

Intervention Manual

A research guide for counselors and system
navigators conducting the intervention for HIV
Prevention Trials Network 074

**Integrated treatment and prevention for people who inject drugs: A
vanguard study for a network-based randomized HIV prevention trial
comparing an integrated intervention including supported antiretroviral
therapy to the standard of care**

A Study of the HIV Prevention Trials Network

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References and materials used to generate this manual include:

SHIELD (A peer led project) Training of Facilitators Guide: Carl Latkin, Karin Tobin, Melisa Davey-Rothwell, Kellie Burns

Cully, J.A., & Teten, A.L. (2008). A Therapist's Guide to Brief Cognitive Behavioral Therapy. Department of Veterans Affairs South Central MIRECC, Houston.

Lands, L. A Practical Guide to HIV Drug Side Effects for People Living with HIV. Toronto: Canadian AIDS Treatment Information Exchange (CATIE). 2013.

Latkin, CA, Sherman, S, & Knowlton, A. (2003). HIV prevention among drug users: Outcome of a network-oriented peer outreach intervention. *Health Psychology*, 22(4), 332-339.

National Institute on Drug Abuse (2012). Cognitive-Behavioral Therapy (Alcohol, Marijuana, Cocaine, Methamphetamine, Nicotine). In *Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)*. Retrieved from <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral>

U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration. *Enhancing Motivation for Change in Substance Abuse Treatment*.

World Health Organization (2001). *Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care*.

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CHAPTER 1: HPTN 074 OVERVIEW AND INTERVENTION DESCRIPTION

A. Aims and target population

The overall goal for HPTN 074 is to determine the feasibility of a future randomized control trial that will assess whether a combination intervention for HIV-positive people who inject drugs (PWID) will reduce HIV transmission to HIV-negative injection partners. The combination intervention includes psychosocial counseling and supported referrals for antiretroviral therapy (ART) at any CD4 cell count and substance use treatment for HIV-positive PWID. For this study, there are 2 arms: (1) the combination intervention arm and the (2) standard of care arm that is outlined by national guidelines for HIV-positive PWID.

For this study, the main aims are:

1. To assess the feasibility of a future randomized controlled trial by:
 - a. Estimating the number of new HIV infections among network injection partners of index participants in the standard of care arm
 - b. Evaluating enrollment and retention of HIV-positive PWID and their HIV-negative network injection partners over a period of 12-24 months.
2. To assess the feasibility, barriers, and uptake of a combination intervention for prevention of HIV transmission among HIV-positive PWID.

HPTN 074 Target Population – Who is this study for?

The target population for this study is male and female adults who are current injection drug users (such as, but limited to, heroin, methamphetamine, benzodiazepine, cocaine, and crack). This study will be made up of 2 participant types:

Index participants:

HIV-infected PWID who have an HIV viral load $\geq 1,000$ copies/mL at Screening. This may include individuals who report that they are: (a) ART-naïve, (b) ART-exposed but currently off therapy, or (c) on ART.

Network injection partners:

HIV-uninfected injection partners of index participants (up to five active partners per index participant at a time).

Per the protocol, men and women who meet all the following criteria are eligible for inclusion in this study as **index participant**:

- Age 18-60 years at the Screening visit (age verification procedures will be defined in the Study Specific Procedures [SSP] Manual)
- Able to provide informed consent
- Active injection drug user, defined as self-report of injecting drugs at least 12 times the past three months and six times in the past month
- PWID in the opinion of the site staff
- Reports sharing needles/syringes or drug solutions at least once in the last month
- HIV-infected based on a study-defined testing algorithm (defined in the SSP Manual)
- Viral load $\geq 1,000$ copies/mL at Screening

- Willing and able to identify, recruit, and have enrolled at least one HIV-uninfected network injection partner who is eligible for study participation according to the criteria below
- Have no plans to move outside the study area for at least one year after study enrollment
- Willing to participate in intervention activities, including regular phone contact

Per the protocol, Men and women who meet all of the following criteria are eligible for inclusion in this study as **HIV-uninfected network injection partner**:

- Age 18-60 years at the Screening visit (age verification procedures will be defined in the SSP Manual)
- Able to provide informed consent
- Active injection drug user, defined as self-report of injecting drugs least 12 times the past three months and six times in the past month
- PWID in the opinion of site staff
- Confirmed injection partner, using referral identification cards, of index participant within the past 1 month
- HIV-uninfected based on the study-defined testing algorithm* (defined in the Study SSP Manual)
- Have no plans to move outside the study area for at least one year after study enrollment

*Individuals will not be eligible for enrollment if any of the HIV tests performed at Screening or Enrollment is reactive or positive, even if they are subsequently confirmed to be HIV-uninfected.

HPTN 074 Setting – Where will this study take place?

The study setting is 3 geographical different sites where PWID make up a large portion of the HIV epidemic. These sites are research centers in Jakarta, Indonesia; Thai Nguyen, Vietnam; and Kiev, Ukraine.

B. Background and science

Injection drug use is the major risk behavior for HIV transmission in several parts of the world. Of the 150 countries reporting injection drug use epidemics, 120 countries also have an HIV epidemic. As the rates of new HIV infection continue to be high, efforts focusing on preventing HIV transmission are needed. Among PWID, transmission of new HIV infections generally come from risky injection drug use behavior including: serial use and sharing of drug injection equipment, like needles and syringes, and collectively using shared drug solutions.

Previous studies have shown that HIV-positive people who use ART may be less likely to transmit HIV to HIV-negative sexual partners. Although it has not yet been evaluated, there is the possibility that HIV-positive PWID who use ART may be less likely to transmit HIV to HIV-negative injection partners. The concept of using ART as a method of preventing transmission is commonly referred to as “treatment as prevention”. In order for ART use to prevent HIV transmission, HIV-positive PWID must have good ART adherence. ART adherence can be challenging for PWID because of many individual, social, and structural/institutional barriers. Therefore, a combination intervention to help with ART, that addresses the biological, behavioral, and social issues for PWID, is strongly needed.

The HPTN 074 intervention was built upon several psychological theories: maintenance theory, social cognitive and diffusion of innovation meta-theories of behavior change; as well as research regarding the importance of social norms. Therefore using the following theories and previous research findings the intervention intends to work with participants to change their health seeking and HIV and drug related risk behaviors:

Maintenance Theory suggests that decisions regarding new behaviors are influenced by favorable expectations of future outcomes. Also, decisions regarding maintaining behaviors are influenced by expectations observed satisfaction with received outcomes.

Social Cognitive Theory suggests that there are four components necessary for a behavior change to occur: 1) knowledge, 2) development of skills to reduce risk and regulate risk, 3) peer support to reduce risk and 4) self-efficacy to reduce risk (belief that one can be successful). According to **Cognitive Dissonance Theory**, individuals want their actions to match their words.

Diffusion of Innovation Theory postulates that behavior change diffuses through social networks and that the behavior of one network member can influence that of other network members.

Social Norms: Research suggests that individuals are influenced by perceptions of the behaviors of people who are important to them and whether people approve or disapprove of the behaviors. There are also social norms about the acceptability of talking about certain subjects. In the intervention one of the goals is to change norms regarding discussing HIV medications and risk reduction to make it normative to talk about these topics. Talking about and modeling health behaviors may make these behaviors more normative.

C. Core elements of the HPTN 074 intervention

The HPTN 074 intervention is for a group of HIV-infected index participants that will be provided a combination, or integrated, package for substance use treatment and HIV care. The intervention package includes 3 main components:

1. **Systems navigators** to help with engagement, retention, and adherence in substance use treatment and HIV care
2. **Psychosocial counseling** using motivational interviewing, problem solving, skills building, and goal setting to help with substance use treatment and HIV care and medication adherence
3. **Provision of Antiretroviral Therapy (ART) at any CD4 count**

Details of the philosophy of the program and counseling techniques are outlined in chapter 2. Network injection partners of index participants that are in the intervention arm will have access to the systems navigators or psychosocial counseling only at the request of the index participant (chapter 7)

All of the participants involved in the study will receive a site specific standard of care package that will include a comprehensive set of integrated harm reduction services intended to reduce HIV incidence through effective behavioral, biological and social

interventions. For those in the intervention arm, the navigator can assist participants access medical and social services.

Table 1 provides a summary of both the intervention and standard packages of services by each study arm for participants.

Table 1. Summary of intervention and standard packages of services by study arm				
	HIV-infected index		HIV-uninfected network injection partner	
	Control	Intervention	Control	Intervention
Harm reduction services				
Referral for treatment of substance use / addiction	X	X	X	X
Referral to needle and syringe exchange programs, if legal and available	X	X	X	X
Injection risk reduction counseling	X	X	X	X
Sexual risk reduction counseling including access to condoms	X	X	X	X
HIV counseling and testing	X	X	X	X
Referral for ART according to national guidelines	X	X		
Referral for diagnosis and treatment of sexually transmitted infections (STIs), hepatitis B and C virus (HBV, HCV), and tuberculosis (TB) as appropriate	X	X	X	X
Systems Navigator		X		
Psychosocial Counseling and Social Network support		X		X*
ART at any CD4 count		X		

*Psychosocial counseling and social network support for HIV uninfected partners of intervention arm index participants may be available at the request of the index participant.

D. What the HPTN 074 intervention is not...

It is NOT drug treatment

- The HPTN 074 intervention covers a lot of different options to lower one's risk for acquiring and transmitting HIV. The goal for this intervention is to attempt to accelerate one's entry and retention into drug treatment. However, for this intervention we provide appropriate referrals but do not provide drug treatment.

It is NOT medical or primary care

- We are not providing medical care, but in the intervention we are hoping to facilitate access to HIV care and other care. The intervention should in no way be misconstrued as providing medical care. It should be emphasized that for

medical care issues participants should see their providers and the intervention is not a substitute for medical care. The systems navigators should facilitate this process. The intervention does include information about side-effects and how to deal with them, but if the side effects require medical attention participants should be encouraged to see their providers.

It is NOT support groups

- Although participants are encouraged to share experiences and offer social support, we will not organize support groups as part of this study's intervention. However, participants will have two booster modules with their supporter. The intervention will also encourage participants to improve and reengage individuals of their support network. Participants that are in need of support groups should be referred to other services.

It is NOT job training or preparation

- There is no job training or job preparation activities as part of this intervention.

It is NOT contingency management

- Participants should be praised for their continued participation in intervention activities throughout the study and reaching set goals. However, we will not be providing monetary rewards or cash reward for their participation. As budgets allow, sites have the option of providing participant reimbursements to assist with travel costs participants may incur to attend psychosocial counseling sessions. Participant reimbursements should receive all necessary national ethical and regulatory approvals.

It is NOT case management

- The role of systems navigators is to address any systems/structural barriers for study participants enrolling in HIV medical care and drug treatment as well as barriers to obtaining and adhering to ART. Providing case management for every index participant is unrealistic for large scale-up.

CHAPTER 2: PHILOSOPHY OF HPTN 074 INTERVENTION PROGRAM

There are two pathways that are likely to lead to behavior change; a general psychotherapeutic approach and then skills building, problem solving, and goal setting, to address specific behaviors. Key factors to the general approach are listening to the participants and treating them with **empathy, dignity, and respect**. In the general approach the counselor needs to establish good rapport and a therapeutic alliance with the participant. The counselor should display good active listening skills and express empathy with the participant.

In order for the therapeutic approach to be successful the participants need to feel that the program has their best interests in mind and that staff members care about and respects them. Consequently, it is important for all the staff members who interact with participants to treat participants well. Sometimes staff have had previous occupations that are not focused on providing customer oriented service. It is important to communicate to all staff working on the project who have any interaction with participants that they need to have a customer service oriented approach. It is also valuable to observe staff members' interactions with participants and provide them feedback to ensure that they are respectful and supportive of participants. It may also be beneficial to ask participants how they are treated by the study staff and if there are ways that the study could improve in its interactions with participants. This perspective on how to interact with participants is also informed by the research on trauma informed care. Often individuals who have experienced trauma become hyper-vigilant and are more likely to feel threatened. Therefore from a trauma informed care perspective, the study site and staff need to interact with participants in ways to reduce stress reactions and increase a sense of trust. As HIV and substance use is often stigmatized, sometimes health care providers treat substance users and those with HIV poorly. This is another reason why it is important to monitor staff and ensure that they are professional in their treatment of participants. Moreover, if there is greater initial trusts with participants the counselors will be able to more quickly focus on the intervention topics and it is more likely that participants will provide accurate information to counselors and interviewers.

Study participants may have different barriers to obtaining HIV care and remaining adherent to ART. On an individual level these barriers include depression, stigma, alcohol use, substance use, lack of knowledge about HIV treatment, lack of resources. On a social level barriers include lack of social support, fear and misunderstanding by family and friends, communication barriers with health care providers. On a structural level barriers include wait times and availability of medical professionals at clinics, paper work and laboratory results necessary to obtain treatment, and time and resources to travel to HIV clinics. The intervention is designed to be **flexible and meet different needs of participants**. There are 2 required psychosocial counselling sessions focused on HIV treatment and several optional booster modules focused on different barriers to care and/or medication adherence. The number of booster modules is highly flexible and will depend on the issues encountered. The minimum number of sessions is two. There is no maximum for booster modules. Ideally, the psychosocial counseling encounters will end in three months. If there is no need for booster modules, other than the first two required sessions, they are not relevant. For example, if a participant does

not report depressive symptoms or does not drink alcohol then these booster modules do not need to be included. However, if a participant reports the same barrier at different sessions it is feasible to revisit that barrier and provide support and skill building to address the barrier. Ideally, the program will provide the minimum number of sessions to effectively address the barriers accessing HIV medical care and substance use treatment and then effectively adhering to HIV medications.

There are **two major staff roles in the intervention**. There is the **counselor who will focus on addressing interpersonal (individual level) and intrapersonal (social level) issues** with the participants and their network members. There is also the **system navigator who will focus on working with the health care system (structural level) both HIV treatment and substance use treatments**. The system navigator will help facilitate enrollment in health care and help address barriers at the clinic to obtaining HIV medical care, medications, substance use treatment, and necessary laboratory assessments.

The primary study goal is adherence to ARV to reduce transmission. Factors that impede adherence should be addressed. Participants may have a range of psychosocial issues, but the focus of the intervention is to address those that are impeding HIV medication adherence. Phone calls for addressing adherence issues (system, social, and individual level barriers) by the systems navigators/counselor are encouraged.

Each session and booster module will provide information about health and wellbeing. The sessions will also include skills building, problem solving, and goal setting. At the subsequent session it is important to review the goals of the prior session and discuss the participant's efforts in reaching those goals and barriers and facilitators to the goal. **Participants should be encouraged for setting goals but it is not realistic for the counselors to expect that the participants reach goals at every session. Participant should be praised or verbally rewarded for attempting to reach goals.** The counselor can help them by suggesting problem solving methods to overcome barriers. This problem solving should occur when the goals are set and in reviewing them at the next session.

The sessions include goal setting exercises. Many people have long-term goals such as stopping substance use, improving relationships with family, or better adhering to their HIV treatment. With the goal setting exercise major goals such as getting into substance use treatment are broken down into much smaller goals. Then for each smaller goal problem solve with the participant on how they would reach the goal. For substance use treatment, smaller goals could be to first find out the requirements for entering the program. Problem solving would include how they would find out about the requirement. Once they found out the requirements then they would need to problem solve on factors such as how they would get to substance use treatment every day, how they would stay in substance use treatment, e.g., not use substances. This latter requirement would then require goal setting and problem solving regarding how they would avoid high risk situations for substance use.

Based on participants goals intervention sessions and booster modules may provide skills building and information to reach the goals. For example, for the goal of going into

substance use treatment and reducing use of illicit substances, the module on controlling substance use may be helpful.

When the goals are set the counselor should ask about potential barriers to the goals and how the participant could address them. The counselors may role play with the participant regarding barriers to the goals or role play skills taught in the session and conversations participants may want to have with supporters and health care professionals. The counselor should also teach the participants how to reframe any failure to achieve the goals. The counselors can provide self-statements to encourage such as “it is great that you set goals, even if you don’t achieve the goals you learn a lot about what things you can do, you can be proud of yourself for working toward the goals.” The counselor should provide encouragement and acknowledge the success of the participants.

CHAPTER 3: COUNSELING TECHNIQUES

As previously mentioned behavior change can be achieved through a general psychotherapeutic approach and then skills building, problem solving, and goal setting. These approaches utilize the following counseling techniques. All of these techniques are tools that psychosocial counselors and/or systems navigators can use as appropriate within encounters, required sessions, and booster modules. It is not required that either the psychosocial counselors and/or systems navigators are highly trained in these tools. Rather, these tools can be used during encounters with participants. Each technique may or may not be useful for addressing barriers faced by index participants, it is up to the counselor and/or system to navigator to determine if these techniques are beneficial. It is important to remember that the overall goal for this intervention is adherence to ART to reduce transmission, in addition to attempt to accelerate one's entry and retention into HIV care and substance use treatment. Counselors should learn all the techniques and ensure that the sessions are interactive and not didactic. Motivational interviewing, role playing, and goal setting are all approaches that can make sessions more interactive.

A. Active listening

Active listening is a main component of building rapport with participants, in addition to building understanding and trust. Active listening helps participants feel that they are being heard, that their opinions are being seen, and that their feelings are being understood. This strategy allows for the counselor to establish acceptance and impartial reflection of the participant's experience. It is important that the counselor does not provide their own opinion but tries to understand the participant.

There are 4 main techniques of active listening.

1. **Paraphrase:** To restate the information provided by the participant using different words. This technique allows the participant to focus on the content of what they are saying. Paraphrasing must be done without making judgments about the participant's discussion.

Tips for using paraphrasing

- Use phrases such as "I'm hearing you saying..." or "It sounds like you are saying..."
- Repeat key words but do not repeat the exact statement
- Avoid phrases like "I know what you mean."

Sample dialogue:

Participant: I am feeling very tired these days and I feel like my HIV medication gets in the way of my drug use.

Counselor: It sounds like you are having problems with your HIV medications.

2. **Summarize:** To concisely reiterate several of the major highlights from the participant's discussion. This technique allows the counselor to review overall progress and recognize any common themes or overtones that are occurring during discussions.

Tips for summarizing

- Pull together major ideas, facts, or feelings
- Avoid phrases such as, "Do you have any questions?" or "Do you understand?"
- Do not add new ideas

3. **Clarify:** To ask the participant for clarification or to explain an element of the discussion that was vague. This technique provides the opportunity for the participant to expand on their thoughts or feelings and allows for the counselor to check the accuracy of the participant's statements.

Tips for clarifying

- Do more than just asking "why" as this may sound threatening
- Use open, neutral questions that further draw out the participant's opinion
- Use phrases such as, "Can you tell me a little more about...?" or "Can you help me understand why you feel that way?"

4. **Reflect:** To rephrase the participant's affect or feelings. This technique is "a way of checking rather than assuming that you *know* what is meant".

See Principal 1 in section B. Motivational interviewing

Site specific nonverbal communication can also an important component of active listening. Facial expressions, appropriate eye contact, posture, gestures, and movements are all examples of nonverbal communication. A counselor can keep eye contact, look attentive, lean forward, and nod their head as ways to nonverbally communicate to a participant that they are listening to what is being discussed. Sites may have differing form of appropriate nonverbal communication that should be used as appropriate.

Participants may also express themselves using nonverbal communication. These nonverbal communications can be important cues for a counselor to pay attention to. Below are examples of some nonverbal communications and their *possible* meanings:

Nonverbal cues	Possible meaning
Wavering eye contact	Boredom or fatigue
Intense eye contact	Fear, confrontation, or anger
Rocking	Fear or nervousness

Elevated voice	Discomfort or nervousness
Prolonged and frequent periods of silence	Disinterest, loss of train of thought, or fatigue
Fidgeting	Discomfort, disinterest, or nervousness

B. Motivational interviewing

Motivation is one approach for addressing HIV medication adherence and substance use. Motivational interviewing is a therapeutic style intended to help counselors work with participants to address their ambivalence about getting into HIV treatment and adhering to HIV medication. Ambivalence to behavior change is a natural feeling and can be common among PWID. PWID may want to better adherence to their HIV medication but their injecting gets in the way. PWID may want to stop injecting but do not because of drug dependence. As part of the HPTN 074 intervention, we will use **motivational interviewing** tools as a way to address PWID's ambivalence. Psychosocial counselors will need to understand and accept PWID's ambivalence because the ambivalence can often be the main problem—and lack of motivation can be part of this ambivalence. Remember that ambivalence to getting onto HIV medication or substance use treatment may not always be stated verbally by the participant, it may also be apparent in their actions. If they continuously agree to a plan of action but do not act on it, motivational interviewing may also be useful to address the underlying ambivalence to making changes to one's life or behaviors. **We should also make sure to send a clear message that even if a person is not ready to address their substance use they can still benefit greatly from getting on HIV treatment.**

Motivational interviewing is practiced with 5 main principals: (1) Express empathy through reflective listening; (2) Develop discrepancy between participants' goals or values and their current behavior; (3) Avoid argument and direct confrontation; (4) Adjust to participant resistance rather than opposing it directly, also known as "rolling with resistance"; and (5) Support self-efficacy and optimism.

Principal 1: Express empathy through reflective listening.

Expressing empathy towards a participant shows acceptance and increases the chance of the counselor and participant developing a rapport.

- Acceptance enhances self-esteem and facilitates change.
- Skillful reflective listening is fundamental.
- Participant ambivalence is normal.

What is reflective listening?

