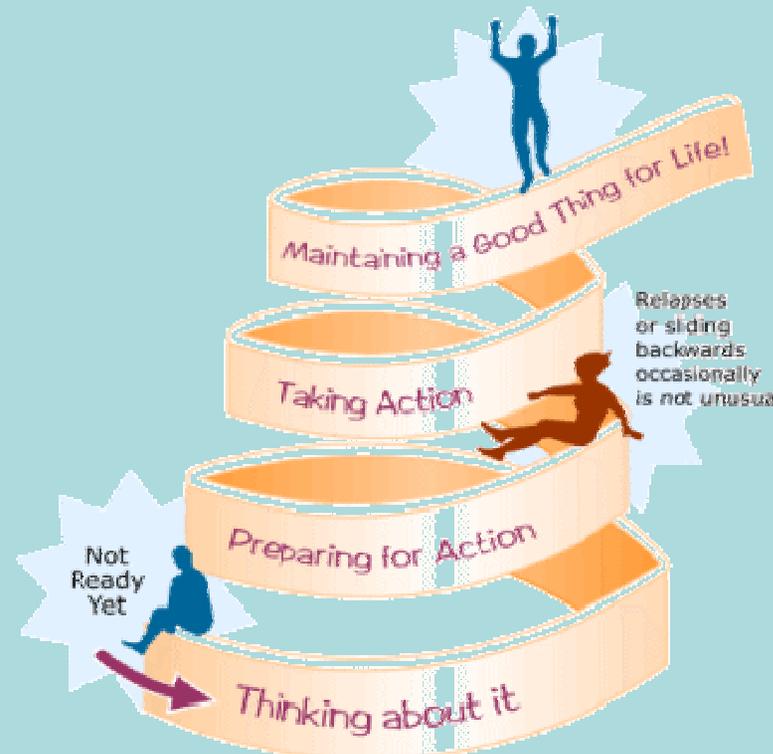
# The Transtheoretical Model of Change

1. **Pre-Contemplation:** not thinking about the change
2. **Contemplation:** thinking about making a change “sometime”
3. **Preparation:** intending to make the change in the next month
4. **Action:** practicing the behavior for more than a month and less than six months and intending to continue it
5. **Maintenance:** practicing the behavior for more than 6 months

**Relapse** is considered a normal part of the behavior change process and can occur during any of the stages of change.

# The Transtheoretical Model of Change

- No *one* stage is more important than another —it's a **PROCESS** of change.



# Statements of Change Exercise



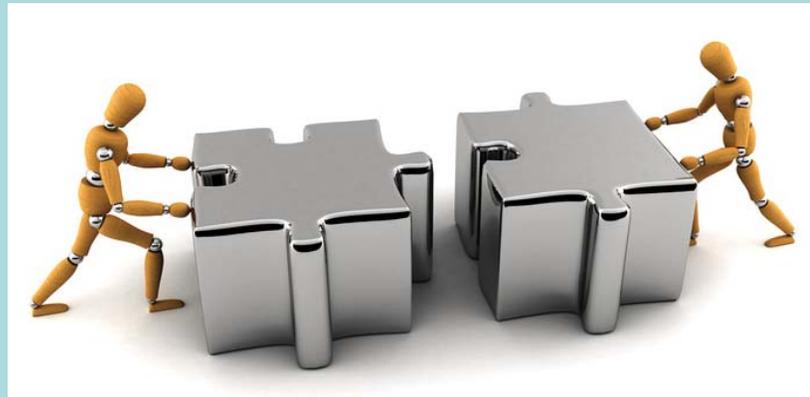
# The Social Learning Theory

- People learn from one another via observation, imitation, and modeling.
- As a person observes a powerful role model performing a specific behavior, the person's self-efficacy and frequency of the person using that behavior increases.
- Human behavior is a continuous reciprocal interaction between cognitive, behavioral, and environmental influences.



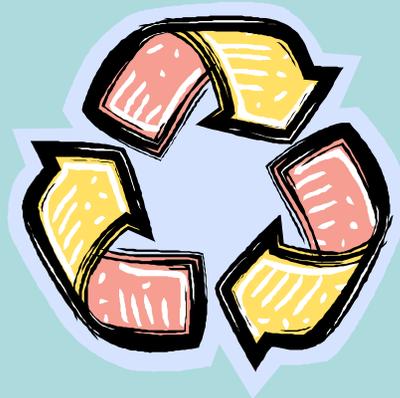
# The Role Induction Theory

- Role Induction clarifies counselor's and participant's:
  - **Expectations and preconceptions** with regard to the proposed activities
  - **Role and responsibilities** in the behavior change process
- Reduces drug and sex related behaviors related to transmission of HIV
- Shown in literature to favorably affect client participation



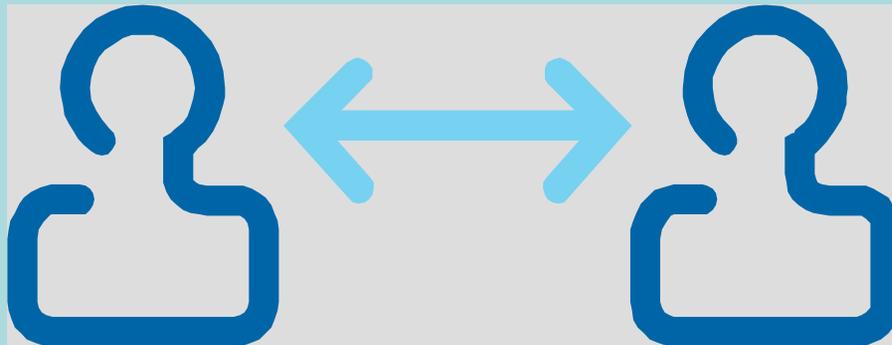
# Cognitive Behavioral Theory

- ***Thoughts*** influence our feelings and behavior
- ***Feelings*** influence our behavior and thoughts
- ***Behaviors*** influence our emotions and thoughts
- These factors are therefore **interrelated**
- Participant and Counselor decide what behaviors the participant wants to change and at what pace the process will move forward



# Motivational Interviewing (MI)

- Participant-centered counseling
- Participant responsible for their behavior change
- Helps participants explore and resolve ambivalence about behavior change
- MI assumes participant self-efficacy will increase acquiring the behaviors that MIP proposes



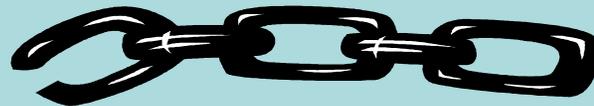
# Principles of Motivational Interviewing (MI)

1. Express Empathy
2. Discover Discrepancy
3. Avoid Argumentation
4. Support Self-Efficacy
5. Roll With Resistance



# Comprehensive Case Management

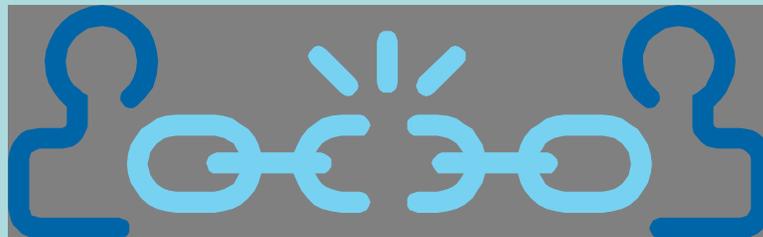
- Facilitates a participant's access to health care, drug treatment, and social services
- MIP case management is:
  - Building a relationship with the participant
  - Coordinating the intervention activities
  - Advocating on behalf of the participant for a variety of health, human, and social services including substance abuse treatment



