
Modelo de Intervención Psicomédica
Psycho-Medical Intervention Model



A Cognitive Behavioral Intervention to Reduce HIV, STIs, and Viral Hepatitis Risks among Injection Drug Users utilizing Individualized Counseling and Case Management

WORKBOOK

©PROCEED, Inc. – Final Draft Submitted on March 31, 2010



PREFACE

The **MIP Workbook** is a teaching and learning support tool that complements the information and activities contained in the Implementation Manual of the Modelo de Intervención Psicomédica (MIP) Training of Facilitators (TOF) Curriculum.

The purpose of this workbook is three-fold:

1. It provides trainees with opportunities to test their comprehension and knowledge of key concepts described in the intervention;
2. It introduces trainees to the program forms that support the implementation of MIP; and,
3. It defines key concepts within the context of the MIP intervention.

Training Participants will find that the exercises and program forms in this workbook are grouped together by the modules to which they apply. Participants should ideally use this document throughout the training to work through the many interactive activities that comprise the Modelo de Intervención Psicomédica Training of Facilitators.

Table of Contents

Tab	Exercise & Program Forms	Page Number
Module One	<ul style="list-style-type: none">▪ Statements of Change	1
Module Two	<ul style="list-style-type: none">▪ Recruitment & Retention Exercise – Scenarios 1, 2, & 3	2 - 4
Module Three	<ul style="list-style-type: none">▪ Participant Consent Form▪ Confidentiality Agreement Form▪ MIP Intake Form▪ Behavioral Risk Assessment▪ Ricky Case Scenario – Session 1▪ Anita Case Scenario – Session 1▪ Jose Manuel Case Scenario – Session 1▪ Case Scenario Worksheet	5 – 6 7 8 9 – 17 18 19 20 21
Module Four	<ul style="list-style-type: none">▪ Health History Form▪ Medical Examination Guide▪ Decisional Balance Form▪ Decisional Balance Worksheet▪ Ricky Case Scenario Update – Session 2▪ Action Plan Form	22 – 23 24 – 25 26 27 28 29

Tab	Exercise & Program Forms	Page Number
Module Five	<ul style="list-style-type: none"> ▪ Drug Treatment History and Experience Form ▪ Behavioral Change Self-Assessment Form ▪ MIP Self-Assessment & Staging Form ▪ Case Management Referral Form ▪ Ricky Case Scenario Update – Session 3 ▪ Anita Case Scenario Update – Session 3 ▪ Jose Manuel Case Scenario Update – Session 3 ▪ Case Scenario Workset 	<p>30 31 32 33 34 35 36 37</p>
Module Six	<ul style="list-style-type: none"> ▪ Guide for Analysis of Most Recent Relapse – Drug Use ▪ Guide for Analysis of Most Recent Relapse – Unprotected Sexual Activity ▪ Ricky Case Scenario Update – Session 4 ▪ Anita Case Scenario Update – Session 4 ▪ Jose Manuel Case Scenario Update – Session 4 ▪ Case Scenario Worksheet 	<p>38 39 40 41 42 43</p>
Module Seven	<ul style="list-style-type: none"> ▪ Safer Works Exercise ▪ Injection Drugs Orientation Guide ▪ Guide to Clean Works ▪ Ricky Case Scenario Update – Session 5 	<p>44 45 46 47</p>
Module Eight	<ul style="list-style-type: none"> ▪ Condom Use Worksheet ▪ Sexual Activity Orientation Guide ▪ Anita Case Scenario Update – Session 6 ▪ Jose Manuel Case Scenario Update – Session 6 ▪ Case Scenario Worksheet 	<p>48 49 50 51 52</p>
Module Nine	<ul style="list-style-type: none"> ▪ Section G of Behavioral Risk Assessment Form ▪ Booster Development Guide ▪ Continuum of Care Action Plan Form ▪ Ricky Case Scenario Update – Session 7 ▪ Anita Case Scenario Update – Session 7 ▪ Jose Manuel Case Scenario Update – Session 7 ▪ Case Scenario Worksheet 	<p>53 54 – 55 56 57 58 59 60</p>
Module Ten	<ul style="list-style-type: none"> ▪ MIP Data Sources by Evaluation Type ▪ Community Mapping Planning Form ▪ Community Mapping Resources Scan Worksheet ▪ Recruitment Tracking Record ▪ Service Directory Form 	<p>61 – 62 63 – 64 65 – 68 69 70 – 71</p>
Glossary		72 – 76

DRAFT

Module 1: Statements of Change

TRAINEE COPY

Directions: For each sample statement please indicate participant's stage of change (precontemplation, contemplation, ready for action, action, or maintenance).

Participant Statement	Stage of Change
1. Jonny refuses to use a condom because he believes he will not experience as much sexual pleasure.	
2. Sophia has been sexually active for the last three years and thinks she might need to have an annual pap smear.	
3. For the past six months, Sasha has consistently used condoms with her clients. She would rather lose a client than risk getting infected.	
4. Juan has been pooling money to buy drugs, but recently he has been considering the risks of sharing works.	
5. Nelson is participating in the MIP program, and his Counselor and Case Manager/Community Educator have helped him enter a drug treatment program.	
6. Maryanne has a foul odor and discharge coming from her vagina. She thinks she may have an STI and has asked her counselor in the MIP program about getting tested.	
7. Lucy has not had her period. Her nipples are sore and she urinates often, but she does not believe she can get pregnant.	
8. Sam has been injecting drugs for the past 10 years and for the last year he has not shared works and has used clean needles.	

Module 2: Recruitment & Retention Exercise – Scenario 1

Scenario 1

You are the administrator of a community based organization and a few of your clients are young African American men (18 – 23yrs old) who have sex with men who use methamphetamine (smoke, sniff, inject). Your agency is located in a medium sized city that has a significant MSM population. Your agency is five years old and has only conducted one other intervention for the MSM population. It was a success but it ended two years ago. The information you have gathered suggests that there are a number of gay bars and two bath houses (one catering to younger patrons and one for older MSM) where outreach might occur. There is also a large university in your town which has a significant gay population. According to the police, most meth arrests occur in bars where bikers hang out and they don't know how the drug finds its way into the gay community.

There are two drug treatment programs in town, but neither has a specific program for gay men or methamphetamine abuse. There is one 12-step meeting for Crystal Meth Anonymous per week, and you know one of the men who attend. According to your demographic information most of the gay men in your area are African American and most have medium to high incomes. Recently a number of gay bashing incidents have occurred on the university campus and this has heightened the political awareness of the gay community. There is a local free LGBT paper, weekly local paper and a daily newspaper with a large circulation. Another well know fact is that many of the men find sex partners on the internet.

Developing Recruitment Strategies

Instructions: Using the scenario given to your group, develop one recruitment strategy for the target population as defined. Record your answers on this paper. At the end of the exercise someone from your group will present these answers to the larger group.

1. Who is being targeted?
2. Where is the most appropriate place to recruit?
3. When will recruitment occur?
4. What messages will be delivered?
5. How should the messages be delivered?
6. Who is the most appropriate person to conduct the recruitment?
7. List three retention strategies.