Reflective listening is the foundation of expressing empathy. This approach establishes a safe and open space that is beneficial for exploring issues and stimulating personal reasons and methods for change. It is important for counselors to understand each PWID's unique perspectives, feelings, and values. The success of motivational

interviewing relies on the development of a trusting relationship between a counselor and PWID participant.

Reflective listening is NOT:

- *Ordering or directing.* Direction is given with a voice of authority. The speaker may be in a position of power (e.g., parent, employer) or the words may simply be phrased and spoken in an authoritarian manner.
- *Warning or threatening.* These messages are similar to ordering but they carry an overt or covert threat of impending negative consequences if the advice or direction is not followed. The threat may be one the clinician will carry out or simply a prediction of a negative outcome if the participant doesn't comply—for example, "If you don't listen to me, you'll be sorry."
- *Giving advice, making suggestion, or providing solutions prematurely or unsolicited.* The message recommends a course of action based on the clinician's knowledge and personal experience. These recommendations often begin with phrases such as, "What I would do is...."
- *Persuading with arguing, logic, or lecturing.* The underlying assumption of these messages is that the participant has not reasoned through the problem adequately and needs help to do so.
- *Moralizing, preaching, or telling PWID their duty.* These statements contain such words as "should" or "ought" to convey moral instructions.
- *Judging, criticizing, disagreeing, or blaming.* These messages imply that something is wrong with the participant or with what the participant has said. Even simple disagreement may be interpreted as critical.
- *Agreeing, approving, or praising.* Surprisingly, praise or approval also can be an obstacle if the message sanctions or implies agreement with whatever the participant has said. Unsolicited approval can interrupt the communication process and can imply an uneven relationship between the speaker and the listener. Reflective listening does not require agreement.
- *Shaming, ridiculing, labeling, or name calling.* These messages express overt disapproval and intent to correct a specific behavior or attitude.
- *Interpreting or analyzing.* Clinicians are frequently and easily tempted to impose their own interpretations on a participant's statement and to find some hidden, analytical meaning. Interpretive statements might imply that the clinician knows what the participant's problem is.

- *Reassuring, sympathizing, or consoling.* Clinicians often want to make the participant feel better by offering consolation. Such reassurance can interrupt the flow of communication and interfere with careful listening.
- *Questioning or probing.* Clinicians often mistake questioning for good listening. Although the clinician may ask questions to learn more about the participant, the underlying message is that the clinician might find the right answer to all the participant's problems if enough questions are asked. In fact, intensive questioning can interfere with the spontaneous flow of communication and divert it in directions of interest to the clinician rather than the participant.
- *Withdrawing, distracting, humoring, or changing the subject.* Although humor may represent an attempt to take the participant's mind off emotional subjects or threatening problems, it also can be a distraction that diverts communication and implies that the participant's statements are unimportant.

What does reflective listening look like?

In this strategy, the counselor listens carefully to what participant is saying, then reflects it back to the participant in an often slightly modified or reframed form. The counselor also acknowledges the participant's expressed or implicit feeling state. This strategy offers a number of advantages:

1. It is unlikely to prompt participant resistance
2. It encourages the participant to keep talking and exploring the topic
3. It communicates respect and caring, while building a working therapeutic alliance
4. It clarifies for the counselor exactly what the participant means
5. It can be used to reinforce ideas expressed by the participant.

Below is a sample dialogue of a counselor and participant, where the counselor uses the reflective listening strategy.

Counselor: What else concerns you about your injecting?

Participant: Well, I'm not sure I'm concerned about it, but I do wonder sometimes if I'm injecting too much.

C: Too much for . . .

P: For my own good, I guess. I mean it's not like it's really serious, but sometimes when I wake up in the morning I feel really awful, and I can't think straight most of the morning.

C: It messes up your thinking, your concentration.

P: Yes, and sometimes I have trouble remembering things.

C: And you wonder if that might be because you're injecting too much.

P: Well, I know it is sometimes.

C: I can see why that would worry you. What else worries you?

Principal 2: Develop discrepancy between participants' goals or values and their current behavior

Developing discrepancy enables the participant to see that her present situation does not necessarily fit into her values and what she would like in the future.

- A participant rather than the counselor should present the arguments for change.
- Change is motivated by a perceived discrepancy between present behavior and important personal goals and values.

Examples of developing discrepancy

[As a team, brainstorm site specific examples of developing discrepancy.]Note: be careful not to increase feelings of stigma and discrimination. The point is not to shame or humiliate but to get the participants to start thinking about how some behaviors may be preventing them from reaching their goals, and therefore motivate positive change. If people already know why their HIV medication adherence is a problem this will not be needed.

Example 1: "Hmm. Help me figure this out. You've told me that keeping your daughter at your house and being a good parent are the most important things to you now. How does adhering to your HIV medication fit in with that?"

Example 2: "You mention that you have a wife/parent(s), and you don't want these family members to be disappointed in you or worry about you. How does your HIV medication adherence fit in with that?"

Example 3: "You mentioned that you have children, and you want them to study and have a good future. How do you think your HIV medication adherence will affect this?"

Example 4: "You mentioned that you would like to live a health live. How do you think not adhering to your HIV medication will affect this?"

Principal 3: Avoid argument and direct confrontation.

Arguments with PWID can quickly develop into a power struggle and do not enhance motivation for beneficial change. The goal is to "walk" with PWID participants, like accompanying them through sessions, not "drag" them along or direct their sessions.

- Arguments are counterproductive.

- Defending breeds defensiveness.
- Resistance is a signal to change strategies.
- Labeling or diagnosis is unnecessary. Avoid telling a participant they are an “addict/useless/a criminal”. Then avoid diagnoses such as “you suffer from depression”.

Principal 4: Adjust to participant resistance rather than opposing it directly, also known as “rolling with resistance”.

Rolling with resistance prevents a breakdown in communication between participant and counselor and allows the participant to explore her views.

- Avoid arguing for change.
- Do not directly oppose resistance.
- New perspectives are offered but not imposed.
- The participant is a primary resource in finding answers and solutions.
- Resistance is a signal for the counselor to respond differently.

Rolling with resistance strategies	
Strategy	Example
Simple reflection: repeating PWID's statement in a neutral form	Participant: I don't plan to begin HIV medications anytime soon. Counselor: You don't think that HIV medications would work for you right now.
Amplified reflection: reflect the participant's statement in a more extreme form	P: I don't know why my wife is worried about this. I only miss my HIV medication every once in a while. C: So you think that your wife is worrying unnecessarily.
Double-sided reflection: recognizing what the participant has said but then also stating contrary things she has said in the past	P: I know you want me to go on HIV medications, but I'm not going to do that! C: You can see that there are some real problems here, but you're not willing to think about starting HIV medication.
Shifting focus: defuse resistance by helping the participant shift focus away from obstacles and barriers	P: I can't take my HIV medication because I don't want my friends to see it. C: You're way ahead of me. We're still exploring your concerns about how to start HIV medications. We're not ready yet to decide how HIV medication fits into your daily life.

<p>Agreement with a twist: agree with the participant, but with a slight twist or change of direction that propels the discussion forward</p>	<p>P: Why are you and my wife so stuck on my injecting? What about all problems? You'd use, too, if your family were nagging you all the time.</p> <p>C: You've got a good point there, and that's important. There is a bigger picture here, and maybe I haven't been paying enough attention to that. It's not as simple as one person's injecting. I agree with you that we shouldn't be trying to place blame here. Injecting problems like these do involve the whole family.</p>
<p>Reframing: offering a new and positive interpretation of negative information provided by the participant</p>	<p>P: My husband is always nagging me about my HIV. It really annoys me.</p> <p>C: It sounds like he really cares about you and is concerned, although he expresses it in a way that makes you angry. Maybe we can help him learn how to tell you he loves you and is worried about you in a more positive and acceptable way.</p>
<p>Siding with the negative: to take up the negative voice in the discussion</p>	<p>P: Well, I know some people think I need to adhere to my HIV medication to have more energy and feel healthier, but I still don't believe it will help.</p> <p>C: We've spent considerable time now going over your positive feelings and concerns about your HIV medications, but you still don't think you are ready or want to change your adherence. Maybe changing would be too difficult for you, especially if you really want to stay the same. Anyway, I'm not sure you believe you could change even if you wanted to.</p>

Principal 5: Support self-efficacy and optimism.

Self-efficacy is a crucial component to facilitating change. If a participant believes that she has the ability to change, the likelihood of change occurring is greatly increased. This is known as "self-motivation".

- A person's belief in the possibility of change is an important motivator.
- The participant, not the counselor, is responsible for choosing and carrying out change.

- The counselor's own belief in the participant's ability to change becomes a self-fulfilling prophecy.

Sample questions to elicit self-motivational statements
<p><i>Problem recognition</i></p> <ul style="list-style-type: none"> • What things make you think that this is a problem? • What difficulties have you had in relation to your HIV medication? • In what ways has this been a problem for you? • How has your use of heroin stopped you from doing what you want to do?
<p><i>Concern</i></p> <ul style="list-style-type: none"> • What worries you about HIV medications? What can you imagine happening to you? • How much does this concern you? • In what ways does this concern you? • What do you think will happen if you don't make a change?
<p><i>Intention to change</i></p> <ul style="list-style-type: none"> • The fact that you're here indicates that at least part of you thinks it's time to do something. • What are the reasons you see for making a change? • What makes you think that you may need to make a change? • If things worked out exactly as you would like, what would be different? • What things make you think that you should keep on drinking the way you have been? And what about the other side? What makes you think it's time for a change? • I can see that you're feeling stuck at the moment. What initial steps do you think are needed to make a change?
<p><i>Optimism</i></p> <ul style="list-style-type: none"> • What encourages you that you can change if you want to? • What do you think would work for you, if you needed to change?

C. Role-playing

In order to help the participant become aware of their automatic thoughts and resulting emotions the counselor may role play different situations with the participant, pausing at points to identify what automatic thoughts are occurring. This exercise can also be useful to allow participants to practice particular skills they have been building to address identified problems.

For example, role-playing can be a helpful exercise when teaching about refusal skills for substance use. Here are a few tips to help with introducing role playing with a participant:

- Pick a concrete situation that occurred recently for the participant.
- Ask participant to provide some background on the target person.

- Have participants play the target individual, so they can convey a clear picture of the style of the person who offers heroin and the counselor can model effective refusal skills. Then reverse the roles for subsequent role-plays.
- Role-plays can be brief scenarios, such as asking participants if the counselor were the health care provider how would they ask about side-effects. The counselor could play the role of a drug network member who wanted to share injection equipment, a supporter who doesn't understand the importance of HIV medication adherence, a drug treatment staff member who is rude to the participant, a family member who nags the participants to take their medication or to stop drug use.
- Role-plays should be thoroughly discussed afterward. Counselors should praise any effective behaviors shown by participants and also offer clear, constructive criticism:
 - "That was good; how did it feel to you? I noticed that you looked me right in the eye and spoke right up; that was great. I also noticed that you left the door open to future offers by saying you had stopped injecting 'for a while.' Let's try it again, but this time, try to do it in a way that makes it clear you don't want your friend to ever offer you drugs again."
- Role playing is also critical for training of counselors/facilitators for practicing how they would respond to a wide range of situations.

D. Cognitive behavior therapy

Cognitive behavioral therapy (CBT) is a focused approach to help substance users reach their treatment goals. CBT strategies are based on the theory that in the development of maladaptive behaviors patterns like substance use, learning processes play a critical role. Individuals in CBT learn to identify and correct problematic behaviors by applying a range of different skills that can be used to stop substance abuse and to address a range of other problems that often co-occur with it.

A central component of CBT is anticipating likely problems and enhancing patients' self-control by helping them develop effective coping strategies. Specific techniques include exploring the positive and negative consequences of continued substance use, self-monitoring to recognize cravings early and identify situations that might put one at risk for use, and developing strategies for coping with cravings and avoiding those high-risk situations.

1. Problem solving

Problem-solving techniques generally involve a process by which an individual attempts to identify effective means of coping with problems of everyday living. This often involves a set of steps for analyzing a problem, identifying options for

coping, evaluating the options, deciding upon a plan, and developing strategies for implementing the plan.

Problem-solving strategies can be used with a wide range of problems, including addiction. Problem-solving techniques teach skills that aid the participant in feeling increased control over life issues that previously felt overwhelming or unmanageable. In this manner, problem solving can help with practical problem resolution as well as emotion-focused coping (e.g., increasing control, decreasing stress, and increasing hopefulness).

Strategies for Effective Problem Solving

The SOLVED technique helps guide you through the steps to most effectively identify and solve problems in participant's life.

S (Selecting a Problem) ... the participant would like to solve.

Ask the participant to think about situations when he or she feels distress or difficulty problem solving. If planning does not seem to be possible, suggest a different therapeutic technique (e.g., changing maladaptive thoughts). The decision to remain with problem solving or move to a different skill is largely dependent on you to direct.

O (Opening Your Mind to All Solutions)

Here, it is important to be as broad as possible. You are encouraged to work with participants to "brainstorm" all possible solutions. Writing may be particularly helpful for some participants. Even ideas that seem ridiculous at first may generate realistic solutions.

L (Listing the Potential Pros and Cons of Each Potential Solution)

Often, writing options, along with listing pros and cons, can be helpful in considering potential options. Writing allows additional thought, as well as a visual image of options. Recommend that participants consider solutions in a logical manner, thus reducing the time spent ruminating. It may also help to identify additional thoughts that might benefit from changes using the techniques, such as changing thoughts. In some cases, identification of pros/cons may require obtaining information from other people, such as lawyers or financial advisors.

V (Verifying the Best Solution)

Examine the pros and cons of the solutions listed. Participants may wish to "rank order" the solutions based on which solutions are most practical and/or desirable.

E (Enacting the Plan)

Identify the steps needed to carry out the solution selected. Participants may need to break actions down into steps small enough to facilitate achievement of goals. Once you and the participants finish formulating a specific plan, encourage the patient to carry it out.

D (Deciding if the Plan Worked)

Follow-up with the participants to see how well the chosen solution actually worked. If the solution was effective, give positive reinforcement. If the solution was not effective, return to the first step in the SOLVED technique to specify a new problem or move to "O" or "L" to identify other goals or potential solutions for the same problem. The decision to move back and to which step is largely up to

you, who might now have additional information about pros and cons and possible solutions

SSELECT A SPECIFIC PROBLEM: Minimizing Effect of Symptoms

OPEN your MIND to ALL possible SOLUTIONS
1. Talk to your doctor.
2. Change or modify medications.
3. Engage in healthy life choices, including proper diet and exercise.
4. Educate yourself by talking to others and by reading about your illness.
5. Explore alternative treatments.

SSELECT A SPECIFIC PROBLEM: Forgetting to Take Medications

OPEN your MIND to ALL possible SOLUTIONS
1. Turn several alarm clocks on to remind you.
2. Put your medication in a place you will notice it at the time you are supposed to take it.
3. Have a friend or family member remind you.
4. Buy a medication dispenser to help you remember whether you have taken the medication.
5. Take it at the same time every day.

2. Goal setting

Goal setting is the process of collaboratively identifying specific therapeutic outcomes for treatment. Goals must be observable, measurable, and achievable and relate to cognitive or behavioral changes relevant to the participants substance use. Goals are tied to specific skills to be addressed in treatment.

Tips for goal setting

Provide rationale for setting goals.

- This helps participants understand the direction of treatment and how they will be involved in the process.
 - Example: "If you can identify what you want to change about your situation, we can then take the steps to correct the problem."

Elicit desired outcomes

- This involves the counselor's assisting the participant in defining goals and specifying reasons for coming to treatment.
 - Example: "List a few things you would like to get out of therapy."

State goals in a positive light

- This clarifies what the participant wants to do instead of highlighting what he or she doesn't want to do.
 - Example: "List some things that you want, instead of things that you don't want. For example, instead of 'I don't want to avoid my HIV

care provider anymore, you could list ‘I want to be active about my HIV and health again.’”

Weigh advantages and disadvantages of a goal

- This aids in understanding the costs and benefits of the patient’s achieving the goal.
- It may be used to motivate an ambivalent participant or identify salient goals for a passive patient or a patient seeking to please the counselor.
 - Example: “What would be the benefits if you accomplished this goal? What might be some of the costs to you?”

Define behaviors related to goal

- This instructs the patient what actions to perform in relation to the goals that have been set.
- Break the goal down into smaller steps. For example, if the participant wants to get into HIV treatment what are all the steps necessary to get into treatment, e.g. paper work, finding out about times of enrollment, asking friends and family to support the decision, finding transportation, etc.
-

Define a level of change

- This determines how much a patient should do a particular behavior. To increase the participant’s chance of success, set achievable goals. In other words, it is usually not reasonable to try to do something every day, and setting a goal like this will result in failure if the participant misses just 1 day. Alternatively, discuss the goal with the participant; and start small. If the participant succeeds, he/she is more likely to remain actively engaged.
 - Example: “How often do you think it is reasonable to do something pleasant? Once a week?”

3. Skills building with participant

One of the main components of CBT is to provide participants an individualized training program that helps them address their HIV medication adherence and substance use. These skills can help participants unlearn old habits associated with substance use and learn or relearn healthier skills and habits.

It is likely participants may present a wide range of problems and therefore, skills building in CBT is made to be as broad as possible to address these problems. Initial required sessions should include the focus of skills needed for initial HIV medication adherence and control of substance use, such as identification of high-risk situation and coping with thoughts of using). Then the skills can be broadened to include a range of other problems in which the participant may have a difficult time coping, such as social isolation and unemployment. It is

important that the skills taught not only help a participant improve their HIV medication adherence and reduce or eliminate substance, but also to teach skills that can benefit the participant long after treatment.

CHAPTER 4: TRAINING AND COMMUNICATION FOR IMPLEMENTATION

All counselors and systems navigators are expected to conduct extensive training prior to implementing the intervention. All counselors and systems navigators should thoroughly read the manual and practice a wide range of role plays based on different scenarios.

Suggested role play scenarios:

- Participant is on ART and expresses desire to stop injection drug use
- Participant is not on ART
- Participant is on ART but wants family support for adherence
- Participant has stopped ART completely due to side effects
- Participant is “yessing” or telling counselor what they think the counselor wants to hear
- Participant is not on ART and report high alcohol use

During role playing activities, counselors should practice documenting the session using all appropriate forms and CRFs. In addition to role playing, mock participant folders can be developed to have counselor discuss recommended next sessions and/or modules for the participant.

Once the counselors have an **excellent grasp of the materials and are able to conduct the sessions without looking at the manual**, they may start to develop additional site specific materials based on unique site specific barriers and facilitators as well as different patterns of substance abuse and social behaviors. If the sites do develop additional intervention materials these should be sent to the intervention development committee for review. If some of the session materials are not appropriate for the site, the site should send the intervention committee information about the issue before deciding not to incorporate it in the intervention. We want to ensure that all key intervention content is addressed to achieve the primary study goal of ART adherence to reduce transmission. It is likely that some of the counselors/navigators have had prior experience in counseling for ART and drug treatment. They may bring effective approaches to the intervention; however, it is also important that they learn new techniques and approaches as presented in the manual to address barriers on individual, social, and structural level.

As the certain sessions and contents of the session will be decided by the counselors and systems navigators, it is important that the counselors and systems learn from each other and share their experiences with each other and with the supervisors. It is anticipated that **weekly debriefs will be held with the counselors, systems navigators and supervisor or head counselor** to discuss:

- Specific cases
- Materials used by counselors
- Successful counseling tools or techniques
- Challenges encountered in implementing the intervention materials
- New barriers identified

- Novel and successful approaches attempted to address barriers

These discussions should be summarized on the **Intervention Debrief Form** and sent to the intervention committee. For the first six months of the intervention it is anticipated that weekly debriefing will be held.

Date:

Attendees:

Instructions: Fill out this form during intervention debrief meetings held with the counselors, systems navigators and supervisor or head counselor. The completed form should be sent to the Intervention Committee. Note if the responses are the same from prior reports, please indicate “same as prior reports”.

1. In the prior week through your interactions with participants, supporters, and the health system, what additional information did you learn about barriers and facilitators to ART and drug treatment?
2. Are there important topics that are not covered in the sessions?
3. What intervention materials seem to be helpful?
4. What information materials have areas that could be improved? What are potential changes?
5. What intervention techniques that the counselors/navigators use seem to be particularly helpful?
6. What information techniques have areas that could be improved?
7. What additional text or topics have you added to the site-specific intervention manual?
8. Are there any issue that you would like the intervention committee to address?

CHAPTER 5: OVERVIEW OF THE BARRIERS TO HIV CARE

For some people who are informed that they HIV-infected and eligible for HIV treatment they will be able to initiate the freely available treatment quickly. There will also be some people who will not have any problems adhering to medications. However for most people this will not be the case. Getting on HIV treatment and adhering to the treatment is difficult, especially when there are other competing life challenges. In the table below we will provide an overview of known barriers to initiating and adhering to HIV treatment.

The known barriers fall into three main categories: Structural, Social, and Individual (see table below).