# Comprehensive Case Management

## *(Continued)*

- Successful comprehensive case management has three components:
  - *Bonding*: strengthens the relationship
  - *Goal-setting*: agree on behaviors to change
  - *Tasks*: a series of steps designed to meet his/her needs



# MIP Core Elements and Key Characteristics

- **Core Elements:**

- Critical features responsible for the intervention's effectiveness. Must be maintained without alterations



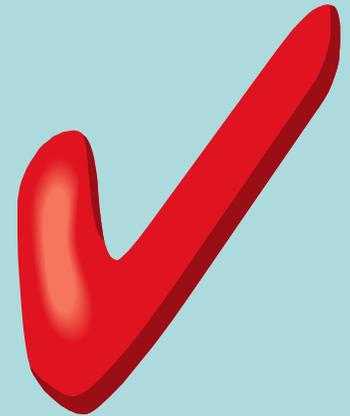
- **Key Characteristics:**

- Crucial activities and methods for the delivery of the intervention that can be modified



# Core Elements of MIP

- Community Assessment and Outreach
- Induction Process
- Motivational Interviewing (MI) Technique and Underlying Theories
- Continuous Stages of Readiness Assessment
- Counselor-Case Manager/Community Educator Interaction
- Flexible number of Sessions and Sequencing
- Booster Session



# Key Characteristics of MIP

- Cultural Competence and Sensitivity
- Team Structure and Training
- Counseling and Testing for HIV, viral hepatitis and other transmittable diseases
- MIP Team Interaction and the Bonding Process



# Behavioral Determinants of Risk: The six determinants of risk in MIP

- Motivation
- Self-efficacy
- Skills
- Knowledge
- Social Support Systems
- Perception



# The Relationship between Behavioral Theories and Behavioral Determinants of Risk

- **The Transtheoretical Model of Change** ➤ Perception  
Motivation  
Knowledge  
Self-efficacy  
Skills
- **The Social Learning Theory** ➤ Perception  
Self-efficacy  
Social support systems  
Skills
- **The Role Induction Theory** ➤ Motivation  
Perception  
Self-efficacy  
Social support systems  
Skills

# The Relationship between Behavioral Theories and Behavioral Determinants of Risk (continued)

- **The Cognitive Behavioral Approach**



**Self-efficacy**  
**Social support systems**  
**Perception**  
**Skills**

- **Motivational Interviewing**



**Motivation**  
**Self-efficacy**  
**Social support systems**  
**Perception**

- **Comprehensive Case Management**



**Motivation**  
**Self-efficacy**  
**Social support systems**  
**Perception**  
**Skills**  
**Knowledge**

# Summary

Trainees are able to:

- Describe the purpose of MIP intervention
- Identify the theories and models of MIP
- List the core elements, and key characteristics of MIP
- Identify the benefits and challenges of implementing MIP





## **Module 2: Preparing for MIP Implementation**

### ***Objectives:***

- Identify the resources needed to successfully implement MIP
- Describe the process of community assessment and outreach
- Discuss recruitment and retention strategies



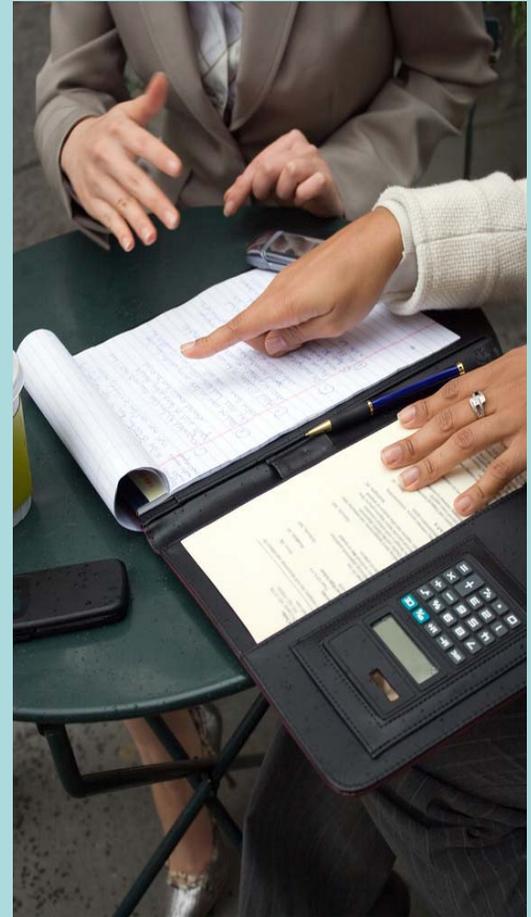
# Preparing for MIP Implementation

- Developing an MIP Implementation Plan
- Reviewing and assessing Program Resources
- Developing an MIP Budget
- Choosing and training the MIP Team
- Community assessment and outreach
- Recruiting and retaining participants
- Participants rights and confidentiality
- MIP Materials Review



# Sample Implementation Plan

- Sample MIP Implementation Plan can be found in the Implementation Manual, Part II, page 29 – 31
- The plan provides an idea for planning an MIP intervention



# Program Resources

- Adequate funding
- Collaborative partnerships with other organizations
- Adequate staffing
- Space for private, one-on-one counseling sessions
- Locked file cabinets and password protected database
- Transportation for clients and MIP staff
- Risk reduction kits
- Incentives for clients
- A comprehensive referral network to meet participant needs



# Sample MIP Budget

- Sample budget can be found in MIP Implementation Manual, Part II, page 34 – 35
- Budget and funding will differ based on geographic location and available resources
- The budget provides an idea for planning an MIP intervention



# Incentives Exercise



# Choosing the MIP Team

- Skilled and knowledgeable about drug using culture
- Sensitive and flexible to allow the participant to be in the driver's seat of the intervention
- The MIP team should be comprised of the following:
  - One Program Supervisor
  - One Counselor
  - Two Case Manager/Community Educators



# Training the MIP Team

Team should receive training on:

- MIP Training of Facilitators
- Motivational Interviewing
- Behavior Change Theories with emphasis on the Transtheoretical Model of Behavior Change
- Community Assessment, Outreach, and Field Safety
- Cultural Competency



# Cultural Competency

- National Standards for Culturally and Linguistically Appropriate Standards (CLAS) in Health Care
- Published by the Office of Minority Health-  
Department of Health and Human Services  
[www.omhrc.gov](http://www.omhrc.gov)
- Call 1-800-444-6472 for more information  
on cultural competency

# MIP Staff Characteristics

- ✓ Familiarity with drug use and drug using culture
- ✓ Familiarity with HIV, STI and Viral Hepatitis C risk reduction
- ✓ Good communication skills
- ✓ Familiarity with drug treatment modalities
- ✓ Non-judgmental attitude in working with drug-users.
- ✓ Demonstrated professionalism to all sexual orientations

# Community Assessment and Outreach

- Effective community assessment and outreach requires:
  - Epidemiological Data (state and local surveillance reports)
  - Literature review
  - Key informant interviews
  - Gatekeeper interviews
  - Focus groups
  - Field Observation

# Community Mapping

- Forms located in Implementation Manual, pages 63 - 74
  - Community Mapping Planning Form(2E)
  - Community Mapping Resource Scan Worksheet(2F)
  - Recruitment Tracking Record(2G)
  - Service Directory Form(2H)
  - Field Safety Guidelines(2I)

# Community Assessment and Mapping



# Mapping Exercise



# Exercise Debrief

Before conducting a community assessment,

MIP staff need to:

- Consult with community leaders from target population
- Discuss a plan for doing the assessment
- Cultivate a working relationship with community leaders
- Communities are dynamic and change. **MIP Staff need to focus on the “today” of the community**

# Community Mapping Exercise Conclusion

- Seek out hard to reach drug users in remote sites
- Establish a positive presence in the community
- Identify key individuals in the social networks of users
- Develop good relationships with police
- Train team members on the techniques of community mapping and outreach.
- Make safety a priority. Ensure that outreach policies and protocols are in place and explicit prior to conducting community mapping activities.