Module 2: Recruitment & Retention Exercise – Scenario 2

Scenario 2

You are the administrator of a community based organization which was funded two years ago to do Safety Counts with heroin and cocaine injectors. Your agency is located in a large metropolitan area with a significant population of injectors and has been working with this population for over a decade doing needle exchange, HIV and HCV support groups and Safety Counts. Recently you found that the Safety Counts program has graduated a majority of the organization's existing clients who have accessed multiple services over the years. With a fewer pool of possible participants, you gathered some information on the current status of this population and emerging trends.

The data suggests that much of the new use is occurring in the suburbs, which are linked to your city by a commuter rail system. You find that most of these new users are driving or taking the train to buy and use drugs, hang out with their city running buddies, and then return home to the suburbs in the evening. The majority of these suburban users are white, while the inner-city users are of diverse racial and ethnic backgrounds. Many of the suburban users are younger than their inner-city peers and some only use sporadically. According to the police, the main copping spot in town, FivePoints, is still the center of drug trafficking in your city, yet you almost never see or interact with this new population of users during needle exchange in that area. According to some of your clients, these new users either have enough money to buy syringes in pharmacies or have their city friends exchange for them. HCV is beginning to become a concern among these suburban users as many have just begun to inject.

Developing Recruitment Strategies

Instructions: Using the scenario given to your group, develop one recruitment strategy for the target population as defined. Record your answers on this paper. At the end of the exercise someone from your group will present these answers to larger group.

1. Who is being targeted?
2. Where is the most appropriate place to recruit?
3. When will recruitment occur?
4. What messages will be delivered?
5. How should the messages be delivered?
6. Who is the most appropriate person to conduct the recruitment?
7. List three retention strategies.

Module 2: Recruitment & Retention Exercise – Scenario 3

Scenario 3

You are the administrator of a community based organization which has just been funded to conduct MIP among methamphetamine users in a rural county. Information gathered indicates that most of the users in your county are white or Latino heterosexual males with a much smaller segment of white or Latina women. Many have been incarcerated and are on probation or parole, or are currently serving terms of less than a year in the county jail. You conduct HIV education classes in the jail once a month and have an excellent relationship with the substance abuse counselor and the clients who attend these sessions. You also find that many users access free or low cost health care in a van operated by the county public health authority. Many of these users are seasonally employed or underemployed and their living situations are often desperate. The majority of local employment opportunities are in construction, restaurants, and ranches with livestock. The drug itself is being dealt out of two trailer parks in the area, but the situation in these trailer parks is tense with police surveillance and occasional violence. There are a number of bars in the county which users will frequent and the owners, while supportive, are unwilling to allow outreach workers into their establishments for fear of attracting police attention.

Developing Recruitment Strategies

Instructions: Using the scenario given to your group develop one recruitment strategy for the target population as defined. Record your answers on this paper. At the end of the exercise someone from your group will present these answers to larger group.

1. Who is being targeted?
2. Where is the most appropriate place to recruit?
3. When will recruitment occur?
4. What messages will be delivered?
5. How should the messages be delivered?
6. Who is the most appropriate person to conduct the recruitment?
7. List three retention strategies.

Module 3: Structured Session 1A

PARTICIPANT CONSENT FORM

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

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

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

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

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

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

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

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

Participant Rights:

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

Benefits:

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

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

Risks:

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

Confidentiality:

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

Program Evaluation:

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

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

Participant Name	Participant Signature	Date

Witness Name	Witness Signature	Date

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

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

Module 3: Structured Session 1B CONFIDENTIALITY AGREEMENT

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

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

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

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

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

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

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

Violation of this agreement is ground for immediate termination.

--	--	--

Participant Name

Participant Signature

Date

--	--	--

Witness Name

Witness Signature

Date

Module 3: Structured Session 1C MIP INTAKE FORM

Name:		Date:	
Date of Birth:		Social Security #: - -	
Age: <input type="checkbox"/> < 13 <input type="checkbox"/> 13-18 <input type="checkbox"/> 19-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45 >			
Address:			
City:		State:	Zip Code:
Telephone:		Email:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender		Country of Origin:	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino		Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabitation			
Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Numbers of Household:	
Living Arrangement: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless		Amount of Rent/Mortgage: \$	
Last Grade Completed:		Occupation:	
Source of Income: <input type="checkbox"/> Temporary AID Needy Families <input type="checkbox"/> SSI <input type="checkbox"/> SS <input type="checkbox"/> Food Stamps <input type="checkbox"/> Child Support <input type="checkbox"/> Other			
If Other:		Income Level: \$	
Health Insurance: <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> None			HIV Status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative/Unknown
Transmission Risk: <input type="checkbox"/> Sexual contact involving transgender and unsafe injection drug practices <input type="checkbox"/> Male to male sexual contact and unsafe injection drug practices <input type="checkbox"/> Sexual contact involving transgender <input type="checkbox"/> Male to male sexual contact <input type="checkbox"/> Unsafe injection drug practices <input type="checkbox"/> Heterosexual contact <input type="checkbox"/> Other			
Emergency Contact #1	Name:		
Address:			
Telephone:		Relationship:	
Emergency Contact #2	Name:		
Address:			
Telephone:		Relationship:	
Hangouts:			
Indicate Service(s) Desired:	(1)	(3)	
	(2)	(4)	
Referred By:			

Module 3: Structured Session 1D

BEHAVIORAL RISK ASSESSMENT FORM

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

Administration:

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

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

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

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

A. RECORD MANAGEMENT

Date Completed: _____

Client ID: _____

B. EDUCATION AND EMPLOYMENT

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

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

Program Name: _____
Program Name: _____

2. Are you currently employed?

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

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

C. FAMILY/SOCIAL CONNECTEDNESS

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

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

- REFUSED
- DON'T KNOW

2. [IF FEMALE] Are you currently pregnant?

- YES
- NO
- REFUSED
- DON'T KNOW

3. Do you have children?

- YES
- NO
- REFUSED
- DON'T KNOW

a. How many children do you have?

|_|_| REFUSED DON'T KNOW

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

- YES
- NO
- REFUSED
- DON'T KNOW

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

|_|_| REFUSED DON'T KNOW

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

|_|_| REFUSED DON'T KNOW

4. In the past 90 days, have you attended any voluntary self-help groups not affiliated with a religious or faith-based organization? In other words, did you participate in a non-professional, peer-operated organization devoted to helping individuals who have addiction related problems. Some such organizations can include: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety, and so forth.

