

GUIDELINES FOR ADAPTING SAFETY COUNTS

GUIDELINES FOR ADAPTING SAFETY COUNTS

The purpose of this document is to provide guidelines and procedures for community-based organizations (CBOs), in partnership with their designated capacity-based assistance programs (CBAs), to follow in adapting the Safety Counts HIV/hepatitis risk-reduction intervention for delivery to special subgroups of drug users, as defined by type of drug use or specific cultural or personal characteristics such as ethnicity or sexual orientation. These procedures are an extension of those that CBOs are expected to carry out routinely as a part of their preparation for implementing Safety Counts in their own settings. In contrast with the routine procedures for implementing Safety Counts in local drug-using communities, the procedures for adapting Safety Counts for special subgroups of drug users having certain unique characteristics are both broader in scope and more detailed.

This document describes the general tasks and step-by-step procedures that must be carried out by CBOs, with assistance from CBAs, in order to adapt Safety Counts for use with specific subpopulations of drug users intended to be targeted separately by the intervention. The following topics are covered: (1) population identification, (2) agency resource assessment, (3) formative research and evaluation, (4) adapting intervention activities (5) developing a recruitment and retention plan, and (6) piloting the adapted intervention. Information is presented in a narrative outline format to enhance readability and facilitate later referencing of individual topics. It is assumed that readers of this document are completely familiar with the original Safety Counts intervention and that they have participated in the standard two-day training program for agency staff. In addition they must have a copy of the Safety Counts Program Manual available to use with these guidelines. The guidelines are not meant to replace or reproduce the detail about the intervention already provided in other documentation.

CBOs should make a formal request to their CDC Program Officer and designated CBA prior to initiating any adaptation of Safety Counts. This will ensure that adaptation activities are properly coordinated and that individual agencies are provided with the level of technical support that they require.

Definition and Limits of Adaptation

Adaptation refers to the process where a behavioral intervention may be customized so that it will recognize or address specific characteristics of individuals or environmental contexts beyond those that were targeted in the original implementation of the intervention. During the adaptation process, it is essential that the core elements of the intervention remain intact. If these are modified significantly, there is the risk that the intervention will no longer be effective in achieving its stated risk reduction objectives.

In Safety Counts, the core elements of the intervention are the structured group sessions, individual counseling session, social events, and follow-up contacts, plus an integrated focus on HIV/hepatitis counseling and testing. The core elements are delivered as described in the Program Manual with respect to number of sessions, sequence, and essential content. Activities within each session are designed to impact specific individual determinants of risk behavior, including perception of risk and readiness for change, knowledge and skills, self-efficacy, social

support, and risk reduction pros and cons. Positive changes in these individual determinants in turn cause increases in the adoption and performance of particular risk reduction behaviors by intervention participants. An internal logic model of the Safety Counts intervention is shown in Part IV of the Program Manual. This model diagrams the relationship of sessions and their activities (the core elements of Safety Counts) to individual determinants of risk behavior, and shows their impact on achieving intervention objectives. The model underlines the importance of maintaining the essential structure of Safety Counts sessions in order to preserve the demonstrated effectiveness of the intervention.

In general, Safety Counts is appropriate and may be adapted for all subpopulations of drug users with the following exceptions: (1) individuals whose only substance use is alcohol, (2) individuals whose only substance use is prescribed methadone, and (3) individuals who are currently enrolled in a drug treatment program (not including self-help groups). Safety Counts is not considered to be appropriate for such individuals, and the intervention should not be employed with these groups.

Safety Counts has been designed for use with street-based populations, where individuals are severely disadvantaged economically and typically perceive themselves primarily as drug users and secondarily as members of particular ethnic groups or having particular sexual orientations. Adapting Safety Counts for use with non-street-based-populations can be expected to present challenges in terms of recruitment, retention, and, potentially, intervention effectiveness. Such adaptations can be problematic in that the incentive structure currently built into the Safety Counts may not have sufficient power with non-street-based populations to adequately support the recruitment process and maintain the necessary level of participation in the intervention. The current incentive structure consists not only of tangible incentives provided to participants at sessions (such as meals, prizes, coupons, and hygiene kits) but also social incentives including positive personal regard, respect, acceptance, and support by staff, as well as the opportunity to interact with drug-using peers in a cohesive group and experience their affirmation and support. The power of these incentives may be reduced in non-street-based settings, requiring that adequate substitutes for them be identified and incorporated into the intervention.

