PCC Behavior Change Logic Model

The ***PCC*** behavior change logic model is available on the following page. The purpose of a logic model is to show the specific logic of change underlying an intervention. An intervention is a program of change. The ***PCC*** logic model can give your agency a greater understanding of the ***PCC*** intervention.

The logic model gives an overview of the population and the problem the ***PCC*** intervention is intended to address, the intervention activities, and the expected outcomes of ***PCC***.

- The **problem statement** describes the target population and the risk factors that the intervention is intended to address. It also discusses the major risk factor and contextual factors, i.e., why the intervention is needed. ***PCC*** was designed for men who have sex with men (MSM) who are HIV-negative and who have previously tested for HIV. Despite previous counseling, these men report unprotected anal intercourse since their last HIV test with a male who was not their primary partner and that partner's serostatus was positive or unknown. The risk factor addressed by the intervention is the use of self-justifications (thoughts, attitudes, and beliefs) to continue having unprotected anal intercourse.
- The **behavioral determinants** are things that influence risky behavior, such as one's attitudes, justifications, and perceptions about risk behaviors. The behavioral determinants are what the intervention intends to change.
- The **activities** to address the behavioral determinants and are the specific, measurable components of the intervention. For ***PCC***, the activities correspond to the intervention's five steps, which are delivered in the context of HIV testing.
- The **outcomes** are the expected changes in the behavioral determinants that result from the activities. For ***PCC***, the immediate outcomes are increased awareness of self-justifications in potentially risky situations, increased awareness of how thoughts, attitudes, and beliefs may promote high-risk behavior, and a commitment to an alternative way of thinking or behaving in the future. The intermediate outcome is a decrease in the risky behavior of unprotected anal intercourse with non-primary partners, partners who are HIV-positive or whose HIV status is unknown.

Personalized Cognitive Counseling Intervention (PCC) Behavior Change Logic Model

<table>
<tr><td colspan="4">Problem Statement: PCC was designed for men who have sex with men (MSM) who are HIV-negative and have previously tested for HIV. Despite previous counseling, these men report unprotected anal intercourse since their last HIV test with a male who was not their primary partner and that partner’s serostatus was positive or unknown. The major risk factor addressed by the intervention is the use of self-justifications to continue engaging in high-risk behaviors.</td></tr>
<tr><td rowspan="2">Behavioral Determinants</td><td rowspan="2">Activities
To address behavioral determinants</td><td colspan="2">Outcomes
Expected changes as a result of activities targeting behavioral risk determinant</td></tr>
<tr><td>Immediate Outcomes</td><td>Intermediate Outcomes</td></tr>
<tr><td>• Personal attitudes related to risk behavior
• Personal cognitive justifications for risk behavior
• Personal perceptions of risk behavior</td><td>One-session, five-step counseling intervention, delivered in the context of HIV testing by counselors who are trained professionals or paraprofessionals. The client is assisted to:
• Recall a recent high-risk behavior episode
• Identify specific self-justifications underlying the decision to engage in high-risk behavior, starting with the use of the PCC Questionnaire, and then through open-ended discussion
• Explore the context of the risk episode and clarify how the circumstances and self-justifications are linked to the risky behavior
• Reexamine the thinking that led to the behavior
• Replace self-justifications with more realistic thoughts and attitudes, and consider alternative behaviors, to lead to safer ways of handling future situations</td><td>• Increased awareness of personal self-justifications in potentially risky situations
• Increased awareness of how thoughts, attitudes, and beliefs may promote high-risk behavior
• Commitment to alternative ways of thinking and behaving in future potentially risky situations</td><td>• Decreased unprotected anal intercourse with HIV-positive partners and partners of unknown serostatus</td></tr>
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PCC Intervention Implementation Summary

The Implementation Summary provides you with an overview of the resources, activities, and deliverables needed to successfully implement ***PCC***. It can be useful in planning your implementation and also in verifying that the intervention has been implemented completely.

Inputs *Inputs are the resources needed to operate a program to conduct the intervention activities.*	**Activities** *Activities are the actions conducted to implement an intervention.*	**Outputs** *Outputs are the deliverables or products that result when activities are conducted. Outputs provide evidence of service delivery.*
PCC-specific screening protocols and system to integrate the ***PCC*** intervention into flow of client in HIV testing program services	Screen all male clients who present for HIV testing services for selection criteria: MSM, previous HIV testing, HIV-negative, and unprotected anal intercourse since last test	At least 90% of all male clients requesting HIV testing services are screened for counseling with ***PCC***
Private space to conduct the one-on-one ***PCC*** intervention	Counsel ***PCC*** clients in a private space	100% of all clients counseled with ***PCC*** rate their counseling session as having taken place in a private space
30 to 50 minutes dedicated time for counseling each ***PCC*** client	Counsel each ***PCC*** client in a 30- to 50-minute one-on-one ***PCC*** session	90% of all clients counseled with ***PCC*** completed the counseling in not less than 30 minutes and not more than 50 minutes
PCC counselor(s) and clinical supervisor of ***PCC*** counselor(s)	Ensure competency of HIV test counselors to conduct ***PCC*** in the context of HIV testing, including ongoing review of counseling sessions by a ***PCC*** clinical supervisor	30% of ***PCC*** sessions are reviewed by the ***PCC*** clinical supervisor and 80% of the sessions reviewed receive a satisfactory rating by the client and the counseling supervisor
Time for supervision of ***PCC*** counselors	***PCC*** clinical supervisors provide 30-minute review of sessions and guidance to ***PCC*** counselors for a subset of all clients counseled using ***PCC***	***PCC*** clinical supervisors and ***PCC*** counselors conduct a weekly supervision session lasting at least 60 minutes reviewing at least 25% of each counselor's ***PCC*** sessions
Sensitivity to issues involved in working with MSM, and cultural competence with populations served	Counselors distribute post-counseling client satisfaction form; provisions made for clients to return this anonymously	60% of clients report a high level of client satisfaction with services received