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

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

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

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

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

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

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

8. To whom do you turn when you are having trouble?

- NO ONE
- CLERGY MEMBER
- FAMILY MEMBER
- FRIENDS
- REFUSED
- DON'T KNOW
- OTHER (SPECIFY): _____

D. DRUG AND ALCOHOL USE

	Number of Days	REFUSED	DON'T KNOW
1. During the past 90 days how many times have you used the following:			
a. Alcohol to intoxication	_ _	0	0
b. Both alcohol and drugs (on the same day)	_ _	0	0
2. During the past 90 days, how many times have you used the following:			
a. Cocaine/Crack	_ _	0	0
b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	_ _	0	0
c. Opiates:	_ _	0	0
▪ Heroin, Morphine, Demerol, Percocet, Codeine, Oxycotin/Oxycodone, non-prescription methodone)			

d. Hallucinogens/psychedelics, PCP <ul style="list-style-type: none"> ▪ Angel Dust, Ozone, Wade, Rocket Fuel) MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline) 	_ _	0	0
e. Methamphetamine or other amphetamines <ul style="list-style-type: none"> ▪ Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crack 	_ _	0	0
f. Sedatives/Downers/Tranquilizers <ul style="list-style-type: none"> ▪ 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	0
g. Inhalants (Poppers, Snappers, Rush, Whippets)	_ _	0	0
h. Other illegal drugs (Specify): <hr/> <hr/>	_ _	0	0

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

- YES
- NO
- REFUSED
- DON'T KNOW

4. In the past 90 days, how often did you use: (Check the appropriate response for each behavior)

	a syringe/needle	a cooker	cotton	water
Always				
More than half the time				
Half the time				
Less than half the time				
Never				
Refused				

Don't know

E. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

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

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

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

a. In-patient treatment for:

_____ YES (for how many nights) _____ NO

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

b. Out-patient treatment for:

_____ YES (for how many nights) _____ NO

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

c. Emergency Room treatment for:

_____ YES (for how many nights) _____ NO

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

Results:

3. Have you been tested for:

- a. HIV _____Y _____N Positive Negative Unknown
- b. Viral hepatitis _____Y _____N Positive Negative Unknown
- c. STIs _____Y _____N Positive Negative Unknown
- d. TB _____Y _____N Positive Negative Unknown

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

Days

- a. Experienced serious depression |__|__|
- b. Experienced serious anxiety or tension |__|__|
- c. Experienced hallucinations |__|__|

- d. Experienced trouble understanding, concentrating, or remembering |_|_|
 - e. Experienced trouble controlling violent behavior |_|_|
 - f. Attempted suicide |_|_|
 - g. Been prescribed medication for psychological/emotional program |_|_|
5. How much have you been bothered by these psychological or emotional problems in the past 30 days?
- Not at all
 - REUSED
 - DON'T KNOW
 - Considerably
 - Slightly
 - Moderately

F. SEXUAL ACTIVITY

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

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

If yes, how many:

Contacts

- a. Sexual partners (vaginal, oral, anal) did you have |_|_|_|
 How many of those partners did you use condoms with |_|_|_|
- b. Unprotected sexual contacts did you have |_|_|_|
- c. Unprotected sexual contacts were with an individual who is or was:
 - 1. HIV positive or has AIDS |_|_|_|
 - 2. An injection drug user |_|_|_|
 - 3. High on some substance |_|_|_|

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

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

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

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

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

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

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

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

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

DRAFT

G. EVALUATION OF SERVICES RECEIVED

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

Date Completed: _____

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

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

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

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

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

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

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

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

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

Module 3: Ricky Case Scenario – Session 1

Session 1: Induction

Ricky is a 32 year old man living in Los Angeles, CA. He has been using heroin since he was 25, and injecting since he was 30. He has experienced several non-lethal overdoses. Ricky has attempted behavioral drug treatment once, and left prior to completing the course of therapy. Of his experience in treatment he states, "they treated me like dirt and I just wasn't ready to stop using." Ricky has also been in and out of methadone maintenance, but states that he had a hard time getting to the clinic on a regular basis so returned to heroin. Ricky occasionally has sex with commercial sex workers and when he does, he reports always using condoms.

Ricky has a strained relationship with his family (they live in Ciudad Juarez, Mexico) and hasn't been in regular contact with them since he moved to California three years ago. Ricky is nervous about injecting himself, and has not mastered this skill. He says his hands shake and he has a hard time finding a vein so he worries about losing his hit. Therefore, he depends on acquaintances to get his fix. His running buddies shoot first and then inject him. He is afraid to insist that his shooting buddies use new works because they might get "pissed off and hit me wrong so I lose the dope." He is interested in learning how to inject safely.

Ricky has a closed abscess on his calf from an injection about a month ago. He complains of pain from the infection. A couple of weeks ago he went to the emergency room, was admitted to the hospital and started on IV antibiotics and morphine, but left a couple of days later because they wouldn't give him enough morphine and he started to feel dope sick. A nurse at the clinic provides him with some gauze and tape, and he changes the dressing on his own but the infection is getting worse. The nurse at the clinic has been trying to get him to go back to the hospital. He reports that he had a negative HIV test two years ago, and hasn't been tested since. "I know I'm not infected so what's the point?" He has never tested for HCV.

Guidance

Demonstrate Activities 1 – 5

Processing Questions

- Which activities did you see played out in the session?
- What are Ricky's risk behaviors?
- Which Motivational Interviewing Techniques were used?
- What are Ricky's goals?
- What stage of change do you think Ricky is in?
- What are Ricky's barriers to change?
- What did you like about this demonstration?
- What did you find challenging about this demonstration

Module 3: Anita Case Scenario – Session 1

Session 1: Induction

Anita is a 22-year-old single woman who lives with her boyfriend, Juan, live in the Jacob Riis Housing Project on Manhattan's Lower East Side. She has been injecting heroin for 4 years, Juan for 8. At 14, she started drinking and smoking marijuana. At 16, she had dropped out of high school and at 18 she moved in with Juan. He introduced her to heroin.

She reports injecting 4 dime bags of heroin a day. She and Juan receive services at the Lower East Side Needle Exchange and neither shares their syringes or other injection paraphernalia with each other or anyone else. Anita has never been in or sought drug treatment. In order to pay for the heroin and take care of their other expenses, she works the streets at night. Juan brings in some money from a disability claim that he made against a former employer. She usually drinks four or five beers each night before going out to work. Anita says that the alcohol and heroin help to calm her nerves and get her through the night. Anita reports that she negotiates condom use with her dates and since she can charge more for sex without a condom, she occasionally engages in unprotected sex. Anita would like to use condoms every time with her partners, but realizes that she won't make as much money if she uses protection during sex.

Guidance

Demonstrate activities 1 - 5

Conduct the activities for the Induction Session including: Introduction, Eligibility check, Description and overview of MIP, Assessment of Participant Interest in MIP, Role Induction to MIP, Motivational Interviewing skills, use of open-ended questions, reflective listening, and seeking written consent.

Processing Questions

- Which activities did you see played out in the session?
- What are Anita's risk behaviors?
- What are Anita's goals?
- What stage of change is Anita in?
- Which Motivational Interviewing Techniques were used?
- What did you like about this demonstration?
- What did you find challenging about this demonstration?

Module 3: Jose Manuel Case Scenario – Session 1

Session 1: Induction

Jose Manuel is a 38 year old man and has lived in Denver, Colorado his entire life. He describes his current housing situation as "sofa-hopping", as he has been sleeping at friends houses for the past six months. Jose Manuel has been using methamphetamine for the past three years; he started out sniffing meth but has started to also inject it. He uses about a gram to a gram and a half a week. He reports that he likes the rush from injecting better, but worries about using a needle because of HIV. He occasionally shares works with his friends when they use together. He says sharing is part of being with his friends and important to how they relate to each other. In regards to drug treatment, he says "that's for junkies and people who can't handle it, I'm not interested." Jose Manuel doesn't identify as being gay, but he has only had sex with men for at least ten years. He reports that he does go to bathhouses, usually on weekends, and that he is very safe with sex by always using condoms. He also says that he has, on occasion, traded sex for both speed and a place to spend the night. Jose Manuel has tested negative for HIV consistently for the past five years or so, he has never taken a test for HCV.