- **Systems/Structural Barriers** are limitations of the resources (physical or personnel) or systems (e.g., paperwork requirements) that make it hard for a person to initiate or adhere to HIV treatment – **These will mostly addressed by the System Navigator.**
- **Social Barriers** are aspects of an individual's life such as their family dynamics and their relationships with their friends and sexual partner that may make an individual feel less supported to initiate and adhere to HIV treatment – **These will mostly addressed by the Counselor.**
- **Individual Barriers** are related to the individuals own mental and physical health, perceptions and knowledge, competing life priorities, and substance abuse, which make it challenging to initiate HIV treatment - – **These will mostly addressed by the Counselor**

Systems/Structural Barriers	Social Barriers	Individual Barriers
<p>Health systems</p> <ul style="list-style-type: none"> • Need more tests and results* • Costs of testing and medications* • ART not available • Physician would not provide HIV treatment (due to drug use)* • Getting on ART is too complicated (paperwork and requirements)* <p>Infrastructure/Systems</p> <ul style="list-style-type: none"> • Transport/travel to clinic is difficult • Travelling for work or holidays 	<p>Family network</p> <ul style="list-style-type: none"> • Don't have enough support from family or spouse • Responsibility to take care of family members <p>Friends/Sexual partner network</p> <ul style="list-style-type: none"> • Don't have enough support from friends or partner <p>Social stigma</p> <ul style="list-style-type: none"> • Don't want others to know I have HIV 	<p>Mental health</p> <ul style="list-style-type: none"> • Depression / Stigma <ul style="list-style-type: none"> ◦ Felt too depressed to go to clinic ◦ Suicidal ideation and past suicide attempts <p>Scheduling</p> <p>Forgot, away from home, change in routine</p> <ul style="list-style-type: none"> • Missed appointments and embarrassed/ashamed to go back <p>Physical Health</p> <ul style="list-style-type: none"> • Too sick to go to clinic. • Other illness <p>Avoidance/Motivation</p> <ul style="list-style-type: none"> • Not ready to think about my HIV infection <ul style="list-style-type: none"> ◦ I am not ready to start, as I will have to take it for the rest of my life* • I do not feel sick

<ul style="list-style-type: none"> • Don't have an ID card* • No time to go to clinic • Been in jail or incarcerated • Fear of future arrest 	<ul style="list-style-type: none"> • <i>Fear disclosure of HIV status will lead to rejection, homelessness, violence,</i> <p>Housing/Social stability</p> <ul style="list-style-type: none"> • Homeless • Moving houses frequently • Give in temporary housing <p>Stigma & Discrimination</p> <ul style="list-style-type: none"> • Don't feel they will be treated well in healthcare settings or in community 	<p>Medication related</p> <ul style="list-style-type: none"> • I prefer to take traditional/nonwestern medicine • I do not think medicine will help me <ul style="list-style-type: none"> ◦ I did not think the treatment was helping me <p>Side effects/drug complications</p> <ul style="list-style-type: none"> • My medicines is too big to carry with me • I don't always have food or water to take medicine • I don't understand when I am supposed to take each pill • Side effects such as nausea, headaches, disruptive sleep, GI problems <p>Substance use and risk behaviors</p> <p>Wanting to stop using drugs before starting HIV medications.</p> <ul style="list-style-type: none"> • Drug use prevented me from getting to clinic • Drinking prevented me from getting to clinic <p>Information</p> <ul style="list-style-type: none"> • I don't know how to get ART* • HIV disease knowledge
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* Barriers only relevant to initiating ART not for adhering to it after initiation

Additional reading is available in:

- Appendix 1: Determinants of patient adherence: a review of systematic reviews. Kardas P, Lewek P, Matyjaszczyk M. Front Pharmacol. 2013 Jul 25;4:91
- Appendix 2: Adherence to HAART: A Systematic Review of Developed and Developing Nation Patient-Reported Barriers and Facilitators. Mills EJ¹, Nachega JB, Bangsberg DR, Singh S, Rachlis B, Wu P, Wilson K, Buchan I, Gill CJ, Cooper C. PLoS Med. 2006 Nov;3(11):e438.
- Appendix 3: Four Types of Barriers to Adherence of Antiretroviral Therapy are Associated with Decreased Adherence Over Time. Genberg BL¹, Lee Y, Rogers WH, Wilson IB. AIDS Behav. 2014 Apr 20.

CHAPTER 6: STRUCTURE OF COUNSELING SESSIONS AND BOOSTER MODULES

A. Overview of sessions and booster modules

The intervention counseling encounters are given in two separate forms: (1) Sessions and (2) Booster Modules. Each session and booster module will follow a similar structure. They will begin with an introduction. This introduction will help the counselor get to know the participant and assess their needs and priorities for HIV care and substance use treatment. The introduction can also be a time for the counselor to review the homework from a previous encounter. The introduction will be followed by information and/or activities related to the objectives for the encounter. After the session or booster module is complete, it concludes with goal setting, summary of activities, and homework to complete prior to next meeting.

Sessions are required encounters for all index participants in the intervention arm. The list of sessions is provided in the table below. The *Introduction to the program and preliminary needs assessment* is to be conducted during the enrollment visit of the index participant. During this session, a day and time will be scheduled for *Session 1: HIV Treatment*. At the end of this session, the counselor should schedule *Session 2*. Ideally, Session 2 should be conducted after the participant initiates ART treatment, however it can be done before if the participant is experiencing difficulties in obtaining care for their HIV infection.

Session Title	Description
Introduction to program and preliminary needs assessment	Conduct during enrollment visit
Session 1: HIV treatment	Required session
Session 2: Program Goals and Adherence	Required session (after session 1 is completed)

Once the required sessions have been completed with the index participant, there are optional booster modules that can be conducted. The purpose of these booster modules are to provide a “menu” of topics that can address common barriers to HIV and substance use treatment. The list of booster modules are provided in the table below. The module chosen depends on the assessment of the index participant’s needs and priorities. In addition Session 2 can be revisited to address HIV treatment adherence when appropriate for participant. This assessment of which session/module to be administered is performed when the counselor fills out the *counseling summary form*.

Two booster modules (*Module 1 and Module 2*) are specifically designed to be conducted with an index participant and their supporter. A supporter can be a family member or friend that the participant feels comfortable disclosing their HIV status to. The role of the supporter is to provide assist the participant in meeting their HIV care and treatment and substance use treatment goals. Participants are NOT required to identify a supporter for the optional dyad sessions. However, identifying supporters can be encouraged. Prior to the index participants bringing in a supporter for the two dyad modules the counselor should ask about whom they plan to bring to the module. This

recruitment should occur several weeks before a dyad module to give participants time to recruit and disclose to their supporters.

The other booster modules cover several topics on common barriers to HIV and substance use, and should be administered as needed. These modules can be conducted with the index alone or with their supporter.

Booster Module Title	Description
Module 1: Dyad 1– Supporter	Conduct with supporter
Module 2: Dyad 2 – Risk Partner	Conduct with supporter
Module 3: Sexual risk reduction	Optional module
Module 4: Injecting risk reduction and drug splitting	Optional module
Module 5: Substance use treatment	Optional module
Module 6: Alcohol use	Optional module
Module 7: Depression and Stigma	Optional module

B. Overview of counseling documents

The counselor is responsible for completing each of the following documents during/or after each counseling encounter:

- Counseling Summary Form

Instructions:

- **Part A** should be completed before starting any counseling encounter.
- During the Introductory Session, Session 1 or Session 2, **Part B** of the form should be completed during the counseling encounter. There are prompts in the session guides to indicate when the appropriate question in the form should be completed.
- During the booster modules, the **Part B** of the form should be completed at the beginning of the encounter in order to guide the choice of booster module to be administered.

- Counseling Diary (during/after counseling encounter)

Instructions:

- The previous entry in the diary should be reviewed before starting any counseling encounter.
- Then the counselor should take relevant notes during the counseling encounter.
- Goals, priorities and homework assigned should be recorded in the diary.
- If the system navigator assistance would be useful make a note of this in counseling diary. Then contact system navigator after encounter to give the details of the assistance required.
- This form should be kept in the participants counseling file.

- Psychosocial encounter CRF (after counseling encounter)

Instructions: Complete this form after each counseling encounter. This form should then be submitted for processing.

C. Materials

In addition to the HPTN 074 Intervention Manual counseling documents, there are additional materials that should be available at each counseling session and booster module.

- Pill Boxes
- Blank note taking paper
- Blank Card to record homework to give to participant

CHAPTER 7: RESPONSIBILITIES OF THE SYSTEMS NAVIGATOR

The primary responsibility of the systems navigator is to address any systems/structural barriers for study participants enrolling in HIV medical care and drug treatment as well as barriers to obtaining and adhering to ART. These barriers may include difficulties in scheduling an appointment for medical care, assisting in acquiring any necessary paperwork for obtaining medical care, and brokering between health care professionals and participants.

The systems navigators need to have detailed knowledge of HIV medical care and drug treatment systems and social services. Also, the systems navigators need have the tools to address systems barriers to medical care and drug treatment enrollment. Systems navigators can utilize psychosocial counseling tools, such as goal setting, CBT, and MI, but do not need a high level of training in these tools. Rather, these tools can be used in encounters with a participant. For example, the system navigator could help a participant set up a medical appointment and then review the necessary steps to get to the appointment and identify challenges they may encounter.

The roles:

- a) Systems navigators are to address communication issues between health care staff and participants. If absolutely necessary, systems navigators can accompany participants to health care visits.

Required knowledge: Systems navigators will need to have an in-depth understanding of the drug treatment and HIV medical care services and what is required for successful enrollment and how to address any barriers.

- b) The systems navigators may **meet with the health care staff** to explain the study and their role, answer questions about the study, and **serve as a contact for the drug treatment and HIV medical care services.**

Required knowledge: Systems navigators should learn enough about the specific drug treatment and HIV medical care sites so that they can call or visit health care providers who can help them address certain issues. They should also have sufficient information to help participants avoid typical problem and barriers. It can be useful for the systems navigators to learn from the health care providers about their clinics and the typical issues that the health care providers address. The more the systems navigators know about the health care system the more they can be proactive and assist participants as well as enhance relationships with health providers.

- c) There may be related non-health care service needs that the system navigator can also address through other organizations or social services. The systems navigator can assist the participant in locating site specific services such as housing services for homeless participants or substance use support groups for those who seek peer support for substance use cessation. The activities of the systems navigator will be determined in part by the services available and by the needs of the participants.

Required knowledge: Systems navigators should learn about the non-health care services available, and who is eligible to use these services. For example: If

NA is not available in your site, find out if there are equivalent peer run support groups for cessation of substance use.

- d) **Reinforce counseling** - The systems navigators will also need to know all of the counseling techniques taught to the counselors. They will **reinforce these techniques as well as review goals set by the participants and the counselors and then help identify barriers and methods to address these goals**. The system navigators should provide **positive feedback** to participants in order to **increase their self-efficacy** and help them **set realistic goals** and identify barrier to those goals. The systems navigators may also review SOLVED and other cognitive behavioral techniques.
- e) **Identifying a supporter** - If the participants are having difficulties recruiting supporters for the sessions the systems navigators may assist by working with the participants. Once permission is obtained from participant and if appropriate, the systems navigator may contact the supporter to explain the program and what would be expected from their participation. This may be conducted by phone or face-to-face.

Weekly check-in by the system navigator:

Systems navigators will have 2 initial encounters with the index held in conjunction with the psychosocial counseling sessions. For the first 8 weeks, the systems navigator will check-in with the index participant weekly, or more frequently if necessary. After the first 8 weeks, the check-ins will be monthly, or more frequently if necessary. The check-ins may be done verbally by phone or in person.

[Note: As the counselors can also be the system navigators, these check-ins can also be conducted by the counselors.]

The goal of the discussion is to assess the participants HIV medical care, identify any barriers to HIV medical care, adherence to HIV medications, and enrollment and retention in drug treatment. If the conversation is by phone, the navigator will first assess whether it is an appropriate time for the participant to discuss their health care needs. They should be in a place where they can talk privately and they can concentrate on the conversation. The navigator should ask the participants if it is a good time to talk or whether it would better to talk another time. If the participant indicates that it is not a good time to talk then arrange for another call. If the system navigator is unsure then ask about the participant's setting and potential for interference by others.

Prior to the conversation the system navigator should review the participants chart (containing the counseling summary forms and counseling diary, see chapter 11) to determine what goals have been made and then ask about achieving the goals. If the participant had a goal of going to the HIV medical clinic and getting on ART, then the system navigator will ask if they were able to get to the clinic. If they were unable to get to the clinic then the navigator will ask about barriers. Some of the barriers the system navigator may need to address by talking to health care providers or other clinic staff (systems/structural barriers, see chapter 5). Some of the barriers may be due to individual factors such as drug user or social factors such as relationships with family (see chapter 5). If the systems navigator identifies systems/structural barriers that they will address, such as talking to a health care provider about an issue, they should tell the participant what they intend to do and then contact the participants later to inform them

about the outcome. If the system navigator identifies individual or social barriers, they may recommend the participant meet with the counselor to discuss and let the counselor know of the identified barrier. The systems navigator may also suggest that the participants come in for a session with either the systems navigator or the counselor as some issues may be too complicated or sensitive to address over the phone.

Other contacts:

The systems navigator and/or counselor are encouraged to use text messaging if it is deemed useful and helpful by the participants. Messaging can be used to remind participants about appointment or for brief check-ins. Specific messages should be developed that do not lead to disclosure. If needed the systems navigator and/or counselor may make home visits. This approach may be used if the participants is ill, impaired, or does not respond to other methods of contact. Also if there is a crisis or event such as drug relapse the system navigator may spend more time to address barriers to care. However, if participants relapse in their drug use, they are still encouraged to take and adhere to their HIV medications as many drug users are able to take their HIV medication and have full viral suppression.

The systems navigators and/or counselors may be requested by the index participant to have access to network injection partners. Any contact between the systems navigator and/or counselor and the network partner will only focus on needs/wants of the index participant. Systems navigators will not facilitate drug treatment for network partners.

Forms to be completed:

- Systems Navigator Encounter CRF (Example provided in Section 11b)
- Systems Navigator Contact CRF (Example provided in Section 11c; in development)

8a. INTRODUCTION TO PROGRAM AND PRELIMINARY NEEDS ASSESSMENT (CONDUCT DURING ENROLLMENT VISIT)

Session Outline

- I. Introductions and explain the purpose of the program
- II. Assess participant expectations of the program
- III. Get baseline information (to assess the preliminary needs of the participant)
- IV. Set homework for next session

Session activity	Suggested script/Probes	Notes
Introductions and explain the purpose of the intervention	<p>Hi and welcome to the study.</p> <p>My name is [counselor] and my role in this study in the beginning is to work with you towards the goal of getting healthier in terms of your HIV and your drug use.</p> <p>We will be spending some time, at first, in sessions focused on getting to know you and your health goals.</p> <p>You just had a session on reducing risks that are associated with your drug use [Note: We are referring to the pre-and post-test counseling]. We will revisit this and spend some more time on this again in the future.</p> <p>This project is to help you figure out your goals for HIV care and for drug use. We will be teaching you some skills that may be helpful for you in dealing with HIV, drug use, and other things that are important for you in your life.</p> <p>We appreciate that people have different priorities and goals in their lives and want to ensure that this study is useful to you. It would help for me to find out a little bit about you over the next sessions.</p>	<p>Assess the amount of time the index has already spent that day for the enrollment activities. If it was a long time, and the participant appears tired, keep this section short, and help them with referral needs including assisted disclosure throughout the following sessions.</p>
Review confidentiality	<p>Our team consists of counselors and system navigators; I am one of the counselors. System navigators will help you interact with the clinics. Everything you tell us will be kept confidential within our team. Unless you specifically ask us to talk to a medical provider for you about your HIV treatment or drug use treatment.</p> <p>As your counselor, I will record what we talk about today, so that I (or another counselor) can refer back to our notes in future sessions.</p>	<p>[NOTE: If in your site the counselor and system navigator are the same person, adapt the information given to be appropriate]</p> <p>Sites are encouraged to have a continuity of the same counselors for participants whenever possible.</p> <p>Counselors should keep log of notes and homework assignments to also ensure continuity of sessions within and between counselors.</p>
Overview of the purpose of the intervention	<p>The main goal of the study is to help you to get you into HIV care and help you live a healthy life. We will also talk about your drug use. Some people want to go into drug treatment. Some people want to slow down their drug use. Some people have their drug use under control.</p>	<p>The philosophy of this is harm reduction. Even active drug users can highly successful HIV treatment and fully suppress their HIV infection.</p>

	<p>If you are interested in drug use treatment we will help you get into a program. Also, we will talk about ways to control your drug use. Regardless of your drug use we want to ensure you get good medical care for your HIV infection.</p>	<p>There is a variety of ways people can address their drug use. Some people do this alone and some people go into treatment. Some people who come in and out of drug treatment and still use drugs, will still manage to reduce risks by, for example, not sharing equipment, as they are not craving drugs so much.</p>
Overview of the intervention structure	<p>You will attend a minimum of two counseling sessions (after this one). Then attend further counseling as needed. Counseling can include a session with a friend or family member who wants to help you manage your HIV care. In general each counseling session will be a week apart. Each individual counseling session will be about an hour. The amount of months you are in this study will depend on your needs, but counseling sessions will typically last up to 3 months.</p> <p>We will also provide help navigating the HIV clinics and drug treatment centers. If you are having difficulties accessing medical services or there are issues with your HIV care or drug treatment then I or another member of our team (i.e., a system navigator) may be able to assist with these issues. For example we can provide assistance with getting appointments. These sessions will last 3 months. If more counselling is needed, we can then assist you in finding further treatment.</p>	
Questions	Do you have any questions about the study?	
Brief Needs Assessment	<p>We appreciate that you just completed a survey telling us about your health and drug use history and other relevant aspects of your life. However we do not have access to that information (to keep the confidentiality of your data) therefore I would like to ask you some similar questions to start to get to know you. The reason we will ask the following questions is so that we can tailor the program to your needs. Please give me the most accurate information you can...</p> <p>1) HIV care and treatment.</p> <p>When did you first find out you were HIV-infected?</p> <p> _ _ (DD)</p> <p> _ _ _ (MMM)</p> <p> _ _ (YY)</p> <p>Where are you with your HIV care? Have you seen a doctor yet about your HIV treatment?</p>	<p>[Record relevant responses on counseling summary form]</p> <p>[Record relevant responses on counseling summary form]</p>

	<p>Are you currently taking ART (medications for HIV)? If yes, which ones? What difficulties have you encountered or do you think you will encounter. If you have not seen a doctor - <i>If no, have you made an appointment?</i> Have you tried to see a doctor? If yes, what difficult have you encountered? If no, what difficulties do you think you will encounter.</p> <p>2) Drug use history</p> <p>In the last 2 weeks, did you use a needle to inject any drugs under your skin or into a vein? If yes, what types? In the last month, on how many days did you inject drugs? How often do you share needles or injecting equipment? By this I mean use someone else's or lend your needles/equipment.</p> <p>Are you currently in drug treatment? If yes, what type? If no, have you ever taken MMT or buprenorphine in the past? When was the last time you visited drug treatment?</p> <p>3) Current sexual activity</p> <p>In the last month, did you have vaginal or anal sex? If yes, how often did you use a condom during vaginal or anal sex?</p> <p>4) Alcohol use</p> <p>How often do you have a drink containing alcohol? How many standard drinks containing alcohol do you have on a typical day? (use card with definitions) How often do you have six or more drinks on one occasion?</p> <p>5) Disclosure</p> <p>[If known HIV-status for more than a day] Do you have a person who you could bring in as a supporter for you in this program? If yes, who is this person? Have you disclosed your HIV-status to this person?</p>	<p>[Record relevant responses on counseling summary form]</p> <p>[Record relevant responses on counseling summary form]</p> <p>[Record relevant responses on counseling summary form]</p> <p>[Record relevant responses on counseling summary form]</p>
Summary and Homework for next session	<p>Thank you so much for you time today. We are keeping our conversation brief today as I know you have had a long day. In the next session, I will spend more time getting to know you and your health goals. Specifically next time, we are going to talk about HIV care and treatment. Before finishing today, lets go over some of your next tasks before coming back.</p> <p>[MEDICATIONs: If not currently on HIV treatment]:</p>	

	<p>Lets go over the HIV referral you were just given. I believe you were given a list of what you will need to take with you to get HIV treatment. [REVIEW REFERRAL INSTRUCTIONS PROVIDED DURING ENROLLMENT]. Shall we talk through this list again? Do you have any questions? [For Vietnam: Do you have a person who you can take with you 'supporter'? If yes, have you disclosed your HIV status to them? – Assess the need to for assistance with disclosure or obtaining IDs and paperwork, and when best to give this assistance]</p> <p>Do you think you will be able to make an HIV care appointment before our first session? If yes, please make a note of any challenges you face and we can talk about them next time. If no, we will talk about what steps you can take next time, and how this program can help you.</p> <p>[MEDICATIONS: If currently receiving medicines for your HIV]</p> <p>Do you know what HIV medications you are on? If yes, what are they called? If yes or no, please bring your pills with you next time. I would like you to think about any concerns and questions you have about your HIV treatment. (Counselor give him a small card which indicates that "Please bring your pill with you on the date --/-- for the next counseling session" in order to remind him to bring the pills</p> <p>[ALL PARTICIPANTS]</p> <p>When you go back home, please make a note onto this card of any challenges you face in getting/taking HIV treatment and care" Bring this card back next time.</p>	<p>[Sites can prepare these cards to have text pre-printed]</p> <p>[Give cards with numbered spaces for challenges]</p>
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8B. SESSION 1 [REQUIRED SESSION] – HIV TREATMENT

Objectives:

- Assess HIV treatment history and status
- Understand the goal of HIV treatment;
- Assess drug use history (including past treatment)
- Identifying needs (referral to HIV care, adherence to ART, drug use treatment, and relapse prevention,)
- Discuss and review major barriers to treatment (e.g., side effect)
- Set homework (assessing goals and priorities)

Session activity	Suggested script/Probes	
Get to know participant	<p>Welcome back. The last time we met, I outlined the program. However I did not have to much time to get to know you. Can you tell me a little more about yourself</p> <ul style="list-style-type: none">• Age?• What is your occupation?• What is your living situation?• How often do you see your family?• How well do you get on with your family?	<p>Spend time <u>building rapport</u> with participant. We want the participant to enjoy sessions so they are motivated to come back.</p> <p>Taking notes of what participant tells you in the counseling diary and remembering in next session will help continuity and give participant confidence that you are listening and that you care.</p>
Explore HIV treatment status	<p>In this session we are going to focus on your HIV medical care. When you first came in you indicated that [choose relevant option]:</p> <ol style="list-style-type: none">1. You hadn't seen a doctor for HIV,2. You had been to an HIV clinic but are not on antiretrovirals (ARVs),3. You are in care and taking ART <p>Has this changed since you the last time I saw you?</p> <p>Probe: Since I last saw you, have you seen an HIV doctor? Started ARVs? Do you know what your viral load is?</p> <p>If taking ARVs: Do you have your pills with you today? If yes - I would like to make a note of what you are taking? If no - do you know the name</p>	<p>Record current status on counseling summary form</p> <p>Record whether they have pills and what medication they are taking in the counseling diary</p>

	of the drugs? If yes or no – please bring your pills in next time also so we can discuss your specific medication.	
HOW HIV MEDICATIONS WORK:	<p>We will discuss the barriers and challenges to your getting HIV medications to improve your health and staying on them, but before we do this, I would like to briefly go over how HIV medications work. You may know most or all of this information but this information may help you plan your HIV medical care.</p> <ul style="list-style-type: none"> - Many people now who have HIV can live long and productive lives due to medications. - These medications, which are called antiretrovirals, stop the virus from reproducing in your body. They don't get rid of the virus. You could think of it as they are freezing the virus. But once you stop taking the medications the virus comes back and attacks your body. Also if you don't take the medications all the time they may stop working. - Since they are very powerful medications they can have unpleasant side-effects. Many of these side effects go away after a while but sometimes your health care provider may recommend a different medication. - Once you are on HIV medications you tend to get healthier, stronger, and are less likely to get sick. The reason for this is the medications stop the virus from destroying your immune system. The immune system is what defends your body against disease. 	Reminder: There is strong evidence that people who are currently using drugs can be successful and adherent to ARVs.