Detailed Guidelines and Step-by-Step Procedures

A) **Population Identification.** Identify the special subpopulation (group) of drug users that your agency intends to target using Safety Counts and for whom you plan to adapt the intervention. Describe the targeted group in specific terms, especially providing information about the characteristics they have in common. It is the characteristics they have in common that set them apart from other drug users and that define them as a special group for purposes of adapting the intervention. Shared characteristics might include:

- 1) Drug use patterns (drugs used—crack vs. methamphetamine vs. heroin vs. club drugs, or mode of administration—injection vs. non-injection).
- 2) Cultural or personal characteristics (e.g., sexual orientation, gender, age, ethnicity, job status, living situation).

3) Describe your rationale for restricting Safety Counts to this particular group of drug users (as opposed to enrolling a broader range of drug users that includes members of this special group). Bear in mind that the original implementation of Safety Counts, which was evaluated in a controlled research study, included participants who differed with respect to the type of drug they used (notably crack, heroin mixed with cocaine, and methamphetamine) and mode of administration (injection and non-injection), their ethnicity (black, white, and Latino), and their gender. Generally speaking, the intervention was found to be effective for all individuals regardless of their specific characteristics. In other words, the intervention has been found to work for a broad range of drug-using individuals in circumstances where the individuals have received the intervention as a single mixed group. It is nonetheless true that in certain instances the effectiveness of Safety Counts might be best maintained, or perhaps enhanced, by focusing the intervention on a particular subgroup of drug users and adapting it specifically for that subgroup.

B) Agency Resource Assessment. As the next step, before initiating the process of adapting Safety Counts for a special population, ensure that your agency has the necessary resources to conduct the intervention as described in the Safety Counts Program Manual as well as to adapt it for the special population of drug users you have identified. In particular, make certain that:

- 1) Your agency has an adequate budget to conduct the intervention.
- 2) You have appropriate staff, both in terms of personal characteristics and skills, to conduct the intervention, and you have an adequate number of staff. Cultural sensitivity of staff with respect to pertinent values and issues of individuals in the subpopulation being targeted is of critical importance.
- 3) All staff members who will be involved in Safety Counts have been fully trained in how to conduct the intervention.
- 4) Your agency possesses sufficient linkages and access to the special group of drug users you intend to target to enable you to recruit an adequate number of participants and to stay in contact with them over a period of time.
- 5) Your agency is able to commit the additional time and staff resources that will be required, beyond those that would be needed for a “standard” implementation of Safety Counts, in order to adapt Safety Counts for a special subgroup of drug users.
- 6) Part II of the Safety Counts Program Manual, “Preparing for Program Implementation,” contains an extended discussion and gives detailed examples of the funding, staffing, and other resources required to implement the Safety Counts intervention. No additional resources should be required when Safety Counts is focused on a specific subpopulation of drug users, once the adapted intervention is up and running.

C) Formative Research and Evaluation. Next, begin the process of adapting of adapting Safety Counts for the special population of drug users that you have identified. It will first be necessary to gather detailed information about the special population from a variety of sources. The specific information sources, objectives, and activities required for this effort are outlined below.