Jose Manuel has maintained links with his family who live on the north side of Denver, he visits them occasionally and attends family gatherings. He describes himself as "being in between jobs," and occasionally works for a company delivering appliances and home furnishings. Jose is interested in looking at his risks during injection drug use and would eventually like to quit. However, he is most interested in finding a secure source of syringes and exploring ways to sniff speed only.

Guidance

Demonstrate activities 1 - 5

Conduct the activities for the Induction Session including: Introduction, Eligibility check, Description and overview of MIP, Assessment of Participant Interest in MIP, Role Induction to MIP, Motivational Interviewing skills, use of open-ended questions, reflective listening, and seeking written consent.

Processing Questions

- Which activities did you see played out in the session?
- What are Jose Manuel's risk behaviors?
- What are Jose Manuel's goals?
- What stage of change is Jose Manuel in?
- Which Motivational Interviewing Techniques were used?
- What did you like about this demonstration?
- What did you find challenging about this demonstration?

Module 3: Case Scenario Worksheet

NAME OF CASE: _____ SESSION: Induction	
Strategies/Activities Demonstrated	
Risk Behavior	
Goal	
Stage of change	
What Motivational Interviewing Techniques were used?	

Module 4: Structured Session 2A HEALTH HISTORY FORM

Name of Participant: _____

Number: _____

Date of Birth: _____

Sex: _____

Location of Session: _____

Date of Session: _____

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

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

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

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

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

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

Module 4: Structured Session 2B

MEDICAL EXAMINATION GUIDE

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

Physical Examination

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

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

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

Optional Exams:

Women (performed by the Obstetrician and/or Gynecologist)

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

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

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

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

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

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

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

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

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

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

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

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

Samples Ordered:

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

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

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

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

Module 4: Structured Session 2C

DECISIONAL BALANCE FORM

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

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

This is an example of using Decisional Balance to assess participant interest in visiting a primary care physician.

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

Module 4: DECISIONAL BALANCE WORKSHEET

Conduct Decisional Balance as it relates to the behavior change goal. First list the benefits of accomplishing the goal; then list the challenges of accomplishing the goal.

From this list, assess whether you are likely to make a behavior change to reach your goal.

Sample Decisional Balance Chart	
Behavior change goal: _____	
PROS/BENEFITS	CONS/CHALLENGES

Module 4: Ricky Case Scenario Update – Session 2

Session 2: Taking Care of Your Health

Ricky is experiencing a lot of pain from the abscess on his leg. He was treated at the hospital a few weeks ago but left because they wouldn't give him enough morphine and he started to feel dope sick. The abscess is getting worse and looks like it may open. Ricky is willing to go back to the hospital.

Guidance

Demonstrate activity 8 Case Management Follow-up

Processing Questions

- Which specific activities did you see demonstrated in the session?
- Which Motivational Interviewing Techniques were used?
- What did you like about this demonstration?
- What did you find challenging about this demonstration?

Module 4: Structured Session 2D ACTION PLAN FORM

Directions: Complete the Action Plan Form for the Ricky Case Scenario just presented.

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

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

Problem: _____

Goal: _____

Objectives: _____

Interventions/Activities: _____

--	--	--

Participant Name

Participant Signature

Date

--	--	--

Counselor Name

Counselor Signature

Date

Module 5: Structured Session 3A DRUG TREATMENT HISTORY AND EXPERIENCE FORM

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

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

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

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

Module 5: Structured Session 3D BEHAVIORAL CHANGE SELF-ASSESSMENT FORM

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

HIV RISK

Health Services	Drug Treatment	Sexual Conduct	Drug Injection Conduct
I have been taking care of my health for over six (6) months.	I have been without using drugs over six (6) months.	It has been more than six (6) months that when I have sexual relations, I avoid getting infected with 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.
Very soon, 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 planning to have sexual relations in a safer way, 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.
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.	Maybe I should be more careful when I inject 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.	My drug injections, don't place myself at risk of getting infected with HIV.

**Module 5: Structured Session 3E
MIP SELF ASSESSMENT & STAGING FORM**

This form is to be used by the Counselor to record Participant's stage(s) of change					
Participant		Date			
Staff		Location			
Session No		Contact No			
<input type="checkbox"/> Face to Face	<input type="checkbox"/> Telephone Contact	<input type="checkbox"/> Session Completed	*Dosage_____		
<input type="checkbox"/> Safer Sex Kits	<input type="checkbox"/> Bleach Kits	<input type="checkbox"/> Incentive	<input type="checkbox"/> Referral		
TAKING CARE OF YOUR HEALTH					
Role Induction		Decisional Balance			
Affirmations		Information/Options			
Reflective Listening		Goal Setting			
Support Self-Efficacy		Action Plan			
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	3	4	5
Participant	1	2	3	4	5
PREPARING TO ENTER DRUG TREATMENT					
Role Induction		Decisional Balance			
Affirmations		Information/Options			
Reflective Listening		Goal Setting			
Support Self-Efficacy		Action Plan			
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	3	4	5
Participant	1	2	3	4	5
REDUCING DRUG-RELATED HIV RISK					
Role Induction		Decisional Balance			
Affirmations		Information/Options			
Reflective Listening		Goal Setting			
Support Self-Efficacy		Action Plan			
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	3	4	5
Participant	1	2	3	4	5
REDUCING SEX-RELATED HIV RISK					
Role Induction		Decisional Balance			
Affirmations		Information/Options			
Reflective Listening		Goal Setting			
Support Self-Efficacy		Action Plan			
Stage	Pre	Contemplation	Preparation	Action	Maintenance
Staff	1	2	3	4	5
Participant	1	2	3	4	5

Module 5: Structured Session 3F CASE MANAGEMENT REFERRAL FORM

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

PARTICIPANT'S FULL NAME: _____ PHONE #: _____

PARTICIPANT'S ADDRESS: _____

D.O.B.: _____

Age: _____

REFERRED TO: _____ TO SEE: _____

ADDRESS: _____

DATE OF APPOINTMENT: _____ TIME: _____

REASON FOR REFERRAL:

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

COMMENTS: _____

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT ME AT: _____

SINCERELY,

Counselor/Case Manager

Date

Module 5: Ricky Case Scenario Update – Session 3

Session 3: Readiness for Entering Drug Treatment

Update

Ricky has inquired about drug treatment after completing the relapse prevention and reducing drug-related HIV risk sessions (Sessions 4 and 6 respectively). Although Ricky ultimately chooses NOT to enter drug treatment at this time, the Counselor and Ricky are in the middle of discussing his experiences with drug treatment. The counselor uses the Drug History and Experience Form to guide this discussion. The Counselor and Ricky are in the session together.

Guidance

Demonstrate activity 3 and 4

Processing Questions

- What skills did you see the Counselor demonstrate in administering the form?
- Which Motivational Interviewing Techniques were used?
- What did you like about this demonstration?
- What did you find challenging about this demonstration?

Module 5: Anita Case Scenario Update – Session 3

Session 3: Readiness for Entering Drug Treatment

Update

Anita continues to inject four bags of heroin per day. She reports that she and her boyfriend Juan never share syringes or other injection works, with each other or anyone else. She also continues to work the streets at night. She usually drinks four or five beers each night before going out to work. Anita says alcohol and heroin help to calm her nerves and get her through the night. Anita has never been interested, sought or entered a drug treatment program.