	<ul style="list-style-type: none"> - The sooner you can get on HIV medications and take them as directed the better for your health. Even if you are using drugs or relapse you can take HIV medications. Don't stop taking them even if you use drugs. - There are two key things that tell you about how well your HIV medications are working and your health. <ul style="list-style-type: none"> o The first is CD4 count. CD4 is a type of cell in your body and is a measure of the health of your immune system. A high CD4 count suggests that your immune system is functioning well. o The other measure is viral load. Viral load is a measure of how many HIV virus you have in your body. Lower viral load usually mean that HIV medications are stopping the virus from reproducing. Sometimes there is so little virus in your body that the tests cannot find them. This is called 'undetectable', but this doesn't mean that there are no viruses. If you stop taking medications the viruses will quickly start to reproduce in your body. 	
REVIEW OF INFORMATION SESSION:	<p>I know we have covered a lot of material. Therefore let's go over the most important points. Let's do a quiz:</p> <p>1) What do you want to be high, your CD4 or Viral Load?</p>	<p>You can make cards with the quiz questions.</p> <p>Note: Remember that for people outside this study,</p>

	<p>Answer (regardless of what they respond): CD4 you want to be high as it is a measure of how well your immune system is working. Viral load you want to be low as it is measuring the amount of virus in your blood.</p> <p>2) When is it better to start ARVs?</p> <p>Answer: As soon as you are eligible.</p> <p>3) Can you start ARVs if you are currently taking drugs?</p> <p>Answer: Yes there is no reason to postpone ARVs while you are still taking drugs.</p> <p>4) What happens if you stop taking HIV medications (ARVs)?</p> <p>Answer: The virus will start replicating again and come back. Also the drugs may stop working.</p>	<p>they may not be eligible for ART until their CD4 is below 350. Therefore the rules that apply to our participants may not apply to others in the rest of the community</p>
<p>If currently taking ARVs. Assess adherence</p>	<p>Now let's discuss HIV treatment again.</p> <ul style="list-style-type: none"> • When was the last time you missed any of your anti-HIV medications? • In the last month, on about how many days did you miss at least one tablet? <p>You mentioned you are currently taking ARVs. Can you tell me about times when it was difficult to take your medications? When was the last time you didn't take your medications? What was the reason you did not take medication? How often are they unable or forget to take their medications.</p> <p>There are a lot of strategies to help with medication adherence. What methods do use to help remember to take your medications? It is great that you have some strategies. Next time we meet we will discuss other strategies.</p>	<p>For participants who know they have high viral loads [>1000] and report high levels of adherence it is possible that either they were not highly adherent until recently or that that they have drug resistance; that is their HIV is resistant to their current ARV treatment. For the latter situation a change in ARVs to a second line medication is indicated. However, it is often difficult to distinguish between suboptimal adherence and resistance without resistance testing. If the participants insist that they always take their medications, that they almost never miss a dose, and adherence is</p>

	<p>[If they cite side effects as a reason for not taking medications] Remember, many of these side effects go away after a while but sometimes your health care provider may recommend a different medication. Discuss these side effects with your doctor. [Assess whether participant needs help communicating with doctor] Next time we talk we will discuss in more detail some strategies to help with medication adherence.</p>	<p>above 90% continue to work with them on adherence (Session 2). If there is evidence of high levels of adherence the system navigator should assist participant with seeing their providers and asking about resistance testing.</p>
<p>If not on ARVs. Assess READINESS to start ART</p>	<p>Now let's discuss HIV treatment again. When thinking about the next few weeks how important is getting on HIV treatment to you on a scale from 1 to 10? 1 being the most important, and 10 being the least important. If ARVs are a low priority: Go to next activity on <u>motivational interview</u> If ARVs are a priority: Go to next activity on <u>barriers</u></p>	
<p><u>Motivational Interview</u> if ARVs not a priority.</p>	<p>The medical treatments for HIV have helped many people.</p> <p>What are you concerns about receiving HIV medical care?</p> <p>Do you think that ARVs would be useful to you? If no, are you concerned that HIV medications don't work?</p> <p>Are you concerned about your health at this time? If no, you may not notice that HIV is weakening your body. A doctor can tell you how HIV is affecting your body and when it is important to receive HIV medications.</p> <p>What would be the benefits of your getting on HIV medications? What would you be able to do if you felt</p>	<p>Use <u>active and reflective listening</u> with the participant. Note whether concerns are structural in nature, or more due to personal circumstances or beliefs. Revisit HIV knowledge activity, if participant does not see benefit of ART. These notes will help you to determine which sessions are a priority for participant, and whether they need assistance from system navigator. Move to next activity on barriers to get more information.</p>

	<p>better and had more energy?</p> <p>Is there anyone who would want you to get HIV medical care? How would they feel if you are successful in getting on HIV medical care?</p> <p>Thinking about the pros and cons, do you think that you want to get a medical appointment so that you can get HIV medical care? (if no, would you like to talk to a doctor to find out more about the benefits of HIV medical care?</p> <p>If he say yes, what are information that counselor should talk to provider about)</p>	<p><i>Remember the 5 principles of MI: (1) Express empathy through reflective listening; (2) Develop discrepancy between clients' goals or values and their current behavior; (3) Avoid argument and direct confrontation; (4) Adjust to client resistance rather than opposing it directly, also known as "rolling with resistance"; and (5) Support self-efficacy and optimism.</i></p>
<p><u>Barriers</u> to initiating ART – If not on ARVS</p>	<p>For all participants who are not currently on ARVs. Probes: What types of things might get in your way of going to the clinic? Would your drug use be a problem to go to the clinic? Once you make an appointment are there ways you can remind yourself to go or have some else remind you?</p> <p>[PROBLEM SOVE: Give the participant the cards listing possible barriers to getting on treatment. Ask participant if there are any other barriers that are not listed In survey. If there are create a card (from blank paper) and put into pile of cards] EXERCISE: Sort the cards (appendix 1) listing reasons that you are not yet ART. Put them into piles of: not a problem; somewhat of a problem; a big problem. The cards can have symbols to help in the case of reading difficulties.</p>	<p>Review barriers listed on the baseline survey to see if they match or if you have any additions from this session. Cards for pile sorting will be colored separately into a) Structural barriers that a system navigator can address and b) Barriers related to personal beliefs and circumstances which a counselor can address. <i>Remember that you can use the <u>SOLVED</u> technique for effective problem solving.</i></p>
<p><u>Plan</u> - if not on ARVs</p>	<p>Let's go over what you need to bring to the clinic.....</p>	

	<p>[Review Referral Instructions]</p> <p>Let's make a plan for your getting a medical appointment and going to the HIV clinic. [Assess the need for the assistance of a systems navigator]</p> <p>Probes: When would you call to make an appointment or visit the clinic? Do you know where you need to go?</p> <p>It is great that you are making a plan. What positive things can you say to yourself to encourage you to go to the clinic?</p>	
Assess drug use history	<p>Let's change topics to talk about your substance use history, so I can get a better idea of the other aspects of your life.</p> <p>You mentioned last time we talked that you...</p> <p>[Review which drugs they were using and how often; when was the last time they used] Is this correct? In addition, can I ask...</p> <ul style="list-style-type: none"> • In the last 2 weeks, did you use a needle to inject any drugs under your skin or into a vein? • What type of drug(s) do you inject? • In the last month, on how many days did you inject drugs? • How often do you share needles or injecting equipment? By this I mean use someone else's or lend your needles/equipment. 	Assess drug use history
Assess drug use treatment history	<p>Tell me about your experience with drug use treatment.</p> <ul style="list-style-type: none"> • Are you currently in drug treatment? • If yes, what type? <ul style="list-style-type: none"> ○ [If no] have you ever taken MMT or 	Assess drug use treatment history

	<p>buprenorphine in the past?</p> <ul style="list-style-type: none"> ○ [If yes] when was the last time you visited drug treatment? 	
Homework	<p>I would like you to think of what are some of your priorities and or goals are for your life at the moment? What are some things that you would like to accomplish? When thinking about this, we would like you to focus on your health, especially HIV and your drug use.</p> <p>Your goal or priority might be directly to improve your health through addressing your drug use or getting onto treatment for your HIV. Or your goal might be to get healthier to improve your relationships with family or friends or your work opportunities.</p> <p>For your homework: Please think about these goals and priorities for next time.</p> <p>MEDICATION:</p> <p>If not on ARVs: Now when looking back at our plan. What would be reasonable for you to do to get medical care by the next time we meet? For example: schedule an appointment; collect the necessary paperwork; go to a HIV medical appointment; fill your prescription for ARVs.</p> <p>If on ARVs, remember next time bring your pills, so we can talk about your pill taking routine and any other challenges taking your medication.</p>	<p>COUNSELORS HOMEWORK:</p> <p>Using information from this session assess timing for booster modules (see chapter 9):</p> <p>Is participant sexually active? Does sexual transmission need to be address? (Sexual risk reduction module, 9c)</p> <p>Does participant lend or give any injection equipment? (Injecting risk reduction & drug splitting, 9d)</p> <p>Does the participant receive pre-filled needles and/or used needles? (Injecting risk reduction & drug splitting, 9d)</p> <p><i>Remember the tips for goal setting:</i></p> <p><i>A) provide rationale for setting goals</i></p> <p><i>B) Elicit desired outcomes</i></p> <p><i>C) State goals in a positive light</i></p> <p><i>D) Weigh advantages and disadvantages</i></p> <p><i>E) Define behaviors related to goal</i></p> <p><i>F) Define a level change</i></p>

8c. Session 2 [REQUIRED SESSION] – PROGRAM GOALS & ADHERENCE

Objectives:

- Assess participants goals, objectives and expectations of the program
- Understand the importance of ART adherence
- If not currently taking HIV medications – address drug use and options for drug treatment

Session activity	Suggested script/Probes	Training Notes
General Check-in	Do you have any other updates from last week? How are you feeling? How has things been with your [spouse/family/children]?	Counsellors need to be trained to keep people on task but allow for general check-in Record relevant updates and changes in the counselor diary
Homework Check-In	Welcome back. It's good to see you again. The last time we met, I outlined how HIV medications work, and I got to know you a little better. I also gave you some homework: #1 GOALS AND PRIORITIES: I asked you to think of what are some of your priorities and or goals are for your life at the moment, and what are some things that you would like to accomplish. I asked you to focus on your health, especially HIV and your drug use. Were you able to think about these things? If yes , what are some of your goals and priorities? If no , let's talk about it now. Is there anything in particular you would like to accomplish in the near future? Probe: Your goal or priority might be directly to improve your health through addressing your drug use or getting onto treatment for your HIV. Other goals might be to get healthier to improve your relationships with family or friends or to improve your work opportunities.	Provide positive feedback even if homework was not accomplished. During each session discuss the patient's goals. Discuss the concept of goal setting and breaking larger goals into smaller steps . For example, to get a new job, individuals may first decide what skills one possessed and what jobs are appropriate. Then they would talk to friends and acquaintances about available jobs. They could have a goal of talking to three new people about a job. Quitting drugs is a major goal, it is best to break this goal down into steps. Some of these steps would be those necessary to get to a drug treatment center and enroll in drug treatment. After that if support

	<p>[Important: Note the participants main goals in counselors diary, then use that information during next session to determine the most appropriate session/module to cover in the counselors summary form]</p> <p>#2 MEDICATION: Let's review what's going on with your HIV medical care. Last time you said that:</p> <p>(#1) You had not seen a medical provider about your HIV (#2) You had seen a provider but were not put on HIV medications (#3) You were prescribed medications but hadn't started taking them (#4) You are on HIV medications Is this correct?</p> <p><u>If category #1 to #3, not on ARVs during last visit:</u> Now when looking back at the plan we made last time. You were planning to..... [For example: schedule an appointment; collect the necessary paperwork; go to a HIV medical appointment; fill your prescription for ARVs] Did you manage to make any progress on that?</p> <p>If yes, wonderful.</p> <p>[Questions on Counseling Summary Form]</p> <ul style="list-style-type: none"> • Have you seen a doctor about your HIV treatment? • If no, have you made an appointment? • Are you currently on ART? <p>[Additional Probes]</p>	<p>programs are available they may want to have a goal of attending such programs. Other aspects of the goal setting would include avoiding situations that increase the risk of relapse.</p> <p>Finding activities that are a substitute for drug use is an important goal. Developing methods of dealing with stress is important, as is finding people with whom to talk if there's a desire to use drugs.</p> <p>Overall the sessions aim to breakdown the <u>goal setting</u> process into manageable steps, acknowledge and reward them for accomplishing these steps, and provide skills training and social support to achieve these steps.</p> <p>An important aspect of <u>goal setting</u> is encouragement and verbal praise for all the small steps in achieving the goal. For example, if the participant has the goal of reducing drug use, one step would be to think about how they could avoid drug using friends. The counselor should encourage them for such a step, but these steps should be based on the participants' own goals and the steps that</p>
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	<p>What progress did you make?....Can you tell me about your experiences?....Where you prescribed ARVs? If yes,... [Move to activity “if on ARVs - Adherence”] If no, lets discuss the next steps to get you into treatment...[Go over the cards about barriers to get to the clinic]....[assess need for systems navigator]...[Move to activity “if NOT on ARVs – Addressing Drug Use”] If no, don’t worry, we are pleased that you decided to return to the project and that getting medical care is a complicated process.</p> <p>Ok, let’s talk about the challenges you faced in trying to meet your goals. It can be helpful to list barriers and then plans to overcome them.</p> <p>For category #1 – [Go over the cards about barriers to get to the clinic]... [Make a plan for next steps]...Move to activity “if NOT on ARVs – Addressing Drug Use”]</p> <p>For category #2 - When is your next appointment? [Make a plan with participant to get to it – involving systems navigator when necessary]... Move to activity “if NOT on ARVs – Addressing Drug Use”]</p> <p>For category #3 & #4 - [Move to activity “if on ARVs - Adherence”]</p> <p><u>If option 4, on ARVs during last visit.</u> Did you remember to bring your pills today?</p>	<p>they decide to take to achieve these goals.</p> <p>[NOTE THE CURRENT HIV CARE AND TREATMENT STATUS ON THE COUNSELING SUMMARY FORM]</p> <p>A poster of ARVs should be developed and used to identify the pills.</p>
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	<p>If yes, can we look at them now?..[Record what the participant is taking on counselors diary] [Move to activity “if on ARVs - Adherence”]</p> <p>If no, can you remember what pills you are taking? [show participant card of regimes and ask them to identify what they are on] [Move to activity “if on ARVs - Adherence”]</p>	

IF ON ARVs:

<p>ACTIVITY #1</p> <p>Adherence</p>	<p><u>Discuss the medications:</u> Different medications have different doses, and are taken at different times, and may have food restrictions. For your medication, what is the dosage, and are there any food restrictions? [Ensure that the client has correct information about all of these factors] Can you tell me about times when it was difficult to take your medications? If yes, when was the last time you missed any of your anti-HIV medications?</p> <ul style="list-style-type: none"> • Within the past week • 1-2 weeks ago • 3-4 weeks ago • 1-3 months ago • Never <p>In the last month, on about how many days did you miss at least one tablet? ___ days [Record on the counseling summary form] ADHERENCE PLAN: [Work with client on developing an</p>	<p>For the adherence sessions for those who are reporting high levels of medication adherence we may want to ask them to anticipate events that may impede adherence. Some common events are change in routine, such as staying out late, traveling, and not feeling well. Sometimes participants may forget to take medications on time. If they are taking it twice a day (morning and night, the first dose can be taken until mid-day). For once a day if they forget in the morning they can take up until night. If they take at night then they can take the following morning [let's check on how we want to word this]</p> <p>The main message for side-effects is that most of them go away after a week or two for serious side effects see health care provider immediately.</p>
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	<p>adherence plan. Provide the client with a pill, and show the client how to use the pill box. Develop a plan of when the client will take the medication. Discuss using an alarm such as a cell phone for a reminder. Discuss factors that can help remind the client when to take the medication. These could be people, such as family and friends, and events, such as teeth brushing. Work out a detailed plan for when medications will be taken. Discuss impediments to the plan. What happens if they go away for a few days? Emphasize that if the client forgets to take the medication the client should resume their medication as quickly as possible. Acknowledge that it may be difficult to take medications as directed. Discuss barriers and challenges, and problem solve the solution. Discuss the importance of medical appointments even if the client is feeling good. Emphasize that even if the client is using drugs they should stay on their medication. Their medications will be helpful even if they are using. They should also go to their medical appointments when they are using drugs. Drug use is difficult to stop and it may take some time to become clean. Suggest to the client that it can be useful to think about questions to ask during the medical visit and write these questions down. It is important to tell your medical provider</p>	<p>Also consult with health care provider about any side effects. For participants on MMT or buprenorphine their dose may need to be adjusted if they are on ARV. They should tell their MMT health care provider that they are on ART.</p>
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	<p>month? Multiple times every day? All day, every day?</p> <p>Intensity: Is this a minor problem or something severe? If you rank it on a scale from one to five, where does it fall? If the intensity varies, noting this in detail with each occurrence can be part of the daily record you keep.</p> <p>Duration: Is this a problem that lasts only a few minutes or does it continue over many hours or days? When it happens, does it come and go, or does it continue without a break?</p> <p>Pattern: Can you identify any pattern related to when and why the symptom occurs? Does it only happen at a certain time of day? Does it occur shortly after you take your drugs? If it's a stomach or gastrointestinal symptom, is there any pattern related to eating particular foods or beverages? Does your level of physical activity affect it? Does it only occur at night?</p> <p>Treatment: Is there anything you have found that helps? Perhaps most importantly, tell your doctor if a side effect is adversely affecting your life in important ways.</p> <p>If you have taste changes that make food unappealing, with the result you don't want to eat, that's important. If you have diarrhea so often it keeps you from leaving the house, that's important. This is true for the whole list of symptoms that can cause undesirable changes in your life.</p>	
Adherence Barrier – Forgetting and Refills	<p>FORGETTING</p> <p>Many people report that they sometimes forget to take their medication. Therefore let's talk</p>	

	<p>about some strategies that can help you remember.</p> <ul style="list-style-type: none"> - Give every participant a pill box. Show the client how to use the pill box. • Develop a plan of when and where the client will take the medication. Developing a routine. Is there a time that participant could take medication at the same time every day? • Discuss factors that can help remind the client when to take the medication. These could be people (e.g., family assigned to remind you) and events, such as teeth brushing. • Ask if they have a cell phone with an alarm clock or another alarm clock that they could use. Teach participant how to set up reminders. [Site should explore the best reminders e.g., texts, automated emails, google calendar reminders, cell phone alarms...] Also the location of the pill box can be important. [there may be free reminder emails or text that can be sent to their phone.] • Work out a detailed plan for when medications will be taken. 	
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	<ul style="list-style-type: none"> • Discuss impediments to the plan. What happens if they go away for a few days? <p>Emphasize that if the client forgets to take the medication the client should resume their medication as quickly as possible. If participant remembers on the day that they forgot their dose, tell them to take missed dose before bedtime. If participant remembers on a following day, tell them to just start taking doses as normal (do not double up on doses).</p> <p>REFILLS: Another factor that may impact adherence is not obtaining medication refills on time. Help the client plan and problem solve for obtaining refills at the pharmacy.</p> <ul style="list-style-type: none"> • Discuss the importance of medical appointments even if the client is feeling good. Emphasize that even if the client is using drugs they should stay on their medication. Their medications will be helpful even if they are using. They should also go to their medical appointments when they are using drugs. Drug use is difficult to stop and 	
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	<p>it may take some time to become clean.</p> <p>Medical appointments: Suggest to the client that it can be useful to think about questions to ask during the medical visit and write these questions down. It is important to tell your medical provider about any side effects or other medical problems that they may be having. Also discuss potential barriers to attending a medical appointment.</p>	
Adherence Barrier-Common Side Effects	<p>[Review site specific common side effects with participant. Detailed information on different medications and their side effects are in 8e. Appendix 2.]</p>	<p><u>Site specific common medications and sides effects:</u></p> <p>Vietnam</p> <ul style="list-style-type: none"> • Type 1 for patients who have taken ARV recently, there are 3 common side effect: <ul style="list-style-type: none"> ○ Rash ○ Nausea ○ Headache • Type 2 for patients who have taken medication for long time, they have 3 common side effects: <ul style="list-style-type: none"> ○ Anemia ○ Kidney related disease ○ Swollen breast among male patients (efavirenz) <p>Indonesia</p> <ul style="list-style-type: none"> • <p>Ukraine</p> <ul style="list-style-type: none"> •