# Recruitment and Retention

- Recruitment:
  - Getting the participant to visit the organization and enroll in MIP
- Retention:
  - Maintain participant's motivation to complete MIP

# Recruitment and Retention

## CDC's Six Step Approach:

1. **Who** is being targeted through recruitment?
2. **Where** is the appropriate place to recruit?
3. **When** should recruitment be done?
4. **What** messages should be delivered?
5. **How** should the messages be delivered?
6. **Who** is the most appropriate person to recruit?

# Targeted Recruitment

- Engaging potential, appropriate individuals of a targeted group for a specific program
- Conducted by experienced outreach workers, and/or case managers/community educators.

# Peer-Driven Recruitment:

- Participants recruit their peers from their social network to become involved in an agency service or program.
- It has a “snowball” aspect to it.

# Peer-Driven Recruitment:

## Steps for Peer-Driven Recruitment:

- MIP team trains peer recruiters
- Peers recruit participants
- Peer recruiters receive incentives
- Eligible recruits enter the MIP program
- MIP team facilitates the induction session

# Recruitment

## Develop a Recruitment Plan:

- Goals for the number of participants per year
- Plan to learn about target population
- Plan for multiple recruitment strategies
- Plan to monitor the process and effectiveness of recruitment strategies

# Retention

## **Strategies should follow these guidelines:**

- Maintain the focus on MIP and its core elements
- Provide high quality service to participants
- Build trust with participants
- Implement and deliver meaningful and appropriate services
- Identify incentives that are valuable to participants

# Retention

- Comfortable and inviting meeting space
- Foster care, trust, respect and confidentiality
- Nonjudgmental and inviting atmosphere
- Free child care
- Consistent and convenient sessions

# Recruitment and Retention Exercise



# Exercise: Recruitment and Retention

- **Who** is being targeted through recruitment?
- **Where** is the appropriate place to recruit?
- **When** should recruitment be done?
- **What** messages should be delivered?
- **Who** is the most appropriate person to recruit?
- **List** three retention strategies

# Participants' Rights and Confidentiality

MIP upholds the rights and confidentiality of participants, and espouses that participants have a right to:

- Information
- Accessible and continuous services
- Safety, privacy, and confidentiality

# Participants' Rights and Confidentiality

- A choice to determine the most appropriate services
- Respectful and dignified treatment
- A grievance process
- Termination of the program at any time without penalties or negative outcomes

# Materials Review

## CDC HIV Program Review Panel

- [http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm#ar5](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm#ar5).
- In summary, all materials (pamphlets, brochures, fliers, posters, videos, and questionnaires) developed by the implementing organizations must be reviewed by an HIV Program Review Panel to ensure that they are consistent with local community standards and appropriate for the intended audience in terms of language and cultural sensitivity.

# Summary

- Identify the resources needed to implement MIP
- Describe the process of community assessment and outreach
- Discuss at least three participant recruitment and retention strategies





# Module 3: Session Guide, Introduction, and Induction

## ***Objectives:***

- Describe the sequencing and format of MIP intervention sessions.
- Determine a participant's eligibility to enroll in MIP.
- Introduce and induct a participant into MIP.
- Demonstrate ability to obtain baseline information concerning participant's current sex and drug-related HIV risk behaviors.



# MIP Structured Session Topics

## The MIP Intervention Sessions

Session 1: Induction (fixed session)

Session 2: Taking Care of your Health

Session 3: Readiness for Entering Drug Treatment

Session 4: Relapse Prevention

Session 5: Reducing Drug-Related HIV Risk

Session 6: Reducing Sex-Related HIV Risk

Session 7: Booster (fixed session)

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# Implementation of MIP

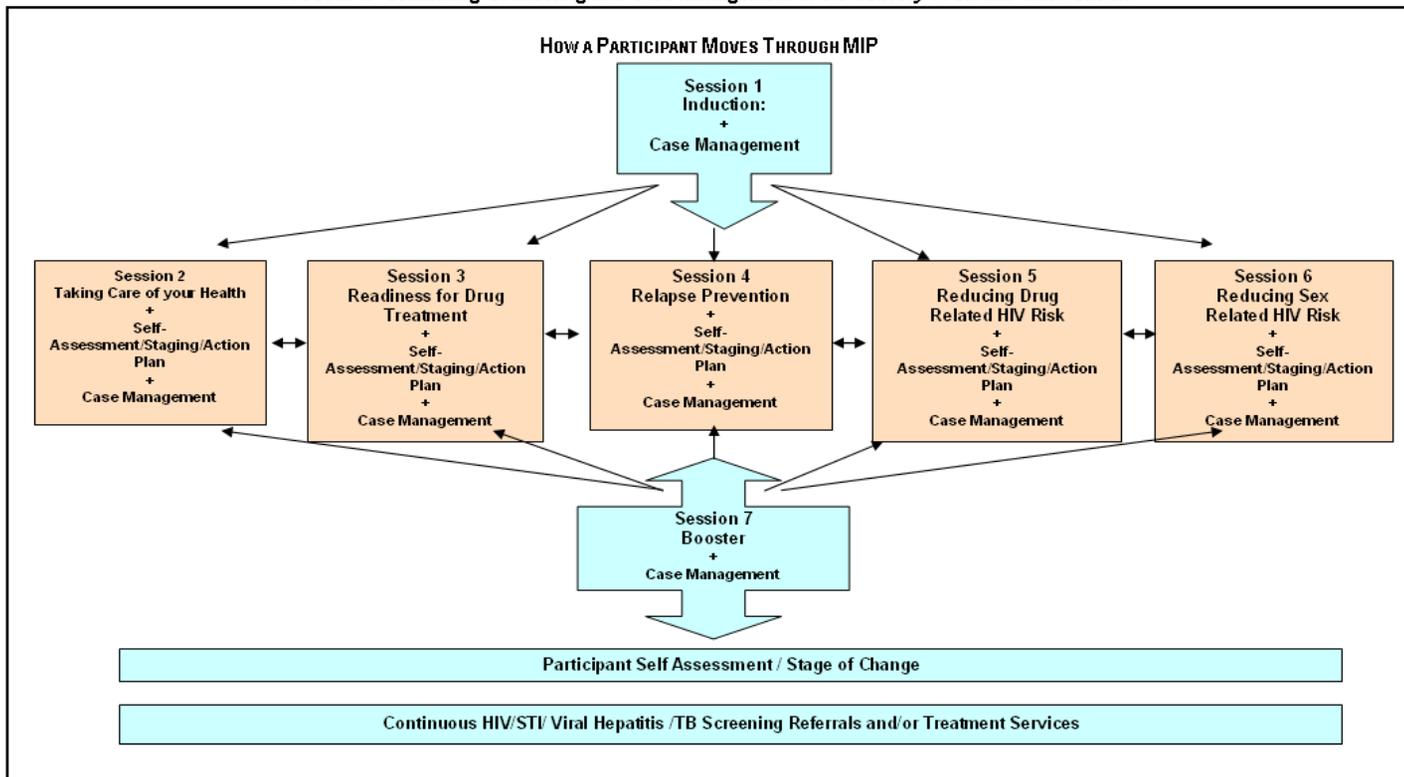
- The Induction (Session 1) and the Booster (Session 7) are **fixed** scheduled sessions meaning that they must occur first and last, respectively.
- Sessions 2 through 6 are **flexible** structured sessions, meaning that they are not necessarily designed to be delivered in a linear sequence.
- After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

# Participant Progress through MIP

- Sequencing of **flexible** structured sessions based on *participant needs*.
- May not be ready to move on to next topic.
- Decision is made by the participant.
- Each session *may require one or more contact* based on participant's needs and progress through the sessions.
- At end of each session a joint decision is made as to whether to progress to another structured session or conduct additional contacts in the current topic.