- 1) Review whatever literature currently exists (books, journal articles, meeting presentations, Internet websites) concerning the special group of drug users you wish to target with Safety Counts. Pay special attention any information that is available regarding the personal characteristics of group members, general characteristics of the group (e.g., group cohesiveness), and cultural uniqueness of the group compared with other groups of drug users. In addition, obtain detailed information (if available) about the relative frequency of specific HIV and viral hepatitis risk behaviors and the circumstances surrounding their enactment.
- 2) Obtain information from experts in the fields of HIV prevention and drug use. Start by talking with CDC staff members who are familiar with the special population of drug users in which you are interested. Ask for referrals to other experts, including university researchers and staff of selected HIV prevention programs. In addition to obtaining opinions of these expert sources regarding specific issues of the type listed in the section above, request information about additional published literature that might be available.
- 3) Conduct structured interviews and focus groups with local drug users belonging to the special subgroup who will be recruited into Safety Counts and for which you wish to adapt the intervention. (For information about developing and conducting structured interviews and focus groups, see *The Focus Group Kit*, Vols. 1-6, David L Morgan & Richard A Krueger, Sage Publications, 1998 and *Focus Groups: A Practical Guide for Applied Research*, 3rd ed., Richard A Krueger & Mary Anne Casey, Sage Publications, 2000). The number of interviews and focus groups to be conducted will vary depending upon your agency's resources and the degree of consensus that emerges. As a minimum, however, six individual interviews and two focus groups of at least four persons each must be conducted in order to obtain information that will be useful in adapting the intervention. Specific objectives for the structured interviews and focus groups include the following:
 - a) Identify the types and relative frequencies of specific risk behaviors. Also obtain as much information about:
 - (1) Individual determinants of risk behavior (psychological and related personal characteristics of individuals that influence risk behavior and drive behavior change). Examples are knowledge, skills, perceived risk, readiness for change, positive and negative beliefs about consequences, self-efficacy, and social support.
 - (2) Contributing risk factors (incidental behaviors or circumstances that increase the likelihood that a risk behavior will occur). Examples are use of drugs that increase desire for sexual activity and membership in social networks where consistent use of condoms is discouraged.
 - b) Identify specific behaviors that individuals have engaged in themselves or that others they know have engaged in to reduce risks associated with HIV and viral hepatitis. Include all risk reduction behaviors mentioned, even those that may be of questionable efficacy.

- c) Identify specific barriers to risk reduction that have been experienced, ways that these barriers were overcome, or possible ways they could be overcome.
- d) Identify current and past sources of social support reported for risk reduction efforts, as well as suggestions for social support. Identify appropriate strategies for seeking and obtaining social support.
- e) Identify the most appropriate strategies and venues for recruiting members of the special target population into the intervention.
- f) Determine the best incentives to encourage intervention participation.
- g) Determine the best times to schedule intervention activities (e.g., daytime versus evening, weekdays versus weekends).
- h) Identify individuals and content for risk reduction success stories to be produced prior to implementing the adapted intervention:
 - (1) Understand the various risk reduction behaviors that have been successfully adopted by local individuals in the subpopulation of drug users targeted for the intervention.
 - (2) Locate individuals in the local community with appropriate stories who are willing for their stories to be used as a part of the Safety Counts program.

D) Adaptation of Intervention Activities. Use the information obtained from interviews and focus groups, supplemented by information gathered from published literature and experts, to focus and contextualize Safety Counts activities appropriately in order to adapt them for the local subgroup of drug users your agency intends to target. Specific guidance is provided below.

- 1) It is not necessary to make any changes in the standard forms and worksheets that are used in connection with Safety Counts activities. These were developed to accommodate a variety of potential behaviors and circumstances, and they are intended to provide a common framework for all implementations of the intervention with any drug-using population.
- 2) Carefully review all of the activities in each Safety Counts session to determine which ones to focus on most heavily in adapting the intervention for your subpopulation. Sometimes, adapting activities will consist of nothing more than following the guidelines that already exist and are described in sufficient detail in the Program Manual. In other instances, it will be necessary to go beyond what is explicitly articulated in the Program Manual, focusing and elaborating upon the content of particular activities in order to maximize their relevance for the current target group.
 - (1) The different activities in each of the eight Safety Counts sessions are listed below. Numbering of activities is consistent with that used in the Program Manual. Under each activity, there are comments, suggestions, and issues to consider that will assist your agency in adapting the activity for a specific subpopulation. Activities that do not require adaptation or for which adaptation is

not relevant, such as Participation Documentation, are labeled as follows:
“Adaptation is not applicable to the content of this section.”

b) Program Enrollment Session

(1) Introduction:

(a) Adaptation is not applicable to the content of this section.

(2) Eligibility Check:

(a) Adaptation is not applicable to the content of this section.

(3) Completion of Program Enrollment Form:

(a) The demographic and other personal information asked for on the Program Enrollment Form ***should not be changed***, as it represents the minimum required for tracking clients in the field and understanding their risk background. If additional information is needed at the time of enrollment, a supplement to the Program Enrollment Form may be developed as indicated. If some of the drugs or sexual activities listed are likely not to apply to clients in the subpopulation being enrolled, a brief statement to this effect prior to completing these parts of the form is sufficient.