INFORMATION REVIEW AND CLOSE OUT	<p>INFORMATION OBTAINED TODAY: I would like to review your information and some of things we have talked about today. [With Participant, review the following topics on Part B of the counseling summary form that you have already covered]:</p> <ol style="list-style-type: none"> 1. HIV medical care 2. HIV adherence status 3. Drug treatment status 4. Current Drug Use? 5. Currently sexually active? 6. Current levels of alcohol use? <p>INFORMATION STILL NEEDED: [For topics NOT already covered obtain the most recent information using Part B of the counseling summary form]</p> <p>STATUS OF DISCLOSURE TO SUPPORTER: Lastly, let's talk about your potential supporter....Have you identified a potential supporter? [Record on counseling form] Have you disclosed your HIV status to this person? [Record on counseling summary form] [If not, consider conducting disclosure assistance session]</p>	<p>USE CHECKLIST ON COUNSELING SUMMARY FORM TO ASK QUESTIONS THAT DID NOT COME UP IN SESSION</p>
SUMMARY	<p>[Verbally reward the participant for coming in, and tell them they are doing a great job as adherence is very difficult] Example: You are taking important steps to improve your health. [Summarize the barriers identified, the participant's goals for HIV treatment and treatment adherence. The summary</p>	

	should be sufficiently detailed that another counselor can review prior to the next session and be able to continue the intervention without repeating prior materials.]	
HOMEWORK	[Give a copy of the medication reminder/adherence plan created in this session with listed strategies. They will record what worked and didn't work with the plan.]	[Record plan on piece of paper and give to participant]

If NOT on ARVs

ACITIVITY Choose Next Module	[Drug Treatment Module should ideally be conducted next. Unless there is another major barrier to initiating ART treatment. Assess the barriers to initiating ART discussed already in this session and complete Part B of the counseling summary form . Choose and conduct next module.]	
Homework	<p>MEDICATION: If not on ARVs:</p> <p>Let's also discuss your HIV treatment again. Now when looking back at our plan, let's review what you can do to get on HIV treatment before we meet again. For example: schedule an appointment; collect the necessary paperwork; go to a HIV medical appointment; fill your prescription for ARVs.[IF necessary review referral instructions. If participants need to bring supporter to HIV clinic review whom they will bring and when they will ask them to come with them to the clinic.]</p> <p>Drug treatment plan – Review plan for drug treatment.</p>	Make a note in counselor's diary which module might be suitable for the next counseling session and assess what assistance is required by the systems navigator.

8d. Appendix 1: My Health Map

My Health Map

1. Name

2. Date

3. How am I feeling?

- Choose a number from 1 to 10 to describe how you feel: 1 = feeling bad 10 = feeling great
- Think about your body. What feels better or worse physically? Do you have any specific symptoms or pain? Draw this on the body: Mark these spots and add words or symbols to describe what you feel and where.
- Think about your mood. Are you feeling more happy or sad these days? Draw this on the body: Mark these spots and add words or symbols to describe how you have been feeling.

4. Encouraged by/Discouraged by

- Write down what have you done this week that made you feel encouraged about your health and wellness. For example, you may have eaten a healthy meal, taken your medication on time, attended a support group or exercised.
- Write down what happened this week that made you feel discouraged about your health and wellness. For example, you may have missed a dose of your medication, had unpleasant side effects or did not exercise.

5. Life happenings

- Think about any important happenings in your life this week. Write down what you feel hopeful about and what you are worried about.

6. Medications and other substances (herbal therapies, vitamins, marijuana, alcohol, etc.)

- List any medications or other substances you are currently taking or want to take.
 - Write down whether you missed any doses this week.
 - Write down any challenges with taking your medications. For example, you may have had difficulty remembering to take them or were unsure whether to take them with food or on an empty stomach.
 - List fatigue, nausea, depression or other side effects you had.
- #### 7. Questions to ask my doctor
- Write down any question you would like to ask your doctor. For example, you might want to know how to deal with side effects, get test results, or find out about your reproductive health.

8. Extra info

- Write down any extra information. This information could include, for example, your CD4 count or viral load.

My Health Map

1. Name

2. Date

3. How am I feeling? /10

4. Encouraged by/ Discouraged by

5. Life happenings

6. Medications and other substances

7. Questions to ask my doctor

8. Extra info

8e. APPENDIX 2: Common ART Side Effects

NAUSEA

- *All drugs can cause nausea, though some (for example, protease inhibitors) are more likely to cause this problem than others*

If the nausea or appetite loss you are experiencing appeared just after you began taking a new medication, your drug is a possible cause of your symptoms. If the problem doesn't improve over the next few weeks, talk to your doctor about it. In many cases, these side effects diminish or disappear after a short time on the medication, so it may be worthwhile to stick it out rather than immediately stopping or switching drugs.

Another factor to consider is the timing of your medication. Consult your doctor or pharmacist to determine whether taking your drug at a different time of day could help. Some drugs cause less nausea when taken with a full meal; others should be taken on an empty stomach.

RASH

- *The most common drugs to cause a rash are: nevirapine (Viramune), efavirenz (Sustiva), abacavir (Ziagen or Trizivir). However, all drugs can cause rash.*

Most rashes show up within the first four to six weeks after a new drug is started. However, they can sometimes develop later. Some people develop a rash when they start taking antiretroviral therapy, most commonly if their combination contains certain protease inhibitors or non-nucleoside analogues (non-nukes). Women are more likely than men to develop a rash related to non-nukes.

The protease inhibitor atazanavir (Reyataz) causes a mild rash during the first two months in about 10 percent of people with HIV, but the rash usually disappears within a few weeks of being on the drug.

In rare cases, darunavir (Prezista) and fosamprenavir (Telzir) can also cause rash, and people who have an allergy to sulfa medications may be at higher risk of an allergic reaction with these medications. Occasionally, rash has also been reported with raltegravir (Isentress), maraviroc (Celsentri), and Stribild. Medicines used for treating hepatitis C can often cause rash.

At one time, serious rashes caused by hypersensitivity to the drug abacavir were somewhat common, but it is now routine to test for this reaction before abacavir is prescribed. Rashes associated with other anti-HIV medications can also sometimes be very severe, and screening for hypersensitivity to these other drugs is not available.

Any rash with the drug nevirapine (Viramune) should be checked out. It could be just a mild, temporary side effect or it could be sign of a serious hypersensitivity reaction, especially if the rash is moderate to severe, or associated with liver toxicity, fever and feeling unwell. There is no screening test available to predict hypersensitivity to nevirapine, though women are at higher risk than men, and generally people with higher CD4 counts are at higher risk. This reaction is very serious and can be fatal if it is not recognized and the drug is not stopped. Always report rash with nevirapine to your doctor right away.

Fortunately, most medication-induced skin rashes are mild to moderate, and many do not require stopping the medication. However, the only solution for severe skin rashes related to a drug is to stop taking the drug causing them. Although some drugs can be tried again after a mild rash, usually at lower starting doses, this is not the case with rashes caused by abacavir or nevirapine; these drugs must never be used again.

Milder medication-caused rashes are less likely to develop into severe problems but should still be reported to your doctor. They may disappear without treatment. If they do not, antihistamine

drugs are one treatment option. Do not take antihistamines without checking with your pharmacist or doctor about the possibility of interactions with your other medications. Locally applied creams, often containing a corticosteroid, can help suppress inflammation associated with a rash, but long-term use of these is not recommended because of their potential to weaken the immune system when they are absorbed.

Less serious rashes can also be caused by a bacterial, fungal or viral infection. A syphilis infection can cause a rash, and that rash can appear when someone starts antiretroviral therapy, so a workup by an HIV-knowledgeable dermatologist is a good idea if possible, as is regular testing for syphilis in sexually active people. Diagnosing and treating any underlying infection should cause the rash to clear up quickly.

DIARRHEA

- *If an individual is prescribed nelfinavir (Viracept), lopinavir/r (Kaletra), ritonavir (Norvir), and amprenavir (Agenerase):*

It is important to report to your doctor any diarrhea that is frequent, watery, lasts for more than a couple of days or contains blood. Also report any on-going problems with gas or bloating. These conditions have many causes and can be complex to address. HIV itself damages the gut by attacking immune cells there. Many HIV medications are a common cause of diarrhea, gas and bloating.

However, they can also have causes unrelated to HIV disease, such as functional bowel disease (irritable bowel syndrome and inflammatory bowel disease), lactose intolerance or gluten sensitivity. Infections, including bacterial and parasitic infections, can also cause diarrhea. These causes can be dangerous and lead to severe health problems, such as wasting. The best approach is to see your doctor for a full workup to determine the specific cause or causes and to develop a comprehensive treatment strategy.

Many medications, including antiretroviral medications and other medications used in the treatment of HIV, list diarrhea, gas and bloating among their possible side effects. Often these will be short-term side effects that will disappear after a few days or weeks of treatment. In some cases, however, these side effects continue long-term.

It is crucial to prevent dehydration when you are suffering from diarrhea. As long as diarrhea continues, consume plenty of calories and drink plenty of healthy fluids, such as water, juices, herbal teas, broth and fruit juice smoothies. You should consume at least 1.5 litres of fluids every day, and more if the diarrhea is ongoing and causing substantial fluid loss. Also, be sure to consume enough high-quality calories. Diarrhea causes food to move faster than normal through the digestive system, meaning all nutrients may not be absorbed.

NEUROPATHY

- *If an individual is prescribed ddI (didanosine, Videx) and/or d4T (stavudine, Zerit):*

Peripheral neuropathy can cause numbness, tingling, burning and sometimes severe pain. It most often occurs in the toes, feet and lower legs, but can also arise in the hands and arms. Normally, both sides of the body are affected. It is important to identify the cause so it can be addressed, and your doctor may want to order some tests.

If your nerve symptoms appear to be caused by a medication, it should be stopped as soon as possible. Delay could result in permanent problems. When medications causing the problem are stopped shortly after symptoms begin, pain and numbness usually subside over time. Too many people have ended up with permanent pain, numbness and burning because the symptoms of

peripheral neuropathy weren't identified soon enough or they continued too long on the medication after the pain started.

Anything that soothes and reduces pressure on hypersensitive feet or hands can help to reduce pain caused by peripheral neuropathy. This includes:

- limiting the amount of walking
- avoiding wearing tight-fitting shoes and socks
- avoiding standing for lengthy periods
- avoiding repetitive pressure on the hands
- soaking your feet or hands in ice water regularly
- raising your heels or hands off the mattress with a small pillow to help prevent increased pain while sleeping
- keeping heavy covers off painful areas
- exercising regularly
- getting acupuncture or acupressure.

If you are experiencing numbness or lack of sensation in your feet, it's a good idea to get in the habit of checking your feet every day when you remove your shoes and socks. Sometimes neuropathy prevents you from feeling cracks and sores on your feet. A visual inspection can help you identify any problems early to prevent them from getting worse.

HEADACHE

- *If an individual is prescribed AZT (zidovudine, Retrovir):*

Headaches can sometimes be a side effect of ART. In some cases, headaches will only occur during the beginning of drug therapy and will gradually disappear over the next few weeks. In other cases, they may remain long-term, and the only solution may be to switch drugs. Medications should be particularly suspected as a cause of headaches when a new drug treatment has recently been started. Note, however, that such reactions can occur even after months of using a particular drug.

It is important to remember that if you are treating your headache with pain medication, your choice of drugs should be made in the context of all the other factors currently affecting you, including:

- other medications you are taking, because of possible drug interactions
- medical conditions such as liver problems, which would weigh against acetaminophen (Tylenol) because it can be hard on the liver
- other medical conditions such as stomach ulcers, gastrointestinal bleeding problems, intestinal Kaposi's sarcoma, low platelets, kidney dysfunction or low serum albumin levels (common in those with wasting), which would weigh against non-steroidal anti-inflammatory drugs (NSAIDs).

Talk to your doctor about which pain medications are right for you.

SLEEPINESS AND VIVID DREAMS

- *If an individual is prescribed efavirenz (Sustiva):*

Sleep problems are possible side effects of certain antiretroviral drugs. Of all the antiretroviral drugs now in common use, the most likely to cause severe sleep problems is the non-nucleoside analogue efavirenz

(Sustiva, and in Atripla). This medication can cause insomnia, vivid dreams and nightmares. For some people, the nightmares can be intense and terrifying and can cause repeated waking in the night.

Returning to sleep can be difficult. In many people, these side effects disappear gradually after several weeks on the drug, so waiting out the problem for at least a month is advisable, if possible. For other people, the sleep problems caused by efavirenz continue and stopping the drug is the only solution.

Consider starting efavirenz on a weekend or taking a few days off from work, since it can take a few days to get used to the changes this drug can produce. Generally speaking, it is best to avoid alcohol and street drugs when starting efavirenz. Alcohol and drugs such as marijuana, cocaine and speed can worsen some of the central nervous system side effects of efavirenz.

Doctors often recommend taking efavirenz before bedtime since many of its side effects, such as dizziness, impaired concentration and lightheadedness, are strongest within a few hours after taking the dose. However, if you find that the drug keeps you awake or causes nightmares, taking it in the morning may be better. If you want to take it at night but find that sleep problems continue, try all the standard recommendations for improving sleep listed below. Or try reprogramming your dreams. Sleep researchers have found that most recurrent nightmares can be reprogrammed by repeatedly visualizing the unpleasant dream, and then mentally changing it into something pleasant.

8f. Appendix 3: Supplement for ART Initiation

Objectives:

- Provide additional support and motivational interview techniques for participants who have not initiated ART

Session activity	Suggested script/Probes	Training Notes
Review of how HIV treatment works	<p>Let's take some time discuss what HIV treatment does and how it affects your body. You may know most or all of this information but this information may help answer any questions you may have about starting HIV treatment.</p> <ul style="list-style-type: none">• When HIV is untreated, the virus will continue to infect cells in your body, specifically CD4 cells, the cells that measure of the health of your immune system. The virus will use these cells to make millions of copies of itself, which will then continue to infect more cells in your body. This process is called <i>viral replication</i>. This process will destroy your immune system, which why CD4 counts continue to lower. The damages to your immune system will leave you vulnerable to serious diseases.• Soon after you begin HIV treatment, the viral replication process can slow down dramatically. The overall amount of HIV in your body, known as your <i>viral load</i>, will continue to lower. In fact, most people who are successfully on HIV treatment can reduce their viral load so low that it is	

	<p>undetectable by laboratory tests. This can occur within several months of starting HIV treatment. Most people who are on HIV medications get a lot healthier and have more energy and can do more work. Sometimes people start HIV medications too late and their immune system is in such bad shape the medications cannot help them.</p> <p>I know we have covered a lot of material. So what questions do you have about how HIV treatment works?</p>	
<p>Pros and cons of HIV treatment</p>	<p>Before starting ART, it's important to that you are aware of some the pros and cons that are associated with treatment.</p> <p>First let's review some of the positive aspects of ART:</p> <ul style="list-style-type: none"> • The earlier HIV treatment is started, the better your health because HIV will have done less damage to your immune system • Maintain or rebuild immune system • Improved health, which can lead to: <ul style="list-style-type: none"> ○ Greater ability to work ○ Less likely to need caregiving from family due to illness • Less likely to get TB and other infectious diseases • Help prevent some of the long-term problems that affect people with untreated HIV 	<p>You can also use the HIV Treatment Pros and Cons List at the end of this document.</p>

	<p>disease—like heart attacks, cancer, and liver and kidney problems</p> <ul style="list-style-type: none"> • Less likely to transmit HIV to sexual partners • Doing something positive for your health <p>There are also some negative aspects of ART that you should be aware of:</p> <ul style="list-style-type: none"> • ART drugs have side-effects and may be unpleasant, however, most go away in a few weeks • Taking pills on a regular and ongoing basis • Need to disclose of HIV to a supporter • Concern that others will see you at ART clinic • Time away from work to get treatment • Costs for lab tests • There may be some other reasons for not wanting to take HIV medications such as: <ul style="list-style-type: none"> • Not wanting to think about HIV • Feeling well, so don't see the need to take medications. • Thinking that controlling drug use is more important than treating HIV <p>After looking at this list, what are some of the reasons you may not want to start HIV treatment now?</p> <p>What are some of the reasons that you would want to start ART?</p>	<p><i>Remember the 5 principles of MI: (1) Express empathy through reflective listening; (2) Develop discrepancy between clients' goals or values and their current behavior; (3) Avoid argument and direct confrontation; (4) Adjust to client resistance rather than opposing it directly, also known as "rolling with resistance"; and (5) Support self-efficacy and optimism.</i></p>
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	<p>What are your biggest fears and concerns about starting treatment?</p> <p>What are your biggest hopes?</p> <p>Would being on HIV treatment make me feel like I have more or less control over my health?</p> <p>What would help me feel more in control?</p> <p>Overall, do you think it would be worthwhile for you to start HIV treatments soon?</p> <ul style="list-style-type: none"> • If yes, when would you be willing to start HIV treatment? If “don’t know ask would you be willing to start treatment in two weeks? • Is there anything you would want to do or information you would like before starting treatment? <p>[Be sure to note the participant’s responses in counselors diary, then use that information during next session to determine the most appropriate session/module to cover in the counselors summary form]</p>	
SUMMARY	<p>The point of this activity was to learn more about HIV treatment and how it works. Also, we discussed some of the pros and cons to starting ART, along with some of your thoughts and reactions to this information. Is there any information in this module that was not clear? Do you have any additional questions?</p>	

HIV Treatment Pros and Cons List



The earlier HIV treatment is started, the better your health because HIV will have done less damage to your immune system

- Maintain or rebuild immune system
- Improved health, which can lead to:
 - Greater ability to work
 - Less likely to need caregiving from family due to illness
- Less likely to get TB and other infectious diseases
- Help prevent some of the long-term problems that affect people with untreated HIV disease—like heart attacks, cancer, and liver and kidney problems
- Less likely to transmit HIV to sexual partners
- Doing something positive for your health

There are some negative aspects of starting HIV treatment that should be considered

- ART drugs have side-effects and may be unpleasant, however, most go away in a few weeks
- Taking pills on a regular and ongoing basis
- Need to disclose of HIV to a supporter
- Concern that others will see you at ART clinic
- Time away from work to get treatment
- Costs for lab tests

9a. Module 1: Dyad 1 Supporter

PRE-MODULE ACTIVITIES

Objectives:

- Review previous individual counseling sessions (and dyad modules(s) if they have occurred)
- Review progress towards and changes to participants goals and priorities
- Choose and conduct next module for counseling

Module activity	Suggested script/Probes	Training Notes
Homework Check-In	Welcome back. It's good to see you again. The last time we met individually, we: [SUMMARIZE LAST SESSION; for example review session 2: Reviewed your goals and priorities; Discussed where you were with your HIV treatment; [If on ARVs during last visit] Discussed the importance of adherence to your HIV medications] I also gave you some homework..... [Work with client to: a) re-iterate what was the homework assignment, b) ask what the client was they were able to accomplish, c) congratulate client on successes, d) re-assure client on any challenges they faced, and (e) problem-solve on how to accomplish next step in goals and objectives]	Provide positive feedback even if homework was not accomplished.
Goals and Priorities	[Tailor to needs of client]	During each module discuss the patient's goals. Discuss the concept of goal setting and breaking larger goals into smaller steps . Overall the modules aim to breakdown the goal setting process into manageable steps, acknowledge and reward them for accomplishing these steps, and provide skills training and social

		<p>support to achieve these steps.</p> <p>An important aspect of goal setting is rewards for all the small steps in achieving the goal. For example, if the participant has the goal of reducing drug use, one step would be to think about how they could avoid drug using friends. The counselor should encourage them for such a step, but these steps should be based on the participants' own goals and the steps that they decide to take to achieve these goals.</p>
Assessment of needs	Use the counselor summary form to see what modules are a priority.	
Choose Module Content	[Depending on the counsel of their needs, their priorities and next goals of participant choose from the booster modules in chapter 9.]	Refer to the counseling summary form to help decide which module is most appropriate

PREPARATION WITH CLIENT PRIOR TO DYAD MODULE

Prior to the index participants bringing in a supporter for the two modules the counselor should ask about whom they plan to bring to the module. This recruitment should occur several weeks before a dyad module to give participants time to recruit and disclose to their supporters.

Probes:

- Who would you like to bring in to the module for your supporter?
- Can you tell me about them? (if they are not an elder family member ask if they are a drug or sex partner)
- Have you told them that you have HIV? Do you know whether they have HIV?

If they have not informed the supporter that they have HIV, go to the materials in the manual on the section 'Disclosure Guide'.