# Sequencing – How Participant Moves Through MIP

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



# MIP Session Structure

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

# MIP Session Structure

- Each counseling session is followed by case management services:
  - Basic health and human services
  - Motivation to progress through intervention
  - Obtain necessary social and family support.

**The estimated time frame for completing the MIP intervention is 3-6 months**

# Session Content

- Encourage testing for HIV/STI, viral hepatitis, & TB.
- Encourage utilization of health care services including drug treatment.
- Ensure a social support network.
- Provide referrals for community resources.
- Document all contacts.
- Utilize motivational interviewing techniques.
- Offer beverages and snacks.

# Counselor and Case Manager Interaction

- Interaction between counselor and Case Manager/Community Educator is a core element.
- Critical to the success of MIP is the bond between staff and participants.
- This relationship makes MIP a unique intervention.

# Session One – Induction Session

- MIP Implementation Manual (page 99).
- The Induction session is the first session in MIP.
- It provides information on the intervention and obtains consent and personal information.

# Induction Session Objectives

- Introduce the MIP intervention
- Determine participant's eligibility
- Obtain baseline information
- Identify and determine needs
- Assess participant's stage of change

# Who conducts the Session?

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

# How long does the Induction Session last?

- This session may require several initial contacts in the community where the participant is identified and recruited, and in the office where the intake and counseling session take place.
- Each contact in the Induction Session (Session 1) may take approximately 45 minutes to 1 hour. ***Time spent in case management will vary according to participant's needs.***

# How can we prepare?

- Review:
  - MIP Intake Form (1C)
  - Behavioral Risk Assessment Form (1D)
  - Behavioral Change Self-Assessment Form (1F)
  - MIP Self Assessment and Staging Form (1G)
  - Case Management Referral Form (1H)
  - Progress Notes (1I)
- Be comfortable with the questions.
- Know how to fill out the forms, practice.
- Provide referrals for HIV/STI and Viral Hepatitis C counseling and testing, if required .

# When does the Session Occur?

- The induction session occurs when the MIP team members have identified and successfully recruited individuals eligible for MIP.

# Where does it happen?

- The session may occur at the location where the participant is first identified.
- Upon agreement, participant should be **escorted** to, or given an **appointment** at the participating organization's location to complete the activities outlined in the session.
- The safety, privacy, and confidentiality of the participant and MIP team must be guaranteed.

# Induction Session Activities

1. Introduction
2. Eligibility check
3. Description and Overview of MIP
4. Assessment of participant interest in MIP
5. Role Induction to MIP
6. Completion of Participant Consent form
7. Completion of Intake Form
8. Completion of Behavioral Risk Assessment Form
9. Wrap-up/Staging for Next Session
10. Case Management Follow-up
11. Complete Documentation Forms
12. Discuss session with the MIP team

# 1. Introduction

- Introduce yourself, the organization and MIP.
- Case Manager/Community Educator should escort participant to the first counseling session.
- This reinforces the team approach.

## 2. Eligibility Criteria for MIP

### *The participant must:*

- ✓ Be an adult (18 or over)
- ✓ Have used drugs within 90 days
- ✓ Be out-of-treatment

# 3. Description and Overview of MIP

- Describe MIP and briefly explain the 7 sessions.
- Emphasize that MIP is participant-centered.
- Aims to reduce risky drug and sex-related behavior.
- Explain program incentives.

## 4. Assess Participant Interest in MIP

- Gauge interest by asking open-ended questions.
- The intake process may or may not happen.
- Get participant's contact information.
- If participant is not interested, relay that you are always available for information.

# 5. Role Induction into MIP

- Overview of the roles of the MIP team.
- Address any questions from the participant.

# Role Induction Exercise



# 6. Participant Consent Form

- Complete **Participant Consent Form (1A)**  
(example can be found on pages 107 - 108 of the Implementation Manual)

# 7. MIP Intake Form

- Complete **MIP Intake Form (1C)** found on page 110 of Implementation Manual.
- Collect social demographic information.
- Collect contact information of person who participant spends most of their time with.

# 8. Behavioral Risk Assessment Form

- Complete **Behavioral Risk Assessment Form (1D)** found on pages 111 - 119 in the Implementation Manual.
- ***To be administered by the Counselor.***
  - Counselor, not participant, fills out form.
  - Form is used in every session.

# Behavioral Risk Assessment

- **Description:** Designed to assess the *current sex and drug-related risk behaviors* that places participant at risk of acquiring or transmitting HIV/STIs and viral hepatitis.
- **Administration:** Administered *twice* to each participant; 1) the Induction Session and 2) in the Booster Session.
- **Instructions to Interviewer:** Intended to be completed *individually* using an *interview format*.

# Behavioral Risk Assessment Form Exercise



# Behavioral Risk Assessment Form (1D)

## 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. It is recommended that the MIP Behavioral Risk Assessment be administered again during the Booster Session (Session 7).

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.

# 10. Wrap-up/Staging for Next Session

- Summarize the main benchmarks of the session
- Inform participant they have successfully completed the Induction Session
- Ask participant which topic he/she is ready to work on

# 10. Wrap-up/Staging for Next Session *(continued)*

- Use the **Behavioral Change Self Assessment Form (1E)** to determine next session (form in the Implementation Manual on page 120)
- Thank the participant for their time.
- Give incentive and provide appointment card for the next session.
- Make sure participant has transportation to next session.

# Behavioral Change Self Assessment Form (1E)

## 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. Please read each statement and select the one 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.

**Instructions:** The purpose of this form is to learn how you presently think about seeing your primary doctor and how you think about drug treatment, sexual risk reduction and drug injecting behaviors. Read from bottom to top and select the statement that you most agree with.

# 11. Follow-Up Case Management

- Complete **Case Management Referral Form (1G)** found on page 122 in the Implementation Manual.
- Escort participant to Case Manager/ Community Educator.
- Case Manager/Community Educator assesses participant satisfaction with MIP.

# 11. Follow-Up Case Management (*continued*)

- Assess participant's health and social service needs.
- Make referrals/linkages to services.
- Conduct follow-up. If possible, escort participant to referred agencies.
- Ensure participant has transportation.

# 12. Documentation

Check Make sure forms are signed and dated --

1. MIP Intake Form.
2. Check Behavioral Risk Assessment Form.
3. Check Action Plan Form.
4. Check Case Management Referral Form
5. Complete **MIP Self-Assessment and Staging Form (1G)**

# MIP Self-Assessment and Staging Form(1F)

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	*Do sage_____		
<input type="checkbox"/> Safer Sex Kits	<input type="checkbox"/> Bleach Kits	<input type="checkbox"/> Incentive	<input type="checkbox"/> Referral		
<b>TAKING CARE OF YOUR HEALTH</b>					
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
<b>PREPARING TO ENTER DRUG TREATMENT</b>					
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
<b>REDUCING DRUG-RELATED HIV RISK</b>					
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
<b>REDUCING SEX-RELATED HIV RISK</b>					
Role Induction					Decisional Balance
Affirmations					Information/Options
Reflective Listening					Goal Setting
Support Self-Efficacy					Action Plan

# Case Management Referral Form(1G)

## 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

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# 13. Discuss Session with MIP Team

- MIP team discusses intervention plan for participant.
- MIP team shares information on participant's goals and behavior change.