(4) Description and Overview of Safety Counts:

(a) Emphasize the particular subgroup you are targeting when you are describing the objectives of Safety Counts. For example, if your program is aimed at African American men who inject drugs and are currently homeless, be specific about saying this. The idea is to communicate to clients that the program is exclusively designed for people just like themselves.

(5) Completion of Risk Reduction Interview:

(a) Like the Program Enrollment Form, the Risk Reduction Interview ***should not be changed***. The 15 risk reduction behaviors that are presented in the interview cover all of the behavioral categories for reducing HIV and hepatitis transmission risks. The four general risk questions that are asked at the beginning of the interview enable the interviewer to identify any risk reduction behaviors that do not apply to a particular client and should therefore be skipped. The Risk Reduction Interview, in its original form, thus accommodates itself to the particular risk profiles of special subgroups.

(6) Referral for HIV Testing and Other Needs:

(a) In addition to providing referrals for HIV and viral hepatitis testing, this is an opportunity to show new clients that your agency is linked to resources in the community that can provide them with services relevant to their particular needs. By demonstrating that your agency understands their group’s unique issues, you can strengthen their commitment to participate in Safety Counts.

(7) Closing:

(a) Adaptation is not applicable to the content of this section.

(8) Participation Documentation:

(a) Adaptation is not applicable to the content of this section.

c) Group Session 1

(1) Introduction:

(a) The sequence and basic content of the five topics covered in the Introduction ***should not be changed***. The presentation, however, should be focused in such a way that participants are encouraged to perceive Safety Counts as a program that speaks to the unique needs and issues of their particular subgroup. This will encourage group cohesiveness and strengthen participants' identification with Safety Counts. Adaptation efforts should be concentrated in two areas: the Welcome (where the objectives and activities of Safety Counts should be summarized in a way that maximizes relevance for targeted participants) and Brief Facts about HIV and Viral Hepatitis (which should be modified to focus on the current participant group).

(2) Am I at Risk?

(a) Worksheet 1 (Am I at Risk for HIV and Viral Hepatitis?) may be modified by adding additional questions that reflect variations in risk behaviors and contributing risk factors that are unique to the current target group. Such additional items should be added in the last three sections of the worksheet ("If you inject drugs," etc.). The content of the first section ("In the past three months:") ***should not be changed***. In addition ***none of the current questions should be deleted***. Note that Worksheet 1 is suitable for use "as is" with any group of drug users. Adapting the worksheet to make it a closer fit to the special group your agency is targeting is a worthwhile effort, but it is not necessary in order for the intervention to work.

(3) Stages of Change—How We Change Our Behavior:

(a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. Note that the major portion of this segment is intentionally not related to HIV/hepatitis risk behaviors or to drug use. At the very end of the presentation, where a linkage is made between stages of change and HIV/hepatitis risk reduction, participants are asked to suggest some potential risk reduction behaviors, which are then listed on easel paper by the facilitator. Since these come from participants themselves, they do not need to be adapted to ensure relevance.

(4) Learning from Risk Reduction Success Stories:

- (a) The risk reduction success stories are a key component of the intervention, and they must be developed locally by each agency according to the instructions provided if they are to be effective in motivating risk behavior change. Closely follow the specified procedures for creating risk reduction success stories described in the Program Manual (Appendix C). If this is done, no additional adaptation is required to use this component with special groups. Risk reduction success stories are drawn from the local population of drug users being targeted by the intervention, and they will as a matter of course incorporate and reflect the special circumstances and behaviors of the subgroup of drug users who will be enrolled. Ensuring that risk reduction success stories reflect the personal experiences of real people in the local community who possess the same core characteristics as individuals who will receive the intervention will ensure that the stories have maximum relevance when they are presented.

(5) The Importance of Social Support:

- (a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. This first part of this activity consists of a guided critique of the risk reduction success stories during which participants identify instances of social support that were observed in each of the stories. For properly constructed stories, the social support instances they contain will be perceived by participants as realistic and potentially relevant for them on a personal level. In the second part of the activity, participants are asked to think of specific individuals in their own lives who have provided social support for them previously in problem situations. For both parts, the current procedures assure maximum relevance of content for special groups.

(6) Where Do I Stand in Reducing My Risks?