Guidance

Demonstrate Activities 8 and 9

Anita participated in the Readiness for Entering Drug Treatment Session and expressed an interest in learning more about what types of treatment are available, how to pay for them, and what time commitment is involved. In case management, provide information regarding various treatment modalities, highlight what facilities are publicly funded and the estimated time needed to complete each course of treatment. Complete the necessary forms to move her forward.

Processing Questions

- What is the Stage of Change?
- What Strategies or activities were demonstrated?
- What specific referrals were made?
- How was participant satisfaction assessed?
- What did you like about the Case Management Session?
- What did you find challenging about the Case Management Session?
- What Motivational interviewing techniques did you see used?

Module 5: Jose Manuel Case Scenario Update – Session 3

Session 3: Readiness for Entering Drug Treatment

Update

Jose Manuel continues to use methamphetamine, both injecting and sniffing. He reports that he likes the rush from injecting better, but worries about using a needle because of HIV. He occasionally shares works with his friends when they use together. He says its part of being with his friends and an important part of how they relate to each other. In regards to drug treatment, he says "that's for junkies and people who can't handle it, I'm not interested." Jose Manuel is interested in looking at his risks with injection drug use and would eventually like to quit using. However, he is most interested in finding a secure source of syringes and exploring ways to sniff speed only.

Guidance

Demonstrate Activities 8 and 9

Jose Manuel participated in the counseling component of the Readiness for Entering Drug Treatment Session and expressed an interest in learning more about what types of treatment are available, especially treatment for methamphetamine users, how to pay for them, and what time commitment is involved. In case management, provide information regarding various treatment modalities, highlight what facilities are publicly funded and outline the estimated time needed to complete each course of treatment. Complete the necessary forms to move him forward.

Processing Questions

- What is the Stage of Change?
- What Strategies or activities were demonstrated?
- What specific referrals were made?
- How was participant satisfaction assessed?
- What did you like about the Case Management Session?
- What did you find challenging about the Case Management Session?
- What Motivational Interviewing techniques did you see used?

Handout 5: Case Scenario Worksheet

NAME OF CASE: _____ SESSION: Readiness for Entering Drug Treatment	
Stage of change	
Strategies/Activities Demonstrated	
Specific Referrals Made	
How was participant satisfaction assessed?	
What did you like about the Case Management Session?	
What did you find challenging about the Case Management Session?	
What Motivational Interviewing Techniques did you see used?	

Module 6: 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.

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

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

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

2. Probe for feelings:

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

3. Probes for thoughts:

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

4. Other:

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

Module 6: 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.

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> 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 sex |
| <input type="checkbox"/> Not carrying condoms with you | <input type="checkbox"/> Coming out of jail/prison |
| <input type="checkbox"/> Using drugs after being drug-free for sometime | <input type="checkbox"/> Being at a party |
| <input type="checkbox"/> Using other types of drugs (Alcohol, Cigarettes) | |
| <input type="checkbox"/> Other (Participant Describes): _____ | |

2. Probe for feelings:

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

3. Probes for thoughts:

- | | |
|---|---|
| <input type="checkbox"/> To remember the last time you had unprotected sex. | <input type="checkbox"/> To think that sex helps you to forget. |
| <input type="checkbox"/> To think that you will feel better if you had unprotected sex. | <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) _____

Module 6: Ricky Case Scenario Update – Session 4

Session 4: Relapse Prevention

Update

Ricky has been using heroin since he was 25, and injecting since he was 30. Ricky is nervous about injecting himself, and has not mastered this skill. He says his hands shake and he has a hard time finding a vein so he worries about losing his hit. Therefore, he depends on acquaintances to get his fix. His running buddies shoot first and then inject him. He is afraid to insist that his shooting buddies use new works because they might get “pissed off and hit me wrong so I lose the dope.” He is interested in learning how to inject safely.

Guidance

Demonstrate activities 3 - 7

Processing Questions

- How did the counselor elicit answers to questions on the forms?
- What feelings, thoughts, or behaviors triggered Ricky's relapses to high-risk sex?
- Why did the Counselor only do an action plan for drug related relapse?
- How did the Counselor verify willingness to learn relapse prevention strategies?
- What strategies were suggested to reduce Ricky's high-risk behaviors?
- What Motivational Interviewing techniques were used?
- What did you like about this demonstration?
- What did you find challenging about this demonstration?

Module 6: Anita Case Scenario Update – Session 4

Session 4: Relapse Prevention

Update

Anita continues to inject four bags of heroin per day. She reports that she and her boyfriend Juan never share syringes or other injection works with each other or anyone else. Anita has successfully maintained her safer injection practices.

When probed Anita “confesses” that the only time she “slips” is when she has had a bad experience with a John—then she may go to her girlfriend’s house before going home and they may share a bag so that Juan does not see how upset she is. Sometimes they only have one needle—so they share, but Anita adds “it is not often.”

Guidance

Demonstrate Activities 3-7

Provide guidance and support for the continuation of this behavior, including offering alternative sources of syringes and other injection apparatus, resources for social and peer support, and praise for the efficacy of safer injection in preventing infection with HIV and hepatitis.

Ask Anita about her thoughts, feelings and behaviors that triggered her relapse. (Use open-ended questions)

Discuss alternative ways that Anita could handle her bad feelings, including having access to clean paraphernalia so that she can avoid sharing works.

Provide Anita with resources that will support her risk reduction behaviors.

Processing Questions

- What is Anita’s risk behavior?
- What feelings, thoughts, or behaviors trigger Anita’s relapse to high-risk drug use behaviors?
- What strategies were suggested to reduce Anita’s high-risk behaviors?
- What Motivational Interviewing techniques did you see utilized by the Counselor?
- What else did you observe during this role-play?

Module 6: Jose Manuel Case Scenario Update – Session 4

Session 4: Relapse Prevention

Update

Jose Manuel doesn't identify as being gay, but he has only had sex with men for at least ten years. He reports that he goes to bathhouses, usually on weekends, and that he is very safe with sex by always using condoms. Jose Manuel reports that he has successfully maintained his safer sexual practices for the most part. He then reveals that he has, on occasion, traded sex for both speed and a place to spend the night. On those nights, he may sometimes "slip-up." He says that this happens when "the person" does not want to use condoms, so Jose Manuel feels he has to oblige or else he will be on the street. He reports the speed helps because "I do them—they don't do me—so I still stay safe."

Guidance:

Demonstrate Activities 3-7

Provide guidance and support for the continuation of safer sex behavior, including offering alternative sources of condoms, resources for social and peer support for continued condom use, referrals for shelters for men, and praise for the efficacy of safer sex in preventing infection with HIV and hepatitis.

Ask Jose Manuel about his thoughts, feelings and behaviors that triggered his relapse. (Use open-ended questions)

Discuss alternative ways to address Jose Manuel's triggers.

Provide Jose Manuel with resources that will support his risk reduction behaviors?