# Module 4: Taking Care of Your Health

## ***Objectives:***

- Discuss the processes and procedures of Session 2
- Assess participant's willingness to use health care services through the decisional balance strategy and staging.
- Demonstrate the ability to use the Health History Form
- Demonstrate the ability to provide active referral and follow-up for health-related goals



# Goals of Session 2- Taking Care of Your Health

- Encourage participant to access healthcare services
- Describe a physical examination
- Identify participant's specific healthcare needs and confidence accessing services
- Case management action plan reviewed by MIP team

## **Who Conducts this Session?**

- The Counselor and the Case Manager/  
Community Educator
- Counselor conducts most of the activities
- Case Manager/Community Educator conducts  
case management component

## **How long does this Session last?**

- Session 2 usually takes one contact lasting 45  
minutes to 1 hour

# How can we prepare?

- Previous completion of the following forms
  - **MIP Intake Form (1C)**
  - **Behavioral Risk Assessment Form (1D)**
- Review **Health History Form (2A)**
- Know the resource guide and referral process
- Know the safer sex and needle hygiene kits
- Be prepared to provide HIV/STI, TB, and HEP C testing

## When does this session occur?

- No earlier than one week and no later than two weeks after Induction Session or another structured session that the participant chose to cover prior to this session.

# Where does it take place?

- In a private enclosed room where confidentiality can be assured
- Safety, privacy and confidentiality of participant and MIP team must be guaranteed

# Session Two Activities

1. Introduction
2. Role Induction
3. Complete **Health History Form (2A)**
4. Determine Participant Willingness to Use and Access Health Care (**Decisional Balance 2C**)
5. Complete **Action Plan Form (2D)**
6. Ensure Social Support
7. Wrap-up/Staging for Next Session
8. Follow-up Case Management Session
9. Complete Documentation Forms
10. Discuss session benchmarks with MIP Team

# 1. Introduction

- Greet and introduce yourself to participant
- Establish rapport by making conversation with the participant

## 2. Role Induction

- Review respective roles of MIP team and participant.
- Explain the purpose of the session 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.

# 3. Participant Health History Form

- Counselor obtains the health history using the **Health History Form (2A)** - pg. 131 – 134
- Counselor provides educational information using the **Medical Examination Guide (2B)**
- Counselor strongly encourages participant to seek comprehensive healthcare

# Health History Form (2A)

## 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"/>

# Medical Examination Guide (2B)

## 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. 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 hammering 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.

## 4. Determine Participant Willingness to Use Health Care

- If there is ambivalence about changing a risk behavior complete **Decisional Balance Form (2C)**
- Helps participant identify the pros and cons of an action
- Goal is to empower participant to change a risk behavior

# Decisional Balance Strategy

- When people move toward making a decision, they weigh up the pros and cons
- In Motivational Interviewing, the considerations are called decisional balancing
- When there is ambivalence, decisional balancing can be used
- Goal of decisional balancing is to move the participant until advantages of changing a risk behavior outweigh not changing

# Decisional Balance Exercise

## 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	I am like my grandfather, and he lived to be 95

# 5. Develop Action Plan

- Verify participant's behavior change goals as it is related to taking care of health
  - Verify new goals using the **Action Plan Form (2D)**.
  - The Case Manager/Community Educator will assist to make an appointment with a primary care physician, if the participant wishes to do so.

# 6. Ensure Social Support

- Counselor encourages participant to seek positive social support
- Counselor will review sources of support for participant
- If participant does not have anyone, MIP team member can be considered

# 7. Wrap-up/Staging for Next Session

- Summarize benchmarks and action plan
- Provide participant with remaining session topics
- Complete the **Behavioral Change Self Assessment Form (2E)**
- Arrange next session topic by using the **Self-Assessment Staging Form (2F)**
- Thank participant for their time and reinforce the positives
- Give participant an incentive and an appointment card

# 8. Follow-Up Case Management

- Assess participant's satisfaction with MIP
- Address participant's health and social service needs
- Make appropriate referrals for services
- Follow-up with participant on referrals
- Assess participant's transportation needs
- Ensure participant has transportation

# 9. Documentation

- Check for accuracy on **Health History Form (2A)** and **Action Plan Form (2D)**.
- Document session milestones in progress notes.

# 10. Discuss Session with MIP Team

- MIP team meets to discuss intervention plan
- Information about participant's goals for behavior change
- Social and health services needs are addressed

# Action Plan Form Exercise

- Complete Action Plan Form for Ricky Case Scenario





## **Module 5: Readiness for Entering Drug Treatment**

### ***Objectives:***

- Discuss the process and procedures of Session 3.
- Assess participant's knowledge and experience with drug treatment services.
- Determine a participant's readiness to enter drug treatment through decisional balance and staging strategies.
- Demonstrate the ability to use the Drug History Form.
- Demonstrate the ability to provide active referral and follow-up for drug treatment goals.



# Goals of Session 3 - Readiness for Entering Drug Treatment

- Encourage participant to consider drug treatment
- Counselor conducts history of drug use and treatment
- Counselor encourages participant to explore positive and negative aspects of drug treatment
- Counselor explains drug treatment options
- Counselor and participant set goals and develop a plan
  - *If participant agrees to drug treatment, MIP team ensure the admission process is initiated immediately*

# Initial Questions

- Who Conducts the Session?
- How Long does the Session last?
- How Can We Prepare?
  - Review:
    - MIP Intake Form
    - Behavioral Risk Assessment Form
    - **Drug Treatment History and Experience Form (3A)**
- Where Does This Session Take Place?
- When Does This Session Occur?

# When does this session occur?

- Session should be scheduled no earlier than one week after the Induction session or another structured session.
- Should a participant choose to enter drug treatment, it is recommended that the Counselor negotiate with the participant to conduct the Relapse Prevention Session (Session 4) in order to increase the participants' knowledge, skills, and self-efficacy to remain drug-free. This session “Readiness for Entering Drug Treatment” is then conducted.

# Session 3 Activities

1. Introduction
2. Role Induction
3. Assess Knowledge and Experience with Drug Treatment Services
4. Determine Willingness to Enter Drug Treatment
5. Develop Action Plan
6. Ensure Social Support
7. Wrap Up/Staging for Next Session
8. Follow-up case Management
9. Complete Documentation Forms
10. Discuss Session Benchmarks with MIP Team

## 2. Role Induction

- Review the roles and responsibilities of the MIP team members and those of the participant.
- Introduce Session by explaining its purpose -- to discuss drug treatment and to assess whether the participant is ready to go into drug treatment.
- Discuss drug treatment options and admission criteria into various detoxification programs including in-patient, and out-patient drug treatment.