Let the index know that in the modules with their supporter we will first talk about how they can help the index participant with their HIV and how the supporter can also be of assistance to them.

If they do not live with the supporter ask where they live and will they will see or call them to ask them to come to the modules. Then ask how will they describe the project to the supporter?

Probes for potential ways of discussing the project include:

- Would they be willing to come to one or two modules with them for a project to help them with their HIV? We would discuss things that they and their supporter can do to be healthy.

[Note: Ideally the DYAD module conducted once the Index has initiated treatment, however if the participant is having many problems initiating treatment it can be tailored and done before]

MODULE 1: DYAD 1– SUPPORTER

Goals and Objectives for Module 1: Dyad 1 – Supporter:

1. Increase understanding of drug abuse
2. Provide information about HIV medical care
3. Problem solve on support for medication adherence
4. Develop a plan for HIV medical care support

Modules activity	Suggested script/Probes	Training Notes
Introduction	<p>Thank you for coming to this module.</p> <p>[Introduce yourself to supporter] I am counselor. My name is ____.</p> <p>I have been working with ____ (Index) to give assistance on his/her health.</p> <p>In today's module I will talk to you both a little bit about drug use and addiction. Then we will discuss HIV medical care and how you can help ____ (Index) with their HIV care and find out how ____ (Index) can be of assistance to you in your life.</p> <p>[Ask Index to tell supporter why they invited them for the module.]</p> <p>Do you have any questions before we get started?</p>	<p>Encourage an environment where both individuals can share their opinions, and be respectful of each other's differing opinions, understanding of, and experiences with drug use and addiction.</p>

<p>KNOWLEDGE ACTIVITY - Drug Abuse</p>	<p>[Review the following information with index and supporter]: There are many misconceptions about drug abuse. Use of certain drugs may lead to drug dependence. <u>This is a medical condition.</u> Someone with this condition will often use drugs even though they know that it may be harmful to them and to their family. Once someone becomes drug dependent there are certain changes in their brain that make it very difficult for them to stop using drugs even if they truly want to quit using. We call this state drug dependence or addiction. It is possible to stop drug use but it is very difficult. No one wants or plans to become addicted to drugs.</p> <p>For heroin there is treatment with medications that can help reduce the urge to use drugs. One such medication is methadone. Methadone must be taken every day and usually people need to go to a clinic every day to receive their medications. Methadone is very effective but it is difficult for some people to go every day to the clinic to get their medications.</p> <p>Some people try to stop using drugs on their own. Some people stop quickly, while others taper their drug use and slowly cut down. People who stop quickly may feel very sick from withdrawal symptoms. Once someone has stopped using drugs it is important for them to avoid situations that can lead them to use again. Have family and friends support them can be very helpful.</p>	
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	<p>Once someone stops using drugs, they may relapse. Often when stop using they have learned some skills that can help them quit again. It is common for people to make many attempts before they finally stop using.</p> <p>Next we will discuss HIV medical care. Even if someone is addicted to drugs they can do many things to keep themselves healthy. Drug users can also do a lot of things to help their family and their community. But to be helpful they need to have good HIV medical care.</p>	
KNOWLEDGE QUIZ	<p>Before we talk about HIV medical care I want to ensure that you (supporters) have important information about how HIV can and cannot be transmitted. May I ask you a few questions about HIV?</p> <ul style="list-style-type: none"> - Can people get HIV from sharing food? - Can you get HIV from someone sneezing, crying, or coughing? <p>[If the supporters say “yes” to either question explain to them that you cannot get HIV from saliva, tears, or oral mucous. That the only way adults get it is through sex and through contaminated blood.]</p>	
KNOWLEDGE ACTIVITY – HIV TREATMENT	<p>One of the main priorities for this study is to make sure ____ (Index) is able to successfully take medications for his/her HIV.</p> <p>We believe that people who are using drugs can successfully take medications for HIV and keep their HIV under control so that they</p>	<p>Note: Before starting the session, the counselor should review the diary of counseling to know the ARV regimen which the index provided in the first intervention counseling session.</p>

	<p>become much more healthy. But HIV medications must be taken a certain way.</p> <p>[Ask Index to explain to their supporter why it is critical to take HIV medications every day.]</p> <p>With HIV medications it is very important that they are taken as directed. Some are taken several times a day; some once day; some with food, and some without food.</p> <p>_____ Medications should be taken _____ with/without food. It is often difficult for people to always take their medications. But it is very important to take HIV medications every day.</p> <p>In this study ____ (Index) has worked very hard and learned a lot about HIV.</p> <p>We would like the two of you to develop a plan to help ____ (Index) with their medications.</p> <p>Probes:</p> <p>_____ (Index) what could _____ (Supporter) do to help you so that it would be easier for you to take your medications.</p> <p>How can _____ (Supporter) help with your HIV care?</p> <p>How can ____ (Supporter) be most supportive to you.</p> <p>We find that it is better to encourage people about their health and say positive things rather than saying negative things. For example, rather than say "it is terrible if you don't take your medication, you can say I am</p>	<p>It is possible that the supporter may also be HIV-infected. In this case, the index and supporter came develop a plan to help each other with their care and medications.</p>
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	<p>proud that you are working to improve your health.</p> <p>What types of things would be helpful for ____ (Supporter) to say to you (index)?</p> <p>There are many reasons why people don't take their medications. Sometimes people have side effects of the medications. Often these go away after a while or can be treated. If ____ (Index) has side effects it is important to tell the doctor about them. Sometimes people feel depressed or start using drugs again. In these situations supporters can be very helpful. Also people often forget to take medications. Supports can also help remind but sometimes reminding isn't seen as helpful.</p> <p>What I would like the two of you to do now is to make a plan on how ____ (Supporter) can be most helpful to you. (If you are not on medications what can they do to help get medical care. If they are on medications what can they do?)</p> <p>People with HIV they can be helpful to others and do things to help their family, friends, and community. What are the things that ____ (Index) can do to be helpful to you?</p> <p>Let's develop a plan: What are some of the barrier to your (Index) HIV care. What are some of the things (Supporter) can do to help you? (Provide examples of how supporter could provider support and be encouraging and positive.</p> <p>Ask supporter: Do you have any questions about HIV, medical care for HIV, drug abuse or treatments for</p>	<p><i>Problem solving: If possible, use SOLVED technique.</i></p>
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	drug abuse? (If there's time the Index could also be asked about how the supporter could help them control their drug use).	
RISK REDUCTION	[If supporter is either the index's: <ul style="list-style-type: none"> - sexual partner or - injecting partner, arrange MODULE 2: DYAD – 2 in which you conduct the appropriate risk reduction counseling detailed below]	Conduct risk reduction module during first DYAD session if you feel it a priority [particularly if you think it will be difficult to get the same supporter back for another module].
GOALS	What are some ways to implement the plan developed today? What challenges do you both think you will face in implementing the plan? How will the two of you address these challenges?	
SUMMARY	Summarize the module and what has been covered. REITERATE next steps in the plan for supporter and index, in terms of HIV medical care and treatment (including adherence)	Assess the need for system navigator, given any challenges discussed.
Homework	For next time: I would like both of you to work on the plan we came up with for HIV care and what (Index) can do to be supportive of you (Supporter)	

9b. Module 2: Dyad 2 Risk Partner

PRE-MODULE ACTIVITIES

Objectives:

- Review previous individual counseling sessions (and dyad modules(s) if they have occurred)
- Review progress towards and changes to participants goals and priorities
- Choose and conduct next module for counseling

Module activity	Suggested script/Probes	Training Notes
Homework Check-In	Welcome back. It's good to see you again. The last time we met individually, we: [SUMMARIZE LAST SESSION; for example review session 2: Reviewed your goals and priorities; Discussed where you were with your HIV treatment; [If on ARVs during last visit] Discussed the importance of adherence to your HIV medications] I also gave you some homework..... [Work with client to: a) re-iterate what was the homework assignment, b) ask what the client was they were able to accomplish, c) congratulate client on successes, d) re-assure client on any challenges they faced, and (e) problem-solve on how to accomplish next step in goals and objectives]	Provide positive feedback even if homework was not accomplished.
Goals and Priorities	[Tailor to needs of client]	During each module discuss the patient's goals. Discuss the concept of goal setting and breaking larger goals into smaller steps . Overall the modules aim to breakdown the goal setting process into manageable steps, acknowledge and reward them for accomplishing these steps, and provide

		<p>skills training and social support to achieve these steps.</p> <p>An important aspect of goal setting is rewards for all the small steps in achieving the goal. For example, if the participant has the goal of reducing drug use, one step would be to think about how they could avoid drug using friends. The counselor should encourage them for such a step, but these steps should be based on the participants' own goals and the steps that they decide to take to achieve these goals.</p>
Assessment of needs	Use the counseling summary form to see what modules are a priority.	
Choose Module Content	[Depending on their needs, their priorities and next goals of the participant, choose from the booster modules in chapter 9.]	Refer to the counseling summary form to help decide which module is most appropriate

MODULE 2: DYAD 2 – RISK PARTNER (INJECTING AND/OR SEXUAL)

Goals and Objectives for Module 2: Dyad 2 – Risk Partner:

1. Review information on drug abuse and HIV medical care
2. Review plan for HIV medical care support
3. Review barriers to adherence and problem solve potential solutions
4. [If sexual partner or injecting partner] Conduct risk reduction counseling.

Module activity	Suggested script/Probes	Training Notes
IF SAME SUPPORTER AS MODULE 1: DYAD 1– Homework check-in	<p>Welcome back. It's good to see you again.</p> <p>The last time we met, I outlined some facts and details about drug abuse, addiction and HIV, and HIV medical care. We also discussed a plan how</p>	Encourage an environment where both individuals can share their opinions, and be respectful of each other's differing opinions, understanding of, and

	<p>you could both help each other. You were aiming to...[Review the plan]</p> <p>Probes:</p> <p>How did this go?</p> <p>Can you tell me about any challenges you faced?</p> <p>Next, let's review all the possible solutions you have developed to address the challenges you face. Then we list the pros and cons of each solution. After we review the pros and cons, we can rank the solutions and decide which one is best for moving forward. [Note: This is part of the SOLVED technique.]</p> <p>[Problem Solve Solutions to challenges]</p>	<p>experiences with drug use and addiction. Some common challenges people face when develop plans to address problems are:</p> <ul style="list-style-type: none"> • Complicated plans • Unrealistic solutions • Inability to develop plans • Closed off to other possible solutions
IF NEW SUPPORTER	Review most applicable material from Module 1: Dyad 1 including introduction.	
OVERVIEW OF MODULE	<p>Next we are going to focus on some more things you can do to improve your health:</p> <ul style="list-style-type: none"> - If both index and supporter are HIV infected focus on how they can best help each other with HIV medical care and skip risk reduction section. - If the supporters (sexual or injecting) status is unknown encourage HIV testing of risk network members. Provide information about where they can get HIV testing (including hours, fees, and if the testing is confidential) and the importance of testing so that they can receive proper 	

	<p>medical care and learn about how to stay healthy with HIV. Ask supporter what questions they have about HIV testing.</p> <ul style="list-style-type: none"> - If network member is negative or unknown statuses, move to risk reduction strategies. Pick the relevant module: Sexual risk reduction; and/or couples counseling for injection risk behaviors. 	
<p>If supporter is a sexual partner – SEXUAL RISK REDUCTION</p>	<p>[During this part of the module, the exploration and discussion of past sexual relationships is not relevant to the couple's current situation beyond the recognition that past history may influence the partners' respective test results. Therefore, the counselor should not force disclosure of risk behaviors. Often, the counselor's simple acknowledgement in general terms of the possibility of HIV infections occurring before the relationship may ease tension and diffuse blame should one or both partners be infected. It is likely that PWID participants became infected through injection drug use not sexual transmission.]</p> <p>Sexual risk reduction For HIV negative or unknown status sexual partners: The best way to prevent HIV transmission is to always use condoms during sex.</p> <ul style="list-style-type: none"> - Are there things that make it difficult for the two of you to use a condom? - Have you had any problems with using condoms? 	<p>[Investigate availability of water-based lubricant locally]</p>

	<p>Sometimes people report that the condom breaks, slips, or doesn't feel good.</p> <ul style="list-style-type: none"> - Have you had any of these concerns? [For the latter issue you can suggest that they try a water-based lubricant.] A small amount can go in condom. [Go over the visual card on how to properly use a condom.] <p>[Ask the couple if they think that it is feasible for them to use condoms and do they plan on using condoms. If the couple is not interested in condom use the counselor can also suggest other risk reduction techniques <u>based on the sexual risk ladder (Appendix 2)</u>] Oral sex has very low risk for transmission. Withdrawal reduces risk but is still high risk.</p> <p>[Some couples may be wanting to have children. Suggest that they talk to their doctor about this but until they discuss the options with their HIV doctor they should use condoms.]</p>	
OPTIONAL ACTIVITY - Sexual Risk Ladder	<p>There different levels or risk associated with different sex behaviors. We are going to use a ladder to describe these different levels of risk.</p> <p>The higher up on the ladder the higher the HIV risk. Notice the higher up on this ladder the color gets red to indicate danger and as you go down the ladder the color becomes blue for less risk.</p> <p>Because a condom is a barrier, if you use it properly from start to finish, it greatly reduces HIV transmission and infection. Many people find using lubricants makes sex with a condom</p>	<p>[Investigate availability of water-based lubricant locally]</p>

	<p>more pleasurable. However you need to use the correct lubricant. For latex condoms it is important to use water based lubricants. Oil based lubricants, such as_____, can cause latex condoms to break.</p> <p>Farther down the ladder, an even safer option is performing oral sex, where your mouth is on someone's penis or vagina. In fact, oral sex is about 20-50 times less risky than vaginal or anal sex.</p> <p>Using your hands to stimulate your partner is very low risk for HIV infection.</p> <p>Do you have any questions about any of the behaviors and their levels of risk on the ladder?</p>	
<p>If supporter is a injecting partner – INJECTING RISK REDUCTION</p>	<p>[For injection partners, both HIV infected and uninfected (or unknown status) partners should be counseled on injection risk reduction]</p> <p>[Ask the index participant to explain the inject risk ladder. If the index participant has not had a session on risk reduction, explain the inject risk ladder to the dyad]</p> <p>[Ask the injection network partners where they are on the ladder. Then ask the dyad to discuss what they can do to reduce their risk. Ask them which of these risk reduction practices are feasible. If the partner is HIV negative or unknown status use a risk ladder for those who are negative or unknown status. The difference is that the emphasis will be on them injecting with a used syringe rather than giving the syringe to an injection risk partner. Emphasize that each additional time they rinse their syringe with cold clean water they reduce the chances of spreading HIV. They</p>	<p>(note: if they are an injecting and sex partners use both injecting and sexual risk reduction materials).</p> <p>The goal of the sessions is to provide options for risk reduction. The participants do not need to agree on what is the best options. They should discuss what is feasible and what they may be willing to try.</p>

	should also rinse their cookers with clean water and throw after cotton or other materials that may have been contaminated with blood.]	
GOALS	What are some ways the two of you can reduce your injecting risk? What challenges do you both think you will face in making these changes? How will the two of you address these challenges? [Give suggestions]	
SUMMARY	Summarize the module and what has been covered. Do you have any questions about the different behaviors we discussed today? Did anything surprise you? Is there any information in this module that was not clear? Do you have any additional questions?	
HOMEWORK	[Ask the participant to try some of the risk reduction strategies, and to remember to think about any barriers they faced in making these changes]	

9c. Module 3: Sexual Risk Reduction

PRE-MODULE ACTIVITIES

Objectives:

- Review previous individual counseling sessions (and dyad modules(s) if they have occurred)
- Review progress towards and changes to participants goals and priorities
- Choose and conduct next module for counseling

Module activity	Suggested script/Probes	Training Notes
Homework Check-In	Welcome back. It's good to see you again. The last time we met individually, we: [SUMMARIZE LAST SESSION; for example review session 2: Reviewed your goals and priorities; Discussed where you were with your HIV treatment; [If on ARVs during last visit] Discussed the importance of adherence to your HIV medications] I also gave you some homework..... [Work with client to: a) re-iterate what was the homework assignment, b) ask what the client was they were able to accomplish, c) congratulate client on successes, d) re-assure client on any challenges they faced, and (e) problem-solve on how to accomplish next step in goals and objectives]	Provide positive feedback even if homework was not accomplished.
Goals and Priorities	[Tailor to needs of client]	During each module discuss the patient's goals. Discuss the concept of goal setting and breaking larger goals into smaller steps . Overall the modules aim to breakdown the goal setting process into manageable steps, acknowledge and reward them for accomplishing these steps, and provide skills training and social

		<p>support to achieve these steps.</p> <p>An important aspect of goal setting is rewards for all the small steps in achieving the goal. For example, if the participant has the goal of reducing drug use, one step would be to think about how they could avoid drug using friends. The counselor should encourage them for such a step, but these steps should be based on the participants' own goals and the steps that they decide to take to achieve these goals.</p>
Assessment of needs	Complete the counseling summary form, to help decide on next module.	
Choose Module Content	[Depending on the assessment of their needs, their priorities and next goals of participant choose from the modules below.]	Refer to the counseling diary and especially the counseling summary form to help decide which module is most appropriate

MODULE 3: SEXUAL RISK REDUCTION

Goals and Objectives for the risk reduction module:

5. Review information on sexual risk reduction
6. Learn about different levels of HIV sex risk and options for reducing risk.

Module activity	Suggested script/Probes	Training Notes
INTRODUCTION	Today we are going to talk about the different levels of risk associated with different sex behaviors. Talking about sex is sensitive and can be embarrassing for some people. However, what is discussed here today will remain confidential.	Materials needed for this module include: <ul style="list-style-type: none">• Blank risk reduction ladder poster• Sex behavior cards• Sexual risk ladder answer key
INFORMATION	Let's talk about that we mean about HIV sex risk. Now you are living with HIV, you still need to consider protecting yourself from other sexually transmitted infections and also very importantly protecting your partners from HIV infection.	
ACTIVITY	There different levels or risk associated with different sex behaviors. We are going to use a ladder to describe these different levels of risk. [Point out blank ladder poster] – This should have none of the steps on it but should indicate direction of highest and lowest risk. The higher up on the ladder the higher the HIV risk. Notice the higher up on this ladder the color gets red to indicate danger and as you go down the ladder the color becomes blue for less risk. [Pass out cards for sex risk ladder activity and describe direction] We are going to do an activity so that we can talk about the different	Explain sex risk reduction ladder. As the participant places the cards on the ladder, ask them to explain their reasons for the placement. Allow cards to be placed incorrectly so that there can be a good discussion.