- (a) Worksheet 2 (Where Do I Stand in Reducing My Risks for HIV and Viral Hepatitis?) is employed in this activity to provide participants with an opportunity to evaluate their current risk reduction efforts using the stages-of-change framework. Although the content of this worksheet ***should not be changed***, it is suggested that the facilitator talk through the questions on the worksheet prior to asking participants to fill it out. As each question is read aloud, the facilitator should elaborate with specific examples of the general behavior that are relevant for the subgroup of drug users being targeted. For example, “Practicing alternatives to vaginal and/or anal sex” would be followed by examples of specific alternatives likely to be practiced by these participants. “Decreasing/managing my drug use” would be followed by examples of possible ways this might be accomplished for specific drugs and situations familiar to the participants. This same approach should be applied to all or most of the 15 risk reduction behaviors listed, so that participants will

understand them in the context of their own lives and will appreciate that each of the general behaviors listed represents more than one, and usually several, specific ways of reducing disease risk.

(7) Closing:

(a) Adaptation is not applicable to the content of this section.

(8) Participation Documentation:

(a) Adaptation is not applicable to the content of this section.

(9) Staff Debriefing:

(a) Adaptation is not applicable to the content of this section.

d) Group Session 2

(1) Introduction:

(a) As with the Introduction in Group Session 1, the sequence and basic content of the topics outlined in the Program Manual *should not be changed*. It may be possible to adapt the icebreaker to focus it on a shared characteristic or experience of group members that will bring them closer together and that they can laugh about together (sensitive topics should, of course, be avoided). Focusing the icebreaker in this manner can reinforce for participants the message that Safety Counts is a program designed for people like themselves with their special background and special needs.

(2) Developing Risk Reduction Goals:

(a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. It is recommended, however, that facilitators review the information obtained from target group members during the exploratory structured interviews conducted prior to intervention implementation to familiarize themselves with the range of specific risk reduction activities mentioned.

(3) Identifying First Steps Toward Goals:

(a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. However, information from previously conducted structured interviews may be useful in a general way in informing facilitators' understanding of plausible first steps toward achieving specific personal risk reduction goals.

(4) Overcoming Barriers to Behavior Change:

- (a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. As above, however, it is possible that information from preliminary structured interviews may be informative in terms of understanding any special barriers to risk reduction barriers faced by target group members.

(5) Learning from Risk Reduction Success Stories:

- (a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. (See comments for Activity 4, Group Session 1, above.)

(6) Finding Social Support:

- (a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. This activity is a continuation of the social support activity in Group Session 1 (see Activity 4 above). In the current activity, participants are guided to identify one or more people in their own lives who could be supportive of their personal HIV/hepatitis risk reduction efforts. Information obtained from the structured interviews conducted with target group members prior to implementing the intervention may be helpful to facilitators in understanding the various social support possibilities for his group of participants.

(7) Closing:

- (a) Adaptation is not applicable to the content of this section.

(8) Participation Documentation

- (a) Adaptation is not applicable to the content of this section.

(9) Staff Debriefing

- (a) Adaptation is not applicable to the content of this section.

e) **Individual Counseling Session** (1 minimum)

(1) Introduction:

- (a) The sequence and basic content of the three topics covered in the Introduction *should not be changed*. However, in addition to the instructions provided in the Program Manual for building rapport with participants, the behavioral counselor should acknowledge the special drug user group to which the

participant belongs and make positive reference to the participant's and the group's concern with HIV and viral hepatitis.

(2) Review and Refine Personal Goal Card:

- (a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. (See Group Session 2, Activity 2.)

(3) Review and Refine First Step:

- (a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. (See Group Session 2, Activities 3 and 4.)

(4) Ensure Social Support:

- (a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. This activity is a follow-up to the social support identification activity that was conducted during Group Session 2 (Activity 6).

(5) Assess Referral Needs and Make Referrals:

- (a) As in the Program Enrollment Session (Activity 6), this is an opportunity to provide a valuable service to participants and to demonstrate that your agency has linkages to resources in the local community that are relevant to the needs of their particular subgroup of drug users.

(6) Review Future Program Participation:

- (a) Adaptation is not applicable to the content of this section.

(7) Closing:

- (a) Adaptation is not applicable to the content of this section.

(8) Participation Documentation:

- (a) Adaptation is not applicable to the content of this section.

f) **Social Events** (2 minimum)

(1) Greeting and Introduction:

- (a) As in the welcome for Group Session 1 (Activity 1), the greeting speech for social events should be personalized for the special group being targeted. This can be accomplished by recognizing the special challenges or obstacles group

members face together as they confront health threats like HIV and viral hepatitis. The various housekeeping topics should be covered listed in the Program Manual.