### **3. Assess Knowledge and Experience with Drug Treatment Services**

- Complete **Drug Treatment History and Experience Form (3A)** with participant
- Reinforce risk reduction practices for exposure to HIV/STIs and Viral Hepatitis

# Drug Treatment History and Experience Form (3A)

## STRUCTURED SESSION 3A DRUG TREATMENT HISTORY AND EXPERIENCE

**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

## 4. Determine Participant Willingness to Enter Drug Treatment

- Ask participant if he/she wants to access drug treatment
- If participant is ambivalent, use **Decisional Balance (3B)**

# Remaining Activities

5. Develop Action Plan
6. Ensure Social Support
7. Wrap-up/Staging for Next Session
8. Follow-up Case Management
9. Participation Documentation
10. Discuss Session Benchmarks with MIP team

# Behavioral Change Self-Assessment Form Exercise

- Using Ricky Case Scenario, determine next session content using the Behavioral Change Self- Assessment Form in your workbook, pg. 31



# 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.

# What happens when a participant enters a drug treatment program?

- Participants entering short-term detoxification in-patient treatment programs can complete MIP once they have completed treatment.
- Participants in day treatment programs can continue MIP while in-treatment.
  - The Counselor should establish good working relationships with the treatment staff to collaboratively assess the participant's ability to continue MIP while in treatment, based on the compatibility with the goals and objectives of the treatment program.



# Module 6: Relapse Prevention

## ***Objectives:***

- Discuss the processes and procedures of the Session 4
- Assess participant's relapse experience with drug use and unsafe sex practices
- Assist the participant in developing skills to prevent relapse



# Goals of Session 4 - Relapse Prevention

- Prevent participant relapse
- Maintain drug and sex-related risk reduction practices
- Counselor and participant explore last relapse event.
- Participant develops a relapse prevention plan and strategies.

# About the Relapse Prevention:

- It is recommended that the Relapse Prevention Session be administered prior to, in conjunction with, or after any of the following sessions:
  1. Readiness for Entering Drug Treatment
  2. Reducing Drug-related HIV risk
  3. Reducing Sex-related HIV risk
- The content in relapse prevention, strengthens a participants' ability to reduce drug and sex-related HIV risk and/or enter drug treatment.

# Initial Questions

- Who conducts the session?
- How long does the session last?
- How can we prepare?
  - MIP Intake Form
  - Behavioral Risk Assessment
  - **Guide for Analysis of Most Recent Relapse - Drug Use (4A)**
  - **Guide for Analysis of Most Recent Relapse - Unprotected Sexual Activity (4B)**
- When does this session occur?
- Where does this session take place?

# Session 4 Activities

1. Introduction
2. Role Induction
3. Assess participant's Experiences with Relapse and Conduct Decisional Balance, if needed
4. Determine Participant's Willingness to Take Action
5. Develop Action Plan
6. Ensure Social Support Networks
7. Next Steps/Closing of counseling session
8. Follow-up Case Management
9. Complete Documentation Forms
10. Discuss Session Benchmarks with MIP Team

# 3. Assess Participant Experiences with Relapse

- Complete **Guide for Analysis of Most Recent Relapse - Drug Use (4A)** and **Guide for Analysis of Most Recent Relapse - Unprotected Sexual Activity (4B)** with participant.
- Use open-ended questions:
  - What was taking place when you decided to resume risky behaviors?
  - What feelings did you experience before engaging in risky behavior?

### **3. Assess Participant Experiences with Relapse (*continued*)**

- 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?

# Guide for the Analysis of the Most Recent Relapse—Drug Use (4A)

## 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 |

# Guide for the Analysis of the Most Recent Relapse—Unprotected Sexual Activity (4B)

## 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:

- Getting together with someone you had previously had unprotected sex with
- Not carrying condoms with you
- Meeting someone with whom you can buy, use and /or share drugs
- Having a fight or discussion with a close member of the family
- Getting money
- Finding a job
- Not being able to find a job

# Visualization Exercise



## 4. Determine Participant Willingness to Learn Relapse Prevention Strategies

- Ask participant how soon he/she wants to take action:
  - When would you like to work on relapse prevention strategies?
  - Are you ready to work with me now to identify strategies to avoid relapse?
- Counselor identifies healthy behaviors that can be substituted for risky ones.

# Remaining Activities

5. Develop Action Plan
6. Ensure Social Support
7. Wrap-up/Staging for Next Session
8. Follow-up Case Management
9. Participation Documentation
10. Discuss Session with MIP team



## Module 7: Reducing Drug Related HIV Risks Session

### *Objectives:*

- Discuss the process and procedures of Session 5.
- Increase participant readiness to reduce drug-related HIV risks.
- Strengthen participant skills in reducing drug-related HIV risk behaviors.
- Motivate the participant to make changes that reduce high risk injection behaviors.
- Distinguish between high, medium, and low risk drug-use behaviors.



# Goals of Session 5 - Reducing Drug Related HIV Risks

- Reduce drug related HIV risks
- Learn correct steps for cleaning drug injection works
- Participant receives drug and sex risk-reduction safety kits
- Counselor and participant discuss positives and negatives of current drug practices
- Participant and Counselor review drug-related risk reduction goals and skills building

# Initial Questions

- Who conducts the Session?
- How long does the Session last?
- How can we prepare?
  - MIP Intake Form
  - Behavioral Risk Assessment Form
  - **Injection Drugs Orientation Guide (5A)**
  - **Safer Works Steps to Cleaning Syringes (5H)**
- When does this session occur?
- Where does the session take place?

# Session 5 Activities

1. Introduction
2. Role Induction
3. Assess Knowledge and Experience with Reducing Drug-Related HIV Risk
4. Skills-Building Activity to Reduce Risk for HIV
5. Determine Participant's Willingness to Reduce Drug-Related HIV Risk
6. Develop/Modify Action Plan
7. Ensure social support networks
8. Wrap-up/Staging for next session
9. Follow-up Case Management Form
10. Complete documentation forms
11. Discuss session benchmarks with MIP team

# Drug Use Risk Behaviors Exercise



# **3. Assess Knowledge & Experience Reducing Drug Related HIV Risk**

- Following the Injection Drugs Orientation Guide, discuss the participant's drug-using HIV risk behaviors
- The Counselor provides feedback about issues discussed in relation to past HIV risk behaviors

# Injection Drugs Orientation Guide Form (5A)

## 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.

### Injection Drug Orientation Guide

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"> <li>-Use new needles each time you inject drugs.</li> <li>-Carry your own syringe and another to share.</li> <li>-Clean equipment with chlorine and water.</li> <li>-Do not lend equipment; do not use another person's equipment.</li> <li>-Do not share syringes.</li> <li>-Verify that the syringe has the tip covered.</li> <li>-Participate in a needle exchange program.</li> </ul>
2. Sharing cookers or spoons.	2. Cookers or spoons are contaminated with HIV-infected blood.	<ul style="list-style-type: none"> <li>-Do not share cookers or spoons.</li> <li>-Clean cookers with 1part bleach &amp; 9 parts water.</li> <li>-Use your own cooker.</li> <li>-Obtain new cookers.</li> </ul>
3. Sharing rinsing water.	3. Water contaminated with HIV-infected blood.	<ul style="list-style-type: none"> <li>-Do not share rinsing water.</li> <li>-Use clean water each time you clean equipment.</li> <li>-Throw away rinsing water after using it.</li> <li>-Do not collect water from the street, with your hands, or in dirty or moldy containers.</li> </ul>

# Exploring Drug Related HIV Risk Behavior

- Review of injecting drugs and the practice of pooling money for drugs to highlight where the possibility of the transmission or acquisition of the virus may occur within drug use.