	<p>levels or risk associated with different sex behaviors. I am going to give you cards with a behavior written on it. I want you to come up to the poster and place it on the ladder based on how risky you think it is.</p> <p>[Rearrange sex behavior cards so that they are correct and summarize] Where do you think you are on the ladder? [Give them card that has “Never”; “Rarely”; “Sometimes”; “Always” typed] How frequently are you this step of the ladder when having sex? Does this change by who you are having sex with e.g., main partner versus a casual partner? You did a wonderful job with this activity. The main point of this ladder is that there are many different options available for reducing HIV risk related to sex. So let’s walk through the different levels starting at the top of the ladder which is the highest risk. Having anal sex without a condom is the riskiest type of sex. Why do you think this is? [Answer: Because the tissue in the anal area is sensitive and can easily tear which would either increase the chance that blood will be present or be an open cut] Vaginal sex without a condom is also a very high risk behavior. The vaginal area is much stronger than the anal area but what body fluids are presented during unprotected vaginal sex? [Answer: Vaginal secretions, semen, and possibly blood] Farther down the ladder, a safer option is having vaginal or anal sex</p>	<p>Use the sex risk ladder answer key to determine correct order of behavior cards on ladder.</p> <p>The risk behaviors on the ladder are not specific to any sexual orientation or identity.</p> <p>[EXAMINE THE AVAILABILITY OF WATER-BASED LUBRICANTS AT YOUR SITE]</p>
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	<p>with a condom. Because a condom is a barrier, if you use it properly from start to finish, it greatly reduces HIV transmission and infection. Many people find using lubricants makes sex with a condom more pleasurable. Have you ever tried to use lubricants? However you need to use the correct lubricant.</p> <p>Farther down the ladder, an even safer option is performing oral sex, where your mouth is on someone's penis or vagina. IN fact, oral sex is about 20-50 times less risky than vaginal or anal sex.</p> <p>Using your hands to stimulate your partner is very low risk for HIV infection. Remember that vaginal secretions and semen can transmit HIV so be aware if you have cuts or sores on your hands.</p> <p>Do you have any questions about any of the behaviors and their levels of risk on the ladder?</p>	
GOALS	<p>How are some ways do you think you can reduce your sexual risk?</p> <p>What do you think is the best way you can move down the ladder?</p> <p>What challenges do you think you will face in making these changes?</p> <p>How will you address these challenges? [Give suggestions]</p>	
SUMMARY	<p>The point of this activity was to point out the variety of options we can use for being safer when it comes to sex. Is there any information in this module that was not clear? Do you have any additional questions?</p>	
HOMEWORK	<p>[Ask the participant to try some of the sexual risk reduction strategies, and to remember to think about any barriers they faced in making these changes]</p>	

9d. Module 4: Injection Risk Reduction and Drug Splitting

PRE-MODULE ACTIVITIES

Objectives:

- Review previous individual counseling sessions (and dyad modules(s) if they have occurred)
- Review progress towards and changes to participants goals and priorities
- Choose and conduct next module for counseling

Module activity	Suggested script/Probes	Training Notes
Homework Check-In	Welcome back. It's good to see you again. The last time we met individually, we: [SUMMARIZE LAST SESSION; for example review session 2: Reviewed your goals and priorities; Discussed where you were with your HIV treatment; [If on ARVs during last visit] Discussed the importance of adherence to your HIV medications] I also gave you some homework..... [Work with client to: a) re-iterate what was the homework assignment, b) ask what the client was they were able to accomplish, c) congratulate client on successes, d) re-assure client on any challenges they faced, and (e) problem-solve on how to accomplish next step in goals and objectives]	Provide positive feedback even if homework was not accomplished.
Goals and Priorities	[Tailor to needs of client]	During each module discuss the patient's goals. Discuss the concept of goal setting and breaking larger goals into smaller steps . Overall the modules aim to breakdown the goal setting process into manageable steps, acknowledge and reward them for accomplishing these steps, and provide skills training and social

		<p>support to achieve these steps.</p> <p>An important aspect of goal setting is rewards for all the small steps in achieving the goal. For example, if the participant has the goal of reducing drug use, one step would be to think about how they could avoid drug using friends. The counselor should encourage them for such a step, but these steps should be based on the participants' own goals and the steps that they decide to take to achieve these goals.</p>
Assessment of needs	Complete the counseling summary form, to help decide on next module.	
Choose Module Content	[Depending on the assessment of their needs, their priorities and next goals of participant choose from the modules below.]	Refer to the counseling diary and especially the counseling summary form to help decide which module is most appropriate

MODULE 4: INJECTING RISK REDUCTION AND DRUG SPLITTING

Goals and Objectives for the risk reduction module:

1. Review information on injection risk reduction
2. Learn about different levels of HIV injection risk and options to decrease risk

Module activity	Suggested script/Probes	Training Notes
INTRODUCTION	Today we are going to focus on ways we can help reduce HIV injection behaviors.	<p>Materials needed for this module include:</p> <ul style="list-style-type: none"> • Blank risk reduction ladder poster

		<ul style="list-style-type: none"> • Injection risk behavior cards • Injection risk ladder answer key
INFORMATION	<p>Let's talk about that we mean about HIV injecting risk.</p> <p>Now you are living with HIV, you still need to consider protecting yourself from other infections (such as Hepatitis) and also very importantly protecting your injecting partners from HIV infection.</p> <p>What we talk about today to prevent spreading HIV may not apply to Hepatitis C. Hepatitis C is much easier to transmit than HIV. Hepatitis C is mostly spread through blood. The best way to prevent Hepatitis C transmission is to not sharing any injection equipment.</p>	
ACTIVITY	<p>There different levels or risk associated with different injection behaviors. We are going to use a ladder to describe these different levels of risk.</p> <p>[Point out blank ladder poster] – This should have none of the steps on it but should indicate direction of highest and lowest risk.</p> <p>The higher up on the ladder the higher the HIV risk. Notice the higher up on this ladder the color gets read to indicate danger and as you go down the ladder the color becomes blue for less risk. The ground on this poster represents not injection.</p> <p>[Pass out cards for injection risk ladder activity and describe direction]</p> <p>We are going to do an activity so that we can talk about the different levels or risk associated with different injection behaviors. I am going to give you cards with a</p>	<p>Explain risk reduction ladder.</p> <p>As the participant places the cards on the ladder, ask them to explain their reasons for the placement. Allow cards to be placed incorrectly so that there can be a good discussion.</p> <p>Use the injection risk ladder answer key to determine correct order of behavior cards on ladder.</p>

	<p>behavior written on it. I want you to come up to the poster and place it on the ladder based on how risky you think it is.</p> <p>[Rearrange injection behavior cards so that they are correct and summarize]</p> <p>Probe: Where do you think you are on the ladder?</p> <p>[Give them frequency card that has “Never”; “Rarely”; “Sometimes”; “Always”]</p> <p>How frequently are you this step of the ladder when injecting? Does this change by who you are injecting with?</p> <p>You did a wonderful job with this activity. The main point of this ladder is that there are many different options available for reducing HIV risk related to injection behavior.</p> <p>So let’s take a look at the different levels of risk and safer options. At the top of the ladder is injection with someone else’s unclean needle. We know that there are people who do not use other people’s needles, but may lend their unclean needle out. We think that this is just as harmful.</p> <p>Another high risk behavior is injection drugs that were in someone else’s unclean cooker. Because there could be blood in the cooker, it could mix with your drugs. As we have talked about, blood is fluid that can transmit HIV.</p> <p>One way to reduce some of the harm of using an unclean needle is rinse out the needle with cold water (point to ladder). Cold water is better than hot water because it</p>	
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	<p>rinses the blood out better, hot water makes the blood stick to the syringe. Rinsing once will decrease your risk of transmitting HIV, but rinsing more than once will greatly decrease your risk of transmission. We recommend repeating rinses at least 5 times with clean cold water. Remember, clean cold water is effective at getting blood with HIV out of needles. After you remove the blood with water, it is also recommended to rinse with bleach if you have it. For example you could rinse once with water, then with bleach, then with water...etc. at least 5 times.</p> <p>One of the safest options is to use a brand new needle every time you inject.</p>	
GOALS	<p>How are some ways do you think you can reduce your injecting risk? What do you think is the best way you can move down the ladder? What challenges do you think you will face in making these changes? How will you address these challenges? [Give suggestions]</p>	
SUMMARY	<p>Do you have any questions about this ladder or where the different behaviors are place? Did anything surprise you? Is there any information in this module that was not clear? Do you have any additional questions?</p>	
Homework	<p>[Ask the participant to try some of the injecting risk reduction strategies, and to remember to think about any barriers they faced in making these changes]</p>	

DRUG SPLITTING RISK REDUCTION

Goals and Objectives for the drug splitting risk reduction module:

1. Review information on drug splitting risk reduction

2. Learn about different levels of drug splitting risk and options to decrease risk

Module activity	Suggested script/Probes	Training Notes
INTRODUCTION	Today we are going to focus on ways we can help reduce risk related to injection drug splitting.	Materials needed for this module include: <ul style="list-style-type: none"> • Blank risk reduction ladder poster • Injection risk behavior cards • Injection risk ladder answer key
ACTIVITY	<p>There different levels or risk associated with different injection drug splitting. We are going to use a ladder to describe these different levels of risk. [Point out blank ladder poster] – This should have none of the steps on it but should indicate direction of highest and lowest risk.</p> <p>The higher up on the ladder the higher the HIV risk. Notice the higher up on this ladder the color gets read to indicate danger and as you go down the ladder the color becomes blue for less risk. [Pass out cards for drug splitting risk ladder activity and describe direction]</p> <p>We are going to do an activity so that we can talk about the different levels or risk associated with different injection drug splitting behaviors. I am going to give you cards with a behavior written on it. I want you to come up to the poster and place it on the ladder based on how risky you think it is.</p> <p>[Rearrange drug splitting behavior cards so that they are correct and summarize]</p>	<p>Explain risk reduction ladder.</p> <p>As the participant places the cards on the ladder, ask them to explain their reasons for the placement. Allow cards to be placed incorrectly so that there can be a good discussion.</p> <p>Use the drug splitting risk ladder answer key to determine correct order of behavior cards on ladder.</p>

	<p>Probe: Where do you think you are on the ladder? [Give them frequency card that has “Never”; “Rarely”; “Sometimes”; “Always”] How frequently are you this step of the ladder when injecting? Does this change by who you are injecting with?</p> <p>You did a wonderful job with this activity. Let’s review the different options for safer splitting. The highest drug splitting risk behavior is splitting drugs using someone else’s unclean needle. By using an unclean needle to measure out water and then drugs you are essentially rinsing any blood in the needle in with the drugs and then injecting this. If you are going to split drugs wet, a safer option is to use a needle that has been rinsed with cold water at least once and/or multiple times. An even safer option [Facilitator motion down the ladder] is to use new/never been used needle and cooker just for the drug splitting. You can even cut the tip of this needle off so you are sure that it will just be used for splitting. And an ever safer option is to divide the dry drugs only.</p>	
GOALS	<p>How are some ways do you think you can reduce your injecting risk? What do you think is the best way you can move down the ladder? What challenges do you think you will face in making these changes? How will you address these challenges? [Give suggestions]</p>	
SUMMARY	<p>Do you have any questions about this ladder or where the different behaviors are place? Did anything surprise you?</p>	

9e. Module 5: Substance Use Treatment

PRE-MODULE ACTIVITIES

Objectives:

- Review previous individual counseling sessions (and dyad modules(s) if they have occurred)
- Review progress towards and changes to participants goals and priorities
- Choose and conduct next module for counseling

Module activity	Suggested script/Probes	Training Notes
Homework Check-In	<p>Welcome back. It's good to see you again. The last time we met individually, we:</p> <p>[SUMMARIZE LAST SESSION; for example review session 2: Reviewed your goals and priorities; Discussed where you were with your HIV treatment; [If on ARVs during last visit] Discussed the importance of adherence to your HIV medications]</p> <p>I also gave you some homework.....</p> <p>[Work with client to: a) re-iterate what was the homework assignment, b) ask what the client was they were able to accomplish, c) congratulate client on successes, d) re-assure client on any challenges they faced, and (e) problem-solve on how to accomplish next step in goals and objectives]</p>	<p>Provide positive feedback even if homework was not accomplished.</p>
Goals and Priorities	<p>[Tailor to needs of client]</p>	<p>During each module, discuss the patient's goals. Discuss the concept of goal setting and breaking larger goals into smaller steps. Overall the modules aim to breakdown the goal setting process into manageable steps, acknowledge and reward</p>

		<p>them for accomplishing these steps, and provide skills training and social support to achieve these steps.</p> <p>An important aspect of goal setting is rewards for all the small steps in achieving the goal. For example, if the participant has the goal of reducing drug use, one step would be to think about how they could avoid drug using friends. The counselor should encourage them for such a step, but these steps should be based on the participants' own goals and the steps that they decide to take to achieve these goals.</p>
Assessment of needs	Complete Part B of counseling summary form, to help decide on next module.	
Choose Module Content	[Depending on the assessment of their needs, their priorities and next goals of participant choose from the modules below.]	Refer to the counseling diary and especially the counseling summary form to help decide which module is most appropriate

MODULE 5: SUBSTANCE USE TREATMENT

Goals and Objectives for the substance use treatment module:

3. Review information on injection risk reduction
4. Learn about different levels of HIV injection risk and options to decrease risk

Module activity	Suggested script/Probes	Training Notes
INTRODUCTION	It is good to see you again. In the last session I was able to learn a little bit about you and some of the things	

	<p>that you would like to accomplish in this program. Can you tell me how things have been going for you since the last session? In this session I would like to focus on your substance-use. We will talk about drug use and discuss different options about your drug use. Could you please tell me about what different drugs you use and how often you tend to use them?</p>	
INFORMATION	<p>Are you currently enrolled in drug treatment?</p> <p>[For participants who are currently in drug treatment, go to Activity 1]</p> <p>[For those who are not in drug treatment, go to Activity 2]</p>	
ACTIVITY 1: PARTICIPANTS CURRENTLY IN SUBSTANCE USE TREATMENT	<p>Concerns or perceived side effects</p> <ul style="list-style-type: none"> • Have you had any concerns so far about drug treatment? • Does the medication seem to help you? • Have you experienced any side effects? <p>How often do you miss drug treatment appointments? What do you think are some of the reasons that you have not been going to the clinic every day.</p> <p>How often have you been using drugs since you started drug treatment? Suggested probes:</p> <ul style="list-style-type: none"> • Do you usually use alone or with others? • How often does your use interfere with doing things you want to? 	

	<ul style="list-style-type: none"> • Does your spouse or family ever talk to you about your use? • Have you tried to stop or decrease your use? What have you done? • How does urine test at MMT service affect your drug use? <p>There are a range of reasons for why people use drugs. Sometimes people are addicted and feel ill when they don't use drugs. Other times people may enjoy or value certain things about using drugs such as the way drugs make them feel or the people they are with when they use drugs.</p> <ul style="list-style-type: none"> • What are some of the things you enjoy about using drugs? • What are some of the benefits for you of using drugs? • What would be some of the problems you may have if you stopped using drugs? • What do you think would be some of the benefits from stopping to use drugs? • Is there anything/ anybody/ influencing you to continue your drug use while you are in drug treatment? <p>[Continue on to "Activity: Triggers and Relapse"]</p> <p>[For those currently in drug treatment ask if they want to reduce their drug use. If they respond yes, go to section of manual for reducing triggers.]</p>	<p>Note: These probes are a <u>motivational interviewing</u> approach to discussing drug use.</p>
ACTIVITY 2: PARTICIPANTS	[If participant is using less than once a day, the counselor should discuss that to enroll in methadone treatment	[Going to drug treatment every day may have more disadvantages in terms of work, as

	<p>they must go to the treatment center every day to get medication.</p> <p>If they stop using medications they will go through withdrawal to reduce this once they are interested in stopping the program will taper their medications. Find out where they live and how far away is the methadone treatment facilities and how they will travel to get to the center every day. If not, ask study participant what he/she perceives to be the value of enrolling in drug treatment.]</p> <p>[At this point the counselor should explore barriers to going into drug treatment.]</p> <p>What do you thing would be potential problems if you were to enroll in drug treatment?</p> <ul style="list-style-type: none"> • Would it be realistic for you to go to methadone treatment every day? <ul style="list-style-type: none"> ○ What would be the barriers to going every day to treatment? • Is there anyone who would not be supportive of you going into drug treatment?? • Is there anything that you think that you need to do before you go into treatment? <p>In thinking about your drug use, you could decide to continue the amount and types of drugs that you are currently using, you could decide to reduce the drugs that you are using, or you could try to stop using. If you were to stop using you could go into drug treatment or try to stop on your own.</p>	<p>compared to injecting occasionally]</p> <p>Only for sites where methadone is the only treatment option.</p> <p>Use measure of barriers to treatment.</p>
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	<p>[There are four groups based on interest in drug treatment services:</p> <ol style="list-style-type: none"> 1. Wanting to go into drug treatment immediately 2. Interested in drug treatment but not wanting to go immediately 3. Wanting to control or stop using on their own but not wanting to go into medically assisted drug treatment 4. Not wanting to change their level of drug use] <p>[For group 1, if participant expressed interest in going into drug treatment immediately discuss what factors may prevent them from attending. Assess any barriers for treatment that should be addressed by the system navigator to help them enroll in treatment and to attend treatment. Develop a plan for them to go into drug treatment. The plan could include the system navigator calling them or accompanying them to treatment. Potential probes:]</p> <ul style="list-style-type: none"> • What things may get in the way of going into drug treatment? • How could you plan for potential barriers to get to a treatment appointment? • What day will you go? • What can they say to yourself to encourage you to go into drug treatment? • Is there anyone who could help you go to the drug treatment center? <p>[Discuss that methadone or other pharmacological approaches to drug treatment addresses the</p>	<p>It is common for individuals to have unrealistic expectations for drug treatment. That is, believe that drug treatment will solve all their problems. Often once on treatment users then realize problems that have been not addressed, exacerbated, or caused by drug abuse.</p>
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	<p>physiological aspects of drug dependence such as reducing withdrawal symptoms but does not address the psychosocial factors. Drug treatment can help them a lot but drug treatment will also help them with other things to be health.]</p> <p>[Encourage participants to consult with a physician at the drug treatment center regarding any medication side-effects, proper dosage (has the medication lead to a cessation of withdrawal symptoms), and any other medical concerns.]</p> <p>Sometimes it takes a while to get on the best dose of medication. If you are not feeling well it may be helpful to tell your doctors so that they can adjust the dosage of you medication. It may take some time to get on the right dose so please be patient. It is great that you have decided that one of your options for improving your health is drug treatment, I realize that it is difficult to get on drug treatment and this program will try to work with you about your drug treatment and problems that you may encounter.</p> <p>[For group 2, participants who are interested in drug treatment but not wanting to go immediately]</p> <p>Until you get into drug treatment you can still do things to control your drug use. There are a range of approach to reduce your drug use. Some of these work for some people some of these may not work. You could try to reduce your drug use a little bit on your own. If you reduce your drug use a lot you may</p>	<p>Participants tapering from methadone may experience insomnia, depression and anxiety, sometimes lasting for months after completion of the taper. A slow tapering process is preferred. For voluntary tapers, a maximum rate of taper of 5 mg per week is recommended. A reduction in the rate of tapering should be considered when the participants reaches a dose of 20 mg. Tapering should be slower at lower doses, particular below 20 mg, as withdrawal symptoms become more pronounced. The taper should be halted or reversed if the patient relapses to drug use, experience severe withdrawal symptoms</p>
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	<p>feel sick and have withdrawal symptoms.</p> <ul style="list-style-type: none"> • You could try to avoid places where you tend to use drugs even when you don't want to • You could try to avoid people who you use drugs with • You could spend more time with people who do not use drugs • You could spend time in places where you are unlikely to use drugs <p>[For group 3, participants who are wanting to control or stop using on their own but not wanting to go into medically assisted drug treatment. Discuss the pros and cons of gradually reducing their drug. If the participant decides to try to quit using drugs without treatment they will need medical advice on how to taper drug use. It is often suggested that they reduce 10% a day or less but this should be based on medical advice.]</p> <p>You could try to reduce your drug use a little bit on your own. If you reduce your drug use very quickly you may feel sick and have withdrawal symptoms. Some people are able to stop immediately and completely ("cold turkey") but this approach doesn't work for other people. Some people find that it is best to reduce their drug use a little bit each day.</p> <p>There are a range of approaches to reduce your drug use. Some of these approaches work for some people some of these may not work for you. It may be helpful to try different</p>	
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	<p>approaches to see which ones are most useful.</p> <ul style="list-style-type: none"> • You could try to avoid places where you tend to use drugs even when you don't want to • You could try to avoid people who you use drugs with • You could spend more time with people who do not use drugs • You could spend time in places where you are unlikely to use drugs <p>[For group 4, participants who are not wanting to change their level of drug use]</p> <p>Even if you use drugs there are a lot of things that you can do to be healthy as well as help others. Getting on HIV treatment is very important to stay healthy. It can give you more energy and make you feel better. When you feel better you can do a lot more for yourself and other people.</p>	
ACTIVITY 3: TRIGGERS AND RELAPSE	<p>What are the places and people that increase the likelihood of using drugs?</p> <ul style="list-style-type: none"> • Are there places where participant frequents that may lead to craving drugs? • Are there people that you hang out with that lead you to use drugs when you don't want to? <p>[Help the participant problem solve by discussing if there are any specific times of the day, places that he/she goes that may lead to using drugs.]</p>	

	<ul style="list-style-type: none"> • How can these places or situations be avoided? What alternative activities can the participant engage in? • What activities can be engaged in during a craving episode? • What are some thoughts that are useful in dealing with craving: e.g., this urge will subside, my family will be proud of me for getting through this, I've gotten through this before. <p>Could you set any goals or plans to avoid places that would lead you to crave drugs or to use more drugs? What types of things could you do if you didn't go to those places? How could you reward yourself for achieving your goals?</p> <p>Sometimes emotional states can lead to relapse and serve as triggers, such as feeling stressed or depressed. Do you think that there are certain emotional states that may lead you to want to use drugs?</p> <p>Different people can have an effect on how we feel and act. Other people are often able to see us in a more positive way than we are able to see ourselves.</p> <ul style="list-style-type: none"> • Who are the supportive people in your life? • Who may increase your risk of using drugs? • Do you think that it would be helpful not to hang out with certain people in order to reduce or stop your drug use? • What sorts of things could you tell them if you wanted to spend less time with them? 	<p>If participant identifies emotional states as a trigger, ask what can they do besides use drugs when they begin feeling that way.</p>
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	<ul style="list-style-type: none"> • Are their people who you could hang out with instead of those who you do drugs with? What types of things could you do with those people instead of using drugs? <p>In the past have you told the people who help you that you appreciate their support? What types of things could you tell them that show that you appreciate their support?</p> <p><i>Non drug activities:</i> [Ask participant to list some of the non-drug use activities that they enjoy doing. If the participant cannot think of any the counselor may list some (sites develop a list such as cooking, exercise, listening to music, walking, reading, walking, hobbies, interacting with non-drug use family and friends, helping other people, working, watching TV))]</p> <p><i>Relapse prevention</i> It is common for drug users to relapse. Relapse rates are much higher for individuals who are not on medically assisted drug treatment. About 1/3 of individuals on methadone use illicit drugs as well. When someone relapse the focus should be on learning from that experience any trying to get back into treatment (if they stopped going to treatment) as soon as possible.</p>	<p>The counselors may indicate that relapse is common but that the participants can learn from that experience about people and situations that may lead to relapse. During the module they can discuss how to avoid those situations and how to get back into drug treatment.</p>
GOALS	<ul style="list-style-type: none"> • What are some of your goals for with your drug use? • What are some of the things that may interfere with you achieving your goals regarding drug use? 	