Processing Questions

- What is Jose Manuel's risk behavior?
- What feelings, thoughts, or behaviors trigger Jose Manuel's relapse to high-risk sexual behaviors?
- What strategies were suggested to reduce Jose Manuel's high-risk behaviors?
- What Motivational Interviewing techniques did you see utilized by the Counselor?
- What else did you observe during this role-play?

Module 6: CASE SCENARIO WORKSHEET

NAME OF CASE: _____ SESSION: Relapse Prevention	
Risk Behavior	
Feelings, thoughts, or behaviors triggering relapse	
Suggested relapse prevention strategies	
MI techniques utilized by Counselor	
Other Observations?	

Module 7: SAFER WORKS EXERCISE

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

Module 7: Structured Session 5A INJECTION DRUGS ORIENTATION GUIDE

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

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

CLEANING WORKS!

How to clean a used syringe

AND KILL

hep^C hep^B HIV

But always use a new sterile syringe if you can.



Draw up water from the first cup
(Fill the syringe completely to rinse and clean it)
Empty the syringe into the sink



Draw up the thin bleach
(Make sure that the outside of the needle gets
dipped in bleach to kill any virus on the outside)
Empty the syringe into the sink



Draw up water from the second cup
Empty the syringe into the sink
Carefully put the cap back on the syringe
Pour the contaminated water and bleach down the sink

Module 7: Ricky Case Scenario Update – Session 5

Session 5: Reducing Drug Related HIV Risk

Update

Ricky has been using heroin since he was 25, and injecting since he was 30. Ricky is nervous about injecting himself, and has mastered this skill. Now that he has mastered the skill, he needs to know how to get a consistent supply of clean syringes.

Guidance

Demonstrate activity 9 Case Management Session

Processing Questions

- Which specific activities did you see demonstrated in this session?
- Which Motivational Interviewing techniques were demonstrated?
- How was participant satisfaction assessed?
- What did you like about this demonstration?
- What did you find challenging about this demonstration?

Module 8: CONDOM WORKSHEET

Directions:

Please number the correct steps to using a condom (1 being the first and 11 being the last).

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

DRAFT

Module 8: Structured Session 6A SEXUAL ACTIVITY ORIENTATION GUIDE

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

Risk Behavior	Modes of Infection	Prevention or Risk Reduction
<p>Multiple sexual partners.</p> <p>To have sexual relations without protection.</p> <p>Use condom incorrectly.</p> <p>To have sexual relations with men who have sex with men without protection.</p> <p>To have sexual relations with women who have sex with women without protection.</p> <p>To have sexual relations 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>

Module 8: Anita Case Scenario Update – Session 6

Session 6: Reducing Sex-Related HIV Risk

Update

At this point in the intervention Anita has visited the doctor and was treated for an STI. While at the clinic, Anita met with a counselor who discussed safer-sex practices and protecting herself in the future. Anita discussed condom use with her counselor. Anita has been hesitant to use condoms with all of her dates which would mean a loss of money as unprotected sex pays more than sex with a condom.

Guidance

Demonstrate Activity 9 Case Management

At the level of case management Anita needs to interact with other women and men involved in sex work who are using condoms with their dates or are considering doing it. She may also be ready to explore alternative forms of employment that removes this potential risk from her life. She will need to get her GED in order to find appropriate employment.

- Assess immediate health and social service needs (need for support in practicing safer sex, explore alternative employment to sex work, free condoms)
- Provide adequate referrals (safer sex support group, GED classes and referral to job site)
- Assess Anita's satisfaction with the MIP program?
- Follow-up on past referrals (e.g. accessing free needles)
- Congratulate participant for following up on referrals
- Emphasize the importance of HIV and HCV counseling and testing
- Assess transportation needs

Processing Questions

- Which specific activities did you see demonstrated in this session?
- What specific referrals were made?
- How was participant satisfaction assessed?
- What did you like about this demonstration?
- What did you find challenging about this demonstration?
- What Motivational Interviewing techniques did you see used?

Module 8: Jose Manuel Case Scenario Update – Session 6

Session 6: Reducing Sex-Related HIV Risk

Update

Jose Manuel doesn't identify as being gay, but he has only had sex with men for at least ten years. He reports that he does go to bathhouses, usually on weekends, and that he is very safe with sex by always using condoms. He also says that he has, on occasion, traded sex for both speed and a place to spend the night. At this point in the intervention he states that he would like to stop having to have sex with someone he may not like just to sleep on their couch. He describes himself as "being in between jobs," and occasionally works for a company delivering appliances and home furnishings.

Guidance

Demonstrate Activity 9 Case Management

In terms of case management Jose Manuel is in need of specific referrals for a number of services. He has been trading sex for a place to sleep and drugs so a referral to an agency that provides employment placement is important. He will also need a referral to an agency that offers services with housing placement. He should have a referral to a support group of MSM for safer sex and since he has not tested for HCV and his risks include possible exposure he should be given a referral for HCV testing as well. He also may need a referral for support for his current lifestyle choices, so a referral to the local LGBT service agency for their groups and events should also be offered.

- Assess immediate health and social service needs and provide adequate referrals (safer sex support group for non-gay identified MSM, employment placement agency, referral for HCV testing, temporary housing referral, application for permanent housing)
- Assess Jose Manuel's satisfaction with the MIP program
- Follow-up on past referrals (e.g. accessing free needles)
- Congratulate participant for following up on referrals
- Emphasize the importance of HIV and HCV counseling and testing
- Assess transportation needs

Processing Questions

- Which specific activities did you see demonstrated in this session?
- What specific referrals were made?
- How was participant satisfaction assessed?
- What did you like about this demonstration?
- What did you find challenging about this demonstration?
- What MI techniques did you see used?

Module 8: CASE SCENARIO WORKSHEET

NAME OF CASE: _____ SESSION: Reducing Sex-related HIV Risk	
Strategies/Activities Demonstrated	
Specific Referrals Made	
How was participant satisfaction assessed?	
What did you like about the demonstration?	
What did you find challenging about the demonstration?	
What MI Techniques did you see used?	

G. EVALUATION OF SERVICES RECEIVED

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

Date Completed: _____

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

Modality	Days
10. Case Management	_ _ _
11. Day Treatment	_ _ _
12. Inpatient/Hospital (Other than detox)	_ _ _
13. Outpatient	_ _ _
14. Outreach	_ _ _
15. Intensive Outpatient	_ _ _
16. Methadone	_ _ _
17. Residential/Rehabilitation	_ _ _
18. Detoxification (Select Only One)	
D. Hospital Inpatient	_ _ _
E. Free Standing Residential	_ _ _
F. Ambulatory Detoxification	_ _ _
13. After Care	_ _ _
14. Recovery Support	_ _ _
15. Other (Specify) _____	_ _ _

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

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

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

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

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

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

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

Module 9: 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 areas of improvement, the Case Manager/Community Educator and the Counselor will add positive behavior changes that took place without being identified during the exercise. These behavior changes should be noticeable through case records and personal interaction.

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

Booster Development Guidecontinued

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

Module 9: Structured Session 7C CONTINUUM OF CARE ACTION PLAN FORM

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

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

Problem: _____

Goal: _____

Objectives: _____

Interventions/Activities: _____

--	--	--

Participant Name

Participant Signature

Date

--	--	--

Counselor Name

Counselor Signature

Date

Module 9: Ricky Case Scenario Update – Session 7

Session 7: Booster

Update

At this point, Ricky has completed all the structured sessions of MIP. Ricky returned to the hospital to have his abscess treated. Ricky has learned to inject himself safely and currently is accessing services at the local syringe exchange. Ricky has also increased his use of condoms. Ricky was tested for HIV after the Reducing Sexual Risk Session and he was negative. He is interested in re-connecting with his family and having someone steady in his life.