# Injection Drug Preparation Steps

1. Place drugs in a cooker
2. Add water
3. Apply heat if necessary
4. Add cotton/filter
5. Place tip of needle in cotton/filter and draw back solution

# How Pooling Money for Drugs Works

- Drug users developed a method to equally divide drugs amongst two or more people.
  1. Two or more people pool their money to buy drugs
  2. Drugs prepared as previously mentioned
  3. Drugs are divided according to the amount of money contributed
    - ex. \$10 = 10 units of drugs

## **4. Explore Skill-Building Activities to Develop HIV Risk Reducing Behaviors**

- Discuss risk-reduction behaviors and demonstrate protective behaviors through simulations, cleaning works, injecting safely
- Counselor discusses less risky drug practices, distribute safer injection drug use kit

# Exercise: Safer Works

## Module 7 Handout 1

### SAFER WORKS HANDOUT

**Directions: In order, list the steps to correctly clean drug injecting works (1 being the first and 10 being the last). This exercise should take 5 minutes to complete.**

- \_\_\_\_\_ Shoot the water out.
- \_\_\_\_\_ Draw water into the syringe the first time
- \_\_\_\_\_ Pour some bleach into a cup
- \_\_\_\_\_ Shoot the bleach out
- \_\_\_\_\_ Pour water into two cups
- \_\_\_\_\_ Draw bleach into the syringe
- \_\_\_\_\_ Pour out the first cup of water
- \_\_\_\_\_ Dump out the bleach and the final cup of water
- \_\_\_\_\_ Draw water into the syringe the second time
- \_\_\_\_\_ Shoot water out the second time

# Cleaning Works Video Link

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

- Ask participant how soon he/she wants to take reducing drug related HIV risks:
  - 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?
- Participant's response is noted in progress notes and goals are noted in the **Action Plan Form**

# Remaining Activities

6. Develop Action Plan
7. Ensure Social Support
8. Wrap-up/Staging for Next Session
9. Follow-up Case Management
10. Participation Documentation
11. Discuss Session Benchmarks with MIP team



# Module 8: Reducing Sex Related HIV Risk

## *Objectives:*

- Discuss the process and procedures of Session 6
- Provide information related to sex-related HIV risk
- Motivate participant to practice safer sex
- Conduct skills-building that promote safer sex related behaviors



# **Goals of Session 6 - Reducing Sex Related HIV Risk**

- Help participant initiate safer sexual practices
- Counselor develops profile of participant's HIV sex-related risks
- Participant is provided with safer sex kits, risk reduction techniques and risk information
- Participant receives case management services

# Initial Questions

- Who conducts the Session?
- How long does the Reducing Drug Related HIV Session last?
- How can we prepare?
  - MIP Intake Form
  - Behavioral Risk Assessment Form
  - **Sexual Activity Orientation Guide (6A)**
- When does this session occur?
- Where does this session take place?

# Session 6 Activities

1. Introduction
2. Role Induction
3. Assess Knowledge and Experience with Reducing Sex-Related HIV Risk
4. Skills-Building Activity to Reduce Sex-Related HIV Risk
5. Determine Participant's Willingness to Reduce Sex-Related HIV Risk
6. Develop Action Plan
7. Ensure Social Support Networks
8. Wrap-up/Staging for Next Session
9. Follow-up Case Management
10. Complete Documentation Forms
11. Discuss Session Benchmarks with MIP Team

# Sex-Related Risk Behavior Exercise



### **3. Assess Knowledge & Experience Reducing Sex Related HIV Risk**

- Using the Sexual Activity Orientation, discuss sex-related HIV risk behaviors and safer-sex risk reduction strategies.
- The Counselor provides summary and feedback with regard to the participant's past or current sex-related HIV risk behaviors.

# Sexual Activity Orientation Guide (6A)

## STRUCTURED SESSION 6A Sexual Activity Orientation Guide

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

<i>Risk Behavior</i>	<i>Modes of Infection</i>	<i>Prevention or Risk Reduction</i>
Multiple sexual partners.  To have sexual relations without protection.  Use condom incorrectly.  To have sexual relations with men who have sex with men without protection.  To have sexual relations with women who have sex with women without protection.  To have sexual relations HIV+ partners.	Body fluid exchange (blood, semen, vaginal secretions, and maternal milk) from an HIV infected person to another person.	Practice safer sex measures:  Correct condom use: never use petroleum based oils or jelly; correct placement.  If you practice oral sex, use condom without lubrication or spermicide.  For vaginal/anal sex use latex condoms with lubricant.  Avoid using two condoms at the same time.  Reduce the number of sexual partners.

# 4. Safer-Sex Skills Building

- Counselor discusses sexual risk-reduction behaviors
- Using models Counselor demonstrates risk reduction techniques, including condom use.
- Provide participant with safer sex kit

# Condom Worksheet Exercise



# Using Condoms Form (6C)

## STRUCTURED SESSION 6C USING CONDOMS

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

### How to Put a Condom On:

- Step 1:** Talk to your partner about using a condom.
- Step 2:** Buy condoms.
- Step 3:** Man becomes hard.
- Step 4:** Open package carefully. **(DO NOT USE YOUR TEETH TO OPEN THE CONDOM PACKAGE)**
- Step 5:** Add lubricant to condom.

# 5. Determine Willingness to Reduce Sex-Related HIV Risk

- Ask participant how soon he/she wants to take practicing safer sex:
  - Are you ready to learn how to use a female condom?
  - When can we do the condom exercise and role plays?
  - Are you ready to role-play safer-sex negotiation?
- Document the assessment of the participant on the progress notes and develop an **Action Plan Form**

# 6. Develop Action Plan

- Based on information obtained from the evaluation of participant's sex-related HIV risk behaviors, verify new goals using the **Action Plan Form**.
- MIP team will work with the participant to achieve session goals

# Remaining Activities

7. Ensure Social Support
8. Wrap-up/Staging for Next Session
9. Follow-up Case Management
10. Participation Documentation
11. Discuss Session with MIP team

# Sequencing Discussion



# Module 9: Booster Session

## ***Objectives:***

- Demonstrate the counseling and case management processes for the Booster Session
- Review the behavior change goals developed by the participant during the Program
- Affirm the participant's steps towards positive behavioral change
- Develop a Continuum of Care Action Plan to maintain the participant's behavioral changes



# Goals of Session 7 – Booster

- The last session after all other structured sessions have taken place
- The session reviews achievements, reinforces self-efficacy and identifies unmet goals
- Encourage participant to maintain behavior changes
- Counselor and Case Manager/Community Educator work together to implement the Booster session

# Goals of Session 7 - Booster *(cont'd)*

- MIP team members commend participant on behavior changes and use of case management services.
- Counselor, Case Manager/Community Educator and participant develop a Continuum of Care Action Plan to support participant behavior changes post-intervention.

# Who Conducts the Session?

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

# How Long is This Session?

- The Booster Session may require one or more contacts. Each contact lasts between 45 minutes and 1 hour.
- The first contact should include Introduction and Role Induction and administration of the Behavioral Risk Assessment Form, and the second contact should complete Booster Session Activities.
- Time required for booster session will vary according to time spent in case management and number of previous contacts.

# How Can We Prepare?

- Prior to the session, have the MIP team review
  - **Intake Form**
  - **The Behavioral Risk Assessment Forms**
  - **The Action Plan Forms**
  - **Case Management Referral Forms**
  - **Self-Assessment and Staging Forms**
  - **Progress Notes**
- Become familiar with the **Booster Development Guide (7B)** and the **Continuum of Care Action Plan (7C)**
- Review participant's case management, health, and social services history
- Provide on-site HIV/STI, TB, and viral hepatitis testing if necessary

# When Does This Session Occur?

- The Booster Session is the final session in MIP and should be scheduled no later than two weeks after completing the last structured session.
- A second Booster Session contact, if needed, should be scheduled within one week after the first contact.