	<ul style="list-style-type: none"> How can you overcome the barriers and obstacles that you mentioned? 	
SUMMARY	<p>Do you have any questions about substance use treatment?</p> <p>Do you have any questions about triggers or relapse?</p> <p>Did anything surprise you?</p> <p>Is there any information in this module that was not clear? Do you have any additional questions?</p>	
Homework	[Ask the participant to identify ways to either continue with substance use treatment or start substance use treatment. Ask the participant to think about ways they can reduce their injection drug use]	

9f. Module 6: Alcohol Use

PRE-MODULE ACTIVITIES

Objectives:

- Review previous individual counseling sessions (and dyad modules(s) if they have occurred)
- Review progress towards and changes to participants goals and priorities
- Choose and conduct next module for counseling

Module activity	Suggested script/Probes	Training Notes
Homework Check-In	Welcome back. It's good to see you again. The last time we met individually, we: [SUMMARIZE LAST SESSION; for example review session 2: Reviewed your goals and priorities; Discussed where you were with your HIV treatment; [If on ARVs during last visit] Discussed the importance of adherence to your HIV medications] I also gave you some homework..... [Work with client to: a) re-iterate what was the homework assignment, b) ask what the client was they were able to accomplish, c) congratulate client on successes, d) re-assure client on any challenges they faced, and (e) problem-solve on how to accomplish next step in goals and objectives]	Provide positive feedback even if homework was not accomplished.
Goals and Priorities	[Tailor to needs of client]	During each module discuss the patient's goals. Discuss the concept of goal setting and breaking larger goals into smaller steps . Overall the modules aim to breakdown the goal setting process into manageable steps, acknowledge and reward them for accomplishing these steps, and provide skills training and social

		<p>support to achieve these steps.</p> <p>An important aspect of goal setting is rewards for all the small steps in achieving the goal. For example, if the participant has the goal of reducing drug use, one step would be to think about how they could avoid drug using friends. The counselor should encourage them for such a step, but these steps should be based on the participants' own goals and the steps that they decide to take to achieve these goals.</p>
Assessment of needs	Complete the counseling summary form, to help decide on next module.	
Choose Module Content	[Depending on the assessment of their needs, their priorities and next goals of participant choose from the modules below.]	Refer to the counseling diary and especially the counseling summary form to help decide which module is most appropriate

MODULE 6: ALCOHOL USE

Goals and Objectives for the alcohol use module:

7. Review information on alcohol use
8. Learn about options for reducing alcohol use

Module activity	Suggested script/Probes	Training Notes
INTRODUCTION	In this module, we are going to focus on alcohol use. We will talk about your alcohol use, discuss the risks associated with high-risk drinking, and review strategies to help stop or cut back on drinking.	
INFORMATION	Let's begin, how much do you consume alcoholic beverages? Suggested Probes:	

	<p>In general, what types of drinks do you have? On average, how many drinks per day would you have? Describe a typical situation when you decide to drink.</p>	
<p>ACTIVITY #1 LOW-RISK DRINKING & EFFECTS OF HIGH-RISK DRINKING</p>	<p>Thank you for sharing that information with me. I now want to discuss with you about low-risk drinking.</p> <p>For people who have HIV it is helpful to reduce for you alcohol use or to quit drinking altogether. The reasons that this is particularly important for you given your HIV infection is that 1) Drinking can make it harder to take your medications as recommended, and 2) It can make your HIV worse. Alcohol use can also cause problem in your relationships and reduce the amount of support that you have from your family and friends.</p> <p>If you are not able to stop drinking altogether. It is important for you to determine how much alcohol is in each beverage you usually drink, so you can reduce the amount you drink. [Use "What's a standard drink" sheet. Define standard drink with participant]</p> <p>Most bottles and cans of beer have about the same amount of alcohol as a glass of wine or one shot of distilled spirits. When you think about how much you drink, be sure to count standard drinks.</p> <p>If you have been drinking above these limits, you risk causing harm to yourself and others. Having 3 or more drinks on one occasion creates risks of "accidents" involving injuries, problems in relationships and at work, and medical problems such as hangovers, sleeplessness, and stomach problems. Drinking more than 2 drinks per day over extended</p>	<p>Supplemental materials to be used for this activity:</p> <ul style="list-style-type: none"> • What's a Standard Drink? • Effects of High-Risk Drinking

	<p>periods may cause cancer, liver disease, depression, and dependence on alcohol (alcoholism). [Discuss “Effects of High-Risk Drinking” image] Fortunately, most people can stop or reduce their drinking if they decide to do so and work hard at changing their drinking habits.</p>	
PLAN	<p>Are you interested in controlling or reducing your alcohol use? [If yes - continue to activity 2] [If no, follow probes below and do motivational interviewing] What do you enjoy about drinking? What are the problems that arise out there drinking? What would make it difficult to stop drinking? [Assess with participant if they are interested in doing anything to reduce drinking or addressing some of the barriers to changing their alcohol use]</p>	<p>Conduct motivational interview if not interested in reducing alcohol use</p>
ACTIVITY #2 STOPPING OR CUTTING BACK	<p>When people successfully change their habits they usually follow a simple plan. If possible, try to get somebody to help you. Perhaps a friend or a relative, a health worker, member of your religious community, or your supporter for this study would be willing and able to help you work out a plan and stick to it. The reason for getting somebody else to help is simply that two heads are better than one. Also, they will be able to provide some support. Of course, many people change their habits without help from others. If you are unable to get somebody else to help, then work out a plan by yourself. Ideally everyone with an HIV-infection should stop drinking. However this is even more of a priority if:</p>	<p>There may be substantial health hazards to completely stopping alcohol use if you are a dependent user. If the participants drink daily or almost daily and drink more than 2 drinks a day they are likely to be alcohol dependent. If alcohol treatment is available you can refer them to treatment. If there is no treatment available, inform them that it can be dangerous if they quit immediately and completely (‘cold turkey’). It is advisable for them to reduce alcohol consumption by</p>

	<ul style="list-style-type: none"> • You drink daily and it would difficult to just drink a small amount; • You have tried to cut down before but have not been successful, or • You suffer from morning shakes during a heavy drinking period, or • You have high blood pressure, you are pregnant, you have liver disease, or • You are taking medicine that reacts with alcohol. <p>If you are unwilling or unable to stop drinking we have discussed some strategies to reduce your alcohol use.</p> <p>Based upon recent research on the effects of alcohol, here is a list of benefits that you can reasonably expect if you cut down on your drinking. Let's read through them and choose three that seem to be the best reasons to you. Choose the ones that make you want to cut down.</p> <p>If I drink within low-risk limits:</p> <ul style="list-style-type: none"> • I will live longer--probably between five and ten years. • I will sleep better. • I will save a lot of money. • My relationships will improve. • I will be less likely to get into trouble with the police. • The possibility that I will die of liver disease will be dramatically reduced (12 times less likely). 	<p>10% each day for 10 days.</p> <p>For sites that do have alcohol detox programs, remember to provide participant referrals so that they may utilize these medical services.</p>
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	It will be less likely that I will die in a car accident (3 times less likely).	
ACTIVITY #3 REFUSAL SKILLS	<p>Even if you are committed to changing your drinking, "social pressure" to drink from friends or others can make it hard to cut back or quit.</p> <p>The first step is to become aware of the two different types of social pressure to drink alcohol—direct and indirect.</p> <ul style="list-style-type: none"> • Direct social pressure is when someone offers you a drink or an opportunity to drink. • Indirect social pressure is when you feel tempted to drink just by being around others who are drinking—even if no one offers you a drink. <p>Take a moment to think about situations where you feel direct or indirect pressure to drink or to drink too much.</p> <p>Knowing what type of situations you may face is the first step to developing strategies to say no. For some situations, your best strategy may be avoiding them altogether (which we can discuss below in activity #4). If you feel guilty about avoiding an event or turning down an invitation, remind yourself that you are not necessarily talking about "forever." When you have confidence in your refusal skills, you may decide to ease gradually into situations you now choose to avoid. In the meantime, you can stay connected</p>	<p>It may be helpful to do <u>role playing</u> here.</p>

	<p>with friends or family by suggesting alternate activities that don't involve drinking.</p> <p>Know your "no"</p> <p>When you know alcohol will be present, it's important to have some resistance strategies lined up in advance. If you expect to be offered a drink, you'll need to be ready to deliver a convincing "no thanks." Your goal is to be clear and firm, yet friendly and respectful. Avoid long explanations and vague excuses, as they tend to prolong the discussion and provide more of an opportunity to give in. Here are some other points to keep in mind:</p> <ul style="list-style-type: none"> • Don't hesitate, as that will give you the chance to think of reasons to go along • Look directly at the person and make eye contact • Keep your response short, clear, and simple <p>The person offering you a drink may not know you are trying to cut down or stop, and his or her level of insistence may vary. It's a good idea to plan a series of responses in case the person persists, from a simple refusal to a more assertive reply. Consider a sequence like this:</p> <ul style="list-style-type: none"> • No, thank you. • No, thanks, I don't want to. • You know, I'm (cutting back/not drinking) now (to get healthier/to take care of myself/because my doctor said to). I'd really appreciate it if you'd help me out. 	<p>Pretend to be the person offering the drink and have the participant practice out loud their refusal strategy. Let the participant know that practice will help them gain confidence and feel better about refusing.</p>
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	<p>You can also try the "broken record" strategy. Each time the person makes a statement, you can simply repeat the same short, clear response.</p> <p>Script and practice your "no"</p> <p>Many people are surprised at how hard it can be to say no the first few times. You can build confidence by scripting and practicing your lines. First, tell me of a situation where a person may be offering you a drink.</p> <p>Now, let's think of how you'll respond.</p>	
<p>ACTIVITY #4 ALTERNATIVES TO DRINKING</p>	<p>Your desire to drink heavily probably changes according to your moods, the people you are with, and whether or not alcohol is easily available. Think about the last time you drank too much and try to work out what things contributed to your drinking. What situations will make you want to drink heavily in the future? Some examples may include:</p> <ul style="list-style-type: none"> • Situations in which other people are drinking and I am expected to drink. • Feeling bored and depressed, especially on weekends. • After a family argument. • When drinking with my friends. • When feeling lonely at home. <p>Many people drink because they are bored. If boredom contributes to your drinking beyond low-risk limits, let's think of as many activities as we can that might hold your interest and then select 2 of them to try.</p>	

	<ul style="list-style-type: none"> • What types of things have you enjoyed learning in the past? (e.g., sports, crafts, languages) • What types of trips have you enjoyed in the past? (e.g., to the ocean, to the mountains, to the country) • What types of things do you think you could enjoy if you had no worries about failing? (e.g., painting, dancing) • What have you enjoyed doing alone? (e.g., long walks, playing a musical instrument, sewing) • What have you enjoyed doing with others? (e.g., talking on the telephone, playing a game, having tea) • What have you enjoyed doing that costs no money? (e.g., playing with your children) • What have you enjoyed doing that costs very little (e.g., going to a park) • What activities have you enjoyed at different times? (e.g., in the morning, on your day off work, in the spring, in autumn) <p>What 2 activities should you try the next time you think about drinking?</p>	
GOALS	<p>How are some ways you think you can reduce your alcohol use? What do you think is the best way you can reduce your alcohol from the strategies we have discussed?</p> <p>[Probe: suggest some strategies just discussed]</p>	

	<p>What challenges do you think you will face in making these changes? How will you address these challenges? [Give suggestions]</p>	
SUMMARY	<p>The point of this activity was to discuss the risks associated with high-risk drinking and review strategies to help stop or cut back on drinking. Is there any information in this module that was not clear? Do you have any additional questions?</p> <p>A few key points to remember:</p> <ul style="list-style-type: none"> • Remember that every time you are tempted to drink too much and are able to resist, you are breaking your habit. • Whenever you feel very uncomfortable, distressed or miserable, keep telling yourself that it will pass. If you crave a drink, pretend that the craving is like a sore throat that you have to put up with until it goes away. • If you have a helper, tell that person honestly how much you had to drink each day and when you have been successful or have drunk too much. • Finally, it is likely that you will have some bad days on which you drink too much. When that happens, DON'T GIVE IN. Remember that people who HAVE learned to drink at low-risk levels had many bad days before they were finally successful. It will get easier in time. 	

Homework	[Ask the participant to develop a plan to stopping or cutting back their drinking. Ask them to identify 2 strategies to use the next time they feel the desire to drink or faced with being offered a drink]	
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9g. Module 7: Depression and Stigma

PRE-MODULE ACTIVITIES

Objectives:

- Review previous individual counseling sessions (and dyad modules(s) if they have occurred)
- Review progress towards and changes to participants goals and priorities
- Choose and conduct next module for counseling

Module activity	Suggested script/Probes	Training Notes
Homework Check-In	Welcome back. It's good to see you again. The last time we met individually, we: [SUMMARIZE LAST SESSION; for example review session 2: Reviewed your goals and priorities; Discussed where you were with your HIV treatment; [If on ARVs during last visit] Discussed the importance of adherence to your HIV medications] I also gave you some homework..... [Work with client to: a) re-iterate what was the homework assignment, b) ask what the client was they were able to accomplish, c) congratulate client on successes, d) re-assure client on any challenges they faced, and (e) problem-solve on how to accomplish next step in goals and objectives]	Provide positive feedback even if homework was not accomplished.
Goals and Priorities	[Tailor to needs of client]	During each module discuss the patient's goals. Discuss the concept of goal setting and breaking larger goals into smaller steps . Overall the modules aim to breakdown the goal setting process into manageable steps, acknowledge and reward them for accomplishing these steps, and provide skills training and social

		<p>support to achieve these steps.</p> <p>An important aspect of goal setting is rewards for all the small steps in achieving the goal. For example, if the participant has the goal of reducing drug use, one step would be to think about how they could avoid drug using friends. The counselor should encourage them for such a step, but these steps should be based on the participants' own goals and the steps that they decide to take to achieve these goals.</p>
Assessment of needs	Complete the counseling summary form, to help decide on next module.	
Choose Module Content	[Depending on the assessment of their needs, their priorities and next goals of participant choose from the modules below.]	Refer to the counseling diary and especially the counseling summary form to help decide which module is most appropriate

MODULE 7: DEPRESSION AND STIGMA MODULE

Goals and Objectives for the depression module:

9. Provide information about depression
10. Learn about techniques to help stop depression symptoms.

Module activity	Suggested script/Probes	Training Notes
INTRODUCTION	Today we are going to focus on depression and discuss techniques to help stop depression symptoms. We are also going to talk about stigma related to HIV and drug use and how this may affect you.	
INFORMATION ON DEPRESSION	Sometimes people who have HIV feel depressed or very sad. Many	Note regarding participants with

	<p>people who do not have HIV may also be depressed. Sometimes stresses in their lives may lead to depression. For people with HIV, depression and sadness may be due to feeling sick or for a wide range of other reasons. Here are a list of sign and symptoms of depression:</p> <ul style="list-style-type: none"> • Ongoing sad, anxious, or empty feelings • Feeling hopeless • Feeling guilty, worthless, or helpless • Feeling irritable or restless • Loss of interest in activities or hobbies once enjoyable, including sex • Feeling tired all the time • Difficulty concentrating, remembering details, or making decisions • Difficulty falling asleep or staying asleep, a condition called insomnia, or sleeping all the time • Overeating or loss of appetite • Thoughts of death and suicide or suicide attempts • Ongoing aches and pains, headaches, cramps, or digestive problems that do not ease with treatment. <p>If you are feeling sad or depressed there are several things that you can do. You can tell your doctor how you are feeling. Sometimes there are medications that may be helpful for you.</p>	<p>moderate to severe depression: If medications for depression are available and depression is severe then the counselor should provide this information to the system navigator as well as encourage the participants to talk to their doctors about medications. Many depression medications (SSRIs) can have very strong negative effects if doses are missed and their dose should be slowly increased and slowly decreased. It can take several weeks for them to be effective and most are statistically significantly better than placebos for severe depression. However, for mild to moderate depression behavioral approaches are effective.</p>
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	<p>There are also four key ways to help control depression. There are ways you can change the way you think and what you do to reduce depression and feeling sad. These four methods are exercise, spending more time with supportive people and doing things that are pleasurable, rewarding yourself, and stopping negative thinking.</p>	
ACTIVITY	<p>In this module we are going to teach you the STOP technique for dealing with depression.</p> <p><i>“S” stands for slow down.</i> Slowing ourselves down allows us to take a break so that we can take a look at what is happening. When something stressful happens such as an argument or bad experience.</p> <p>This may include taking a deep breath, having a drink of water, going for a walk, taking time to read, taking time to read, saying a prayer, daily exercise, watching a funny TV show. [interviewers and counselors should add to this list]</p> <p><i>The T in STOP stands for Thoughts:</i> Are they negative or positive. This is your chance to notice the types of thoughts you may be having. Here are some examples of negative thoughts:</p> <ul style="list-style-type: none"> • Nobody cares about me, • I should just keep to myself • I’m just a burden • Everyone is getting sick and tired of my problems • I might as well go get high so I can forget all of this. 	<p>Ask the participant if they are willing to share recent negative thoughts they have been experiencing.</p>

	<p><i>The “O” stands for Options.</i> When we get stuck in a negative thinking pattern we tend to see the world as “all or nothing” The “O” in STOP is a reminder to take a different perspective and look at options that you have that may help you to feel better. In some cases the options may not seem like good ones – but they are options. Many people find that they feel better when they are with other people who are supportive.</p> <p>When feeling depression we are more likely to isolate ourselves – and avoid contact with people who support and care for us.</p> <p>We also tend to feel uncomfortable around people and are more likely to think we are being judged and criticized by others.</p> <p>When you are feeling sad, it is important to not isolate yourself.</p> <ul style="list-style-type: none"> • Think of someone who you enjoy spending time with. • Think of someone who has given you support or encouragement, or someone that you would like to spend more time with? • Who could you spend more time with who is supportive? <p>Another option is spending time in more positive places. Sometimes there are places that you can go that are relaxing and enjoyable.</p> <ul style="list-style-type: none"> • Are there places that you can go to relax? • Are there places where you can go to be around other people? • Are there people who you can be around who do not use 	<p>This also could be a support group. If the person says no one, the counselor can ask about places where people gather where they could spend time. There may be volunteer activities, religious activities, where they can interact with other people.</p> <p>Develop a list of relaxing and pleasurable activities</p> <p>In piloting the module the counselors should record other positive statements that participants may want to use. It is important to perhaps use site/cultural specific statements.</p>
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	<p>drug but are supportive of you?</p> <p>What types of things can you do that may be enjoyable or relaxing such as talking a walk or listening to music?</p> <p>Some people find that exercise can make them feel better.</p> <ul style="list-style-type: none"> • What type of physical exercise do people do in your community? • Is this something you might be interested in doing? <p>Finally, <i>the P in STOP stands for Practice</i>. Practice rewarding yourself, saying positive things to yourself and give yourself credit for trying something new.</p> <p>Here are some example of things that you can say to yourself.</p> <ul style="list-style-type: none"> • I did it before I can do it again • I may not do everything right but I am a worthy person • Things are rough now but I am going to keep trying • I am a survivor - Look how far I have come. • I am a good and caring person who helps others <p>What types of positive statements do you think you would like to try to make to yourself?</p> <p>Even when things do not work out for us it is important to think about what did go well and praise yourself for things that did go well. For example, if you needed to get documents to go to the HIV clinic for care. You got</p>	<p>[The counselor can also explore whether physical exercise is possible and develop a plan for trying to exercise. This plan should include small and increasing goals for exercise. The first goal may be to get a pair of shoes for exercising. Encourage participants to start slowly.]</p>
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	<p>your documents together but when you went to the clinic it was closed you could say to yourself:</p> <ul style="list-style-type: none"> • I am frustrated but at least I accomplished my goal of getting my papers together. • I am disappointed but I am proud of myself for doing something positive. • At least I won't have to start the process over again now that I have my papers together. • I am disappointed but I am going to use this time to do something that I enjoy. <p>What are some of the things that you could say to yourself that are positive? It is useful to practice saying these things to yourself?</p>	
INFORMATION ON STIGMA	<p>Sometimes people who use drugs or who have HIV are treated poorly by others. What you have been taught today can also be used when people treat you poorly.</p> <p>Have you ever been treated poorly because of your HIV or drug use? Can you give me an example of what happened?</p> <p>If someone says something rude to you such as "(counselors fill in examples)." You can use the STOP technique. Slow down and take some time before you react. Examine what are you thinking right after this experience? Does what the person says or did lead you to have negative thoughts? What are your options? Can you come up with other thoughts that may counteract any negative thoughts, such as I am</p>	

	<p>a good person, or I am helpful to my friends and family” The last step in STOP is Plan.</p> <p>What sort of plan can you make? [talk to someone about it, rehearse what you could say back, find some pleasant or relaxing activities]</p>	
GOALS	<p>For this goal setting exercise, let’s list out goals of using several techniques for Slowing down, planning to spend time with people, places or doing pleasurable activities, and several positive statements that you can say to yourself.</p> <p>Let’s review our list of things that you can do to slow down, some of the negative thoughts that you have that need to be counteracted, people that you can interact with who are positive, places you can go, and activities that you can do that are pleasurable.</p> <p>We also have a list of things that you can say to yourself as a reward.</p>	
SUMMARY	<p>The point of this activity was to learn about depression and discuss strategies for stopping depression symptoms.</p> <p>Is there any information in this module that was not clear? Do you have any additional questions?</p>	
Homework	<p>[Ask the participant to try some of STOP strategies. Have them remember what they were feeling when they began a strategy and how they felt after completing it]</p>	

9h. Appendix 1: Pile Sorting Cards on Barriers

Card	Notes (responses/probes)
I don't have time to go to the clinic.	
I don't have the energy or motivation to go to the clinic	This could be an indicator that drug use/ alcohol/mental health issues are a challenge
I missed an appointment, and I am embarrassed/ashamed to go back	
I have been too sick to go to the clinic.	
My drug use (finding money for drugs, or time taken getting drugs)	
I am worried about the unwanted side effects or complications	Often people have side effects from medications. Usually these become less strong after a few weeks. There are treatments for some of the side effects and sometimes doctors will change your medications
My drinking	
I don't have family or friends to help me	
I don't want anyone to know I have HIV	It is certainly possible that other people will find out about your HIV. You may also find