Complete the booster session using the guidance for the session and develop a continuum of care plan for Ricky.

Guidance

Demonstrate activities 5, 6, 7 and 8

Processing Questions

- What did you see in this role play that might have been new to you?
- If you were doing this session, how would you position the Counselor, Case Manager and Ricky?
- What specific Continuum of Care Services were identified for Ricky?
- Which Motivational Interviewing Techniques were used?
- What did you like about this demonstration?
- What did you find challenging about this demonstration?

Module 9: Anita Case Scenario Update – Session 7

Session 7: Booste

Update

At this point, Anita has completed all the structured sessions of MIP. Anita succeeded in accessing health services and received treatment for an STI and has been using condoms with her partners for the past 3 months. She continues to have unprotected sex with Juan, her boyfriend. Anita is now taking classes to get her GED and she hopes to go to college some day.

The counselor praises Anita for all of her accomplishments and encourages her to continue and maintain the changes she accomplished in MIP. During the booster session Anita decides her next step is to find a drug treatment program that works with her current schedule and monetary limitations.

Guidance:

Demonstrate Activities 5-8

The case manager makes appropriate referrals for Anita to begin the process of getting into treatment and also ensures that her other needs are addressed.

- Summarize Participant Goals and Accomplishments
- Use the Booster Development Guide to guide the discussion.
 - What positive behavior changes have you achieved in the program?
 - How do you plan to maintain positive behavior changes?
 - Is there anything else you want to change related to health, drug and sex-related risk behaviors, or family?
 - Who can support you in making further positive behavior changes?
- Development of a Continuum of Care Action Plan to sustain behavior change (include drug treatment referral; employment placement follow-up referral)
- Support and Referral Check

Processing Questions

- What did you see in this role play that might have been new to you?
- What specific Continuum of Care services were identified for Anita?
- What did you like about this role-play?
- What did you find challenging about this role play?
- What Motivational Interviewing techniques were used?

Module 9: Jose Manuel Case Scenario Update – Session 7

Session: Booster/Counseling

Update

Jose Manuel has completed all the structured sessions of MIP. Jose Manuel has decreased the number of times per week that he injects speed and he no longer share syringes with his friends. He is currently looking for a job, and has sent out several resumes to furniture companies. He has maintained consistent condom use with all his partners and has not had to trade sex for a place to stay or drugs for 4 weeks. Jose Manuel is also on the waiting list for a Section 8 apartment and will probably have a permanent place to live in three months.

Guidance:

Demonstrate Activities 5-8

The counselor praises Jose Manuel for all of his accomplishments and encourages him to continue and maintain the changes he accomplished in MIP. During the booster session Jose Manuel decides his next step is to discontinue shooting speed. The case manager makes referrals for Jose Manuel to attend a group at the needle exchange that teaches and support people who are interested in moving from injection to other modes of drug use. The case manager also assesses any other needs that Jose Manuel may have and makes referrals as appropriate.

- Summarize Participant Goals and Accomplishments
- Use the Booster Development Guide to guide the discussion.
 - What positive behavior changes have you achieved in the program?
 - How do you plan to maintain positive behavior changes?
 - Is there anything else you want to change related to health, drug and sex-related risk behaviors, or family?
 - Who can support you in making further positive behavior changes?
- Development of a Continuum of Care Action Plan to sustain behavior change (include drug treatment referral; employment placement follow-up referral)

Processing Questions

- What did you see in this role play that might have been new to you?
- What specific Continuum of Care services were identified for Jose Manuel?
- What did you like about this role-play?
- What did you find challenging about this role play?
- What Motivational Interviewing techniques were used?

Module 9: CASE SCENARIO WORKSHEET

NAME OF CASE: _____ SESSION: Booster Session	
Activities/Strategies NEW to the Booster	
Specific Continuum of care services identified for Anita/Jose Manuel?	
What did you like about this role play?	
What did you find challenging about this interaction?	
What MI techniques did you see used?	

Module 10: MIP DATA SOURCES BY EVALUATION TYPE

Table 1: MIP Data Sources by Evaluation Type

Type of evaluation	Data Source	Timeline	Person responsible
Formative Pre-implementation (Community needs assessment, specific risk behaviors, culture of community, build relationships with community members and stake holders).	Community Mapping Planning Form	4 – 6 weeks Prior to implementation	Community Educator/ Case Manager
	Community Mapping Resource Scan Work sheet		
	Service Directory Form		
	MOUs with Collaborating agencies	4 – 6 weeks Prior to implementation	Supervisor
	Organizational Assessment Survey		
Agency Readiness Self-Assessment	Immediately	Supervisor	
Review agency Documents: Budgets, reports	Immediately and ongoing	Supervisor	
Process Monitoring Implementation (Data collection of characteristics of population served and types and frequency of services provided. Types of resources used to deliver services).	MIP Intake Form	During each MIP session	Counselor or Community Educator
	Behavioral Risk Assessment Form		
	Self Assessment and Staging Form		
	Action Plan Form		
	Case Management Referral Form		
	Progress Notes		

Type of evaluation	Data Source	Timeline	Person responsible
Process Evaluation Implementation (Detailed data collection of how intervention was delivered, population intended and population served, individuals that accessed the intervention).	Recruitment Tracking Record Self-Assessment and Staging Form Behavior Change Self-Assessment Form Action Plan form Case Management Referral Form Progress Notes	During each MIP session	Counselor or Community Educator
Outcome Monitoring Implementation (Extent to which program goals and objectives were met e.g.: individual-level knowledge attitudes, skills and behaviors).	MIP Intake Form Behavioral Risk Assessment Form Self-Assessment and Staging form Behavior Change Self-Assessment Form Action Plan Form Case Management Referral Form Behavioral Risk Assessment Form Part H	MIP sessions Booster Session	Counselor or Community Educator
Process Monitoring Implementation (Program implementation, track individual and group performances, measure participant behavior, produce reports with accurate information, produce data to modify and strengthen program).	MIP Intake Form Behavioral Risk Assessment Form Self Assessment and Staging Form Action Plan Form Case Management Referral Form Progress Notes	Ongoing During each MIP session	Counselor or Community Educator or Case Manager

Module 10: COMMUNITY MAPPING PLANNING FORM

In the context of MIP, community mapping is a formative evaluation process designed to gather helpful information for the planning and delivery of the intervention. Community mapping is critical for accessing and understanding the target population and for identifying structural, environmental, behavioral, and psychological factors that can either facilitate or inhibit STD/HIV/viral hepatitis risk-reduction.

Describe your target population:

Example: Injection drug users 18 years and older recruited from the community.

List the sources you will consult in preparation for the community mapping process:

Example: Local health department, state health department, epidemiological data, morbidity and mortality reports, health and medical journals, and statistical reports.

List the individuals you will consult with in preparation for the community mapping process:

Internal Interviews: Interviews with staff members to assess current knowledge of the target population while developing a list of outside contacts.