# Where Does This Session Take Place?

- In a private enclosed room where confidentiality can be assured.
- Case management services can take place at community venues, project community sites, or treatment programs.
- Safety, privacy, and confidentiality of participants and of MIP team must be guaranteed.

# Booster Session Activities

1. Preparation for Booster Session
2. Introduction
3. Role Induction
4. Behavioral Risk Assessment Form
5. Overview of Participant Goals and Accomplishments
6. Complete the **Continuum of Care Action Plan (7C)** to maintain Behavior Change
7. Support and Referral Check
8. Next Steps/Closing the Counseling Session
9. Follow-up Case Management Contact
10. Complete Document Forms
11. Discuss and Closeout with MIP Team members

# 1. Preparation for Booster

- Counselor and Case Manager/Community Educator work together and review participant's file:
  - The Behavioral Risk Assessment Forms
  - The Action Plan Forms
  - Case Management Referral Forms
  - Self-Assessment and Staging Forms
  - Progress Notes
- Counselor and Case Manager/Community Educator complete Section G of **Behavioral Risk Assessment Form (7A)** and review **Booster Development Guide (7B)**, and **Continuum of Care Action Plan (7C)**

# 3. Role Induction

- Congratulate participant in completing MIP structured sessions.
- The booster reviews previous sessions and starts to identify areas for further improvement
- Discuss activities and format of Booster Session

# 4. Behavioral Risk Assessment

- **Behavioral Risk Assessment Form (7A)** administered by Counselor (Complete Section G)
- Counselor documents additional information
- Counselor asks participant about case management services utilized during MIP

# 5. Overview of Participant Goals and Accomplishments

- Using the **Booster Development Guide (7B)** Counselor, Participant and Case Manager/Community Educator review achievements
- Summarize issues discussed in each structured session
- Highlight benefits of intervention participation
- Acknowledge positive behavior changes
- Discuss unmet goals or develop new goals

# Booster Development Guide (7B)

## STRUCTURED SESSION 7B: Booster Development Guide

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

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

1. Engage the participant in a discussion about what motivated him/her to begin and continue MIP.
2. Discuss the achievements and benefits of participating in the project, emphasizing the importance of maintaining positive behavior changes. Begin the discussion by asking the participant to answer the following questions:
  - What were some of the benefits of participating in MIP? What were some of your most meaningful achievements?
  - Where do you still have room for improvement in relation to topics covered in the intervention sessions?
3. After the participant identifies achievements and the areas to be improved, the Case

# 6. Continuum of Care Action Plan

- Participant, Counselor, and Case Manager/Community Educator complete **Continuum of Care Action Plan Form (7C)**

# Continuum of Care Action Plan (Form 7C)

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

# 7. Ensure Social Support and Referral

- Explore Participant's Social Support
- If participant has no support, link him/her to counseling services or support groups

# 8. Closing the Counseling Session

- **Continuum of Care Action Plan** completes the MIP cycle
- Acknowledge participant's positive behavior
- Give participant copy of **Continuum of Care Action Plan (7C)**

# 9. Follow-Up Case Management

- May happen either during or after counseling segment.
- Review participant's needs.
- Check status of previous referrals.
- Ask if participant has additional health and/or social service needs.
- Make final referral/linkages to services if necessary.
- Inform participant that they have successfully completed the MIP Intervention.

# 10. Participation Documentation

- Document the last session's milestones
- Write any Summary Reports necessary, participant MIP file closed

# 11. Discuss Session with MIP Team

- MIP Team meet to close-out the intervention and to complete final paperwork



# Module 10: Monitoring and Evaluation Session

## ***Objectives:***

- Describe the five types of evaluation methods used in MIP
- Discuss the components of an MIP Monitoring and Evaluation Plan
- Identify ways to use intervention forms to conduct MIP process and outcome monitoring and evaluation



# The Importance of Evaluation

There are three basic reasons for evaluating MIP:

- ***Accountability*** to the various stakeholders in the intervention
- Assuring program ***fidelity*** and program ***improvement***
- Development of knowledge for planning ***future programs***

# Types of Evaluation

- Formative Evaluation (Community Need Assessment )
- Process Monitoring
- Process Evaluation
- Outcome Monitoring
- Outcome Evaluation

# Formative Evaluation (Community Needs Assessment)

The community needs assessment is designed to:

- Give a better idea of the specific risk behaviors and challenges faced in the community.
- Help understand the culture of the community in order to create more effective risk reduction messages.
- Help build relationships and trust with community members and elicit support and buy-in from agencies, gatekeepers, and others.

# Process Monitoring

- Assists in making changes and improvements during the implementation process, and can answer questions such as:
  - What services were delivered?
  - How and where were those services delivered?
  - What population was served?
  - What resources were used?

# Process Evaluation

Asks the following:

- Did the intervention reach the intended audience?
- Did individuals experience barriers in accessing the intervention, and what were these?
- Was the intervention implemented as intended with fidelity to the core elements?

# Outcome Monitoring

- Some of the outcomes may include:
  - Individual-level knowledge
  - Participant attitudes and behaviors
  - Participant access to services
  - Service delivery
  - Community responses

# Outcome Evaluation

- Determines the impact that the program had on participants and on the community.
- Answers the question, “To what extent did the expected changes occur?”
- Conducted after process evaluation shows the intervention is being delivered as intended  
*(in practice, however, outcome and process evaluation are often carried out concurrently).*

# MIP M & E Objectives

1. To monitor program implementation.
2. To track individual and group performance in the following domains:
  - HIV/viral hepatitis status,
  - Entry and retention into substance abuse treatment, and
  - Access to social and health services.

# MIP M & E Objectives *(Continued)*

3. To measure individual participant behavior change relative to high risk sexual and drug-related practices.
4. To produce reports with accurate and reliable information for funders and program supervisors.
5. To provide data to modify and strengthen the program and for the development of new funding proposals to sustain the intervention.

# Implementation and Evaluation

- In order for your organization to reproduce the outcomes for MIP participants, the intervention must maintain fidelity and adherence to the core elements of the intervention.
- Implementing organizations can use the forms in the Appendices for M&E data collection in order to track program performance that is relevant to all stakeholders: agency, staff, participants, funders, and community-members.

# MIP Monitoring and Evaluation Plan

- Decide the person who will collect the data and a timeline for completing each activity
- Discuss the evaluation products with MIP staff and any internal reporting requirements
- Plan where data is to stored and who will have access to it

# MIP Data Sources by Evaluation Type

## MIP Data Sources by Evaluation Type

- The MIP Intake Form
- The Self-Assessment/Staging Form
- The MIP Behavioral Risk Assessment
- The Case Management Action Plan Form
- The Case Management Tracking and Referral Form
- Progress Notes
  - (Implementation Manual, pgs 237- 238)

# Review of forms

- Monitor program implementation
- Track individual and group performance measures in HIV/viral hepatitis status, entry to drug treatment
- Measure individual behavior change
- Produce reports with accurate and reliable information
- Provide data to modify the program

# Technical Assistance for MIP

- Technical assistance is coordinated by the CDC's Capacity Building Assistance Request Information System (CRIS).
- CDC directly funded organizations and health departments access CRIS at: <http://www.cdc.gov/hiv/cba>
- CDC directly funded organizations and health departments should consult their CDC Project Officer or Health Department Grant Officer before requesting assistance.
- CBO's funded by local health departments or private entities may request technical assistance from their local health jurisdiction.