- (2) Program-Related Entertainment Activity:
 - (a) As described for the icebreaker in Group Session 2 (Activity 1), it is beneficial if the content of the entertainment can reflect the shared characteristics and experiences of the target group for which the intervention is being adapted. Having fun together around topics that celebrate participants' shared uniqueness will strengthen their bonds with one other as well as with Safety Counts.
- (3) Meal:
 - (a) Adaptation is not applicable to the content of this section.
- (4) Risk Reduction Activity:
 - (a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups.
- (5) Drawing for Grand Prize:
 - (a) Adaptation is not applicable to the content of this section.
- (6) Dessert and Closing:
 - (a) In the closing statement, the facilitator should identify the special subgroup targeted by the intervention and call attention to specific positive attributes possessed by its members. This should be woven into a general theme of "people helping themselves to stay safe in our community."
- (7) Participation Documentation:
 - (a) Adaptation is not applicable to the content of this section.
- (8) Staff Debriefing:
 - (a) Adaptation is not applicable to the content of this section.
- g) **Follow-up Contacts** (2 minimum)
 - (1) Approach and Greeting:
 - (a) Follow the instructions in the Program Manual regarding how to approach participants. It is expected in Safety Counts that all follow-up contacts will take place in the field (out of the office setting) on the participant's "turf." This is one more reason that outreach workers should, if at all possible, be similar to the participants they interact with in terms of ethnicity and other salient characteristics, including community of origin. They should also be

familiar with the drug use patterns of individuals in the special target population for which Safety Counts is being adapted. (Issues related to hiring former drug users as outreach workers are discussed in the Program Manual, Part II.)

(2) Verify and Validate Client's Goal and Progress:

- (a) Adaptation is not applicable to the content of this section.

(3) Plan the Next Step:

- (a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. As mentioned earlier (Group Session 2, Activity 3), information from previously conducted structured interviews may be useful in a general way in informing the understanding of outreach workers regarding reasonable concrete steps that might be taken toward achieving specific personal risk reduction goals.

(4) Help Client Identify and Overcome Barriers to Achieving Next Step:

- (a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. As with the activity above, information from structured interviews may be helpful to outreach workers in gaining a fuller understanding of possible barriers participants in the special target population can face (see Group Session 2, Activity 4).

(5) Social Support Check-In:

- (a) The current instructions in the Program Manual for conducting this activity incorporate procedures that adapt the presentation to fit the personal characteristics and experiences of specific group participants. No additional adaptation is required for this component to be effective with special target groups. This activity is a follow-on to the social support check-in that was conducted during the Individual Counseling Session (Activity 4).

(6) Closing:

- (a) Adaptation is not applicable to the content of this section.

(7) Participation Documentation:

- (a) Adaptation is not applicable to the content of this section.

(8) Staff Debriefing:

- (a) Adaptation is not applicable to the content of this section.

- E) **Developing a Recruitment and Retention Plan.** Develop a recruitment plan for the adapted intervention and a plan to ensure retention of participants. Successful recruitment and retention are dependent upon the intervention's having an adequate incentive structure. This includes both physical and social incentives. Issues, strategies, and specific suggestions for recruiting and retaining Safety Counts clients are contained in Part II of the Program Manual. In addition, a general discussion of recruitment planning and procedures is contained in the CDC document, Procedural Guidance for Recruitment. This document is available on the CDC website (http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/pro_guidance_recruitment.pdf). The degree to which recruitment and retention strategies developed for the adapted intervention will differ from those outlined in the Safety Counts Program Manual will depend upon a variety of factors. Primary among these is the extent to which the subpopulation being targeted by the adapted intervention may be characterized as street-based.
- F) **Piloting the Adapted Intervention.** Pilot the newly adapted version of Safety Counts to identify problems and issues that need to be addressed before the intervention is actually implemented within the special target population. The piloting process can be relatively simple, involving trying out selected activities or segments from individual sessions, or it can be more complicated, involving the presentation of one or more complete sessions. The individuals selected to serve as participants for piloting should be recruited from the subpopulation of drug users who will be targeted by the adapted intervention.