Key Informant Interviews: Interviews with those who have regular contact with the target population, such as community-based agencies, the health department, health care providers, the justice system, and other social service providers.

Gatekeeper Interviews: Interviews with members of the target population who allow or prevent outsider access to that community's inner circle.

Focus Groups: Group interviews where a moderator raises topics in a non-confrontational manner.

Field Observations: Observations documenting interactions among the target population. .

DRAFT

Module 10: COMMUNITY MAPPING RESOURCE SCAN WORKSHEET

Directions: Next to the service categories below, list up to two community organizations that provide these services. If you do not know of an organization providing a particular service, indicate this with a "G," for gap. Provide comments (questions, notes, and so forth) as necessary.

Once you have done this for each service category, you will be able to identify which services providing HIV prevention, care, and treatment are readily available and which are lacking in your community. These are your service gaps—categories where there are no organizations providing the stated service in your community/geographic vicinity.

Note: Resource Scan Worksheet adapted from http://www.caeer.org/foundation/pdf/Mod3_Resource_Scan_Worksheet.pdf

Service Category	Agencies offering service	Clients Served/Target Population	Existing Relationship (yes or no)	Comments
Adult/juvenile detention centers				
Back to work programs				
Counseling and testing sites	Example: Peoples Choice Center	ALL	Y	
	Women's Against AIDS	Women and female adolescents	N	Been around for 3 years; affiliated w/ Munroe hosp.
Detoxification centers				

Service Category	Agencies offering service	Clients Served/Target Population	Existing Relationship (yes or no)	Comments
Emergency rooms				
Faith-based services				
Family planning organizations				
Food banks				
Health care centers				
HIV/AIDS service organizations				
HIV/AIDS care and treatment sites				

Service Category	Agencies offering service	Clients Served/Target Population	Existing Relationship (yes or no)	Comments
Homeless shelters/homeless services				
Hospitals				
Immigration/legal services				
Mental health programs				
Migrant health services				
Nutrition counseling				
Social services				

Service Category	Agencies offering service	Clients Served/Target Population	Existing Relationship (yes or no)	Comments
STI clinics				
Substance abuse programs				
Other 1: _____				
Other 2: _____				
Other 3: _____				
Other 4: _____				
Other 5: _____				
Other 6: _____				

Module 10: SERVICE DIRECTORY FORM

Name of Organization:

Physical Address:

Mailing Address:

Telephone(s):

Fax:

Email:

Web Page:

Contact (s):

Hours of Operation:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Catchments (Geographical Reach):

Mission Statement:

Services Offered:

Admission or Service Requirements:

Documents Required for Admission or Service:

Income Requirement:

Other: *(e.g., service philosophy toward injection drug users)*



Modelo de Intervención Psicomédica *Psycho-Medical Intervention Model*

Glossary

A

- Adapting** Changing who receives the intervention or where it is delivered.
- Appropriate** Includes cultural and community values, gender, language, and age-related considerations

B

- Behavioral** Deals with emotional and volitional processes of willing, choosing, or resolving.
- Behavioral Determinants of Risk** Factors that influence the likelihood that risk behaviors will occur.

C

- Cognitive** Deals with the mental processes of perception, memory, judgment, and reasoning.
- Cognitive Behavioral Approach** Founded on the premise that thoughts influence feelings and behavior, feelings influence behaviors and thoughts, and behaviors influence emotions and thoughts.
- Community Assessment** The process of identifying resources, gaps in services, community support, target population and geographic areas in need for services.

Community gatekeepers	People who can help or hinder delivery of an intervention in a particular community or with a particular population.
Competence	Implies having the capacity to work within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.
Comprehensive Case Management	A process that involves bonding between client and counselor, goal setting and the design of steps to meet client needs.
Core Elements	The critical features responsible for the intervention's effectiveness.
Culture	Refers to the patterns of behavior (language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups).
Cultural competence	Addressing the culturally relevant factors, risk behaviors, and risk determinants that place the population at risk for HIV infection. It is more than just having a member of the target population delivers an intervention.

D

Dyad	Team approach between the Counselor and the Case Manager-Community Educator.
Decisional Balance	Strategy that explores the pros and cons of changing risky behavior.

E

Efficacy	The belief, confidence and ability to perform tasks.
-----------------	--

F

Formative evaluation	A series of activities through which you gather information needed to adapt, tailor, and develop your intervention
-----------------------------	--

H

HIV

Human immunodeficiency virus (HIV) is a virus that can lead to acquired immunodeficiency syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections. HIV is transferred through blood, semen, vaginal fluid, pre-ejaculate, or breast milk.

I

Induction

Reviewing the roles and responsibilities of the MIP team and those of the participants.

Intervención

[Intervention] Technique that utilizes individualized counseling and case management to address high risk drug and sex-related behaviors.

K

Key Characteristics

Activities and delivery methods critical to the intervention. Can be adapted to meet needs of the target population.

L

Logic model

A program plan that links an evidence-based problem statement to intervention activities that address the problem statement.

M

Mapping

Surveying a specific area to assess resources, gaps in resources, populations and their geographical locations.

Mediators

Internal factors that facilitate acquisition of risk-reduction skills.

MIP	Modelo de Intervención Psicomédica [<i>Psychomedical Intervention Model</i>]
Modelo	Model
MOA	Memorandum of Agreement
Moderators	External factors that facilitate or hinder acquisition of risk-reduction skills.
Motivational Interviewing	A participant-centered counseling style which recognizes the ultimate responsibility of behavioral change lies within the participant.
Morbidity	Refers to either the incidence rate or to the prevalence rate of a disease.
Mortality	A measure of the number of deaths in a given population.

N

Nonoxynol-9	The active ingredient in most Spermicides.
--------------------	--

P

Participant	Members of the MIP intervention. Out of treatment injection drug users, 18 years or older and recruited from the community.
Psicomédica	[<i>Psycho-medical</i>] Addresses psychological influences on physical disease.

R

Role Induction	The process of reviewing the roles and responsibilities of the MIP team and those of the participants.
Role Induction Theory	Explains how the intervention can support participants to achieve risk reduction goals.

Recruitment	Reaching members of a target population to help them take advantage of HIV prevention interventions, programs, and services.
Risk determinants	Things (behaviors, environment, circumstances) that put people at risk for HIV infection.
Risk for HIV infection	Performing behaviors On settings with high HIV prevalence or with HIV-positive persons) that put oneself at risk for HIV or other sexually transmitted diseases.

S

STI	Sexually transmitted Infections.
Spermicides	A chemical product that inactivates or kills sperm.
Social Learning Theory	Proposes that people learn from one another, via observation, imitation and modeling.

T

Transtheoretical Model	A model that suggests that change is a process that occurs over time.
Trainee	Individuals completing the MIP training of facilitator's course.
Tailoring	Changing what is delivered (the message) and when and how it is delivered.

V

Very high risk for HIV infection	Having, within the past 6 months, had unprotected sex with a person who is living with HIV, unprotected sex in exchange for money or sex, unprotected sex with multiple (more than five) or anonymous partners, multiple or anonymous needle-sharing partners, or a diagnosis of a sexually transmitted disease.
Viral Hepatitis	Liver inflammation due to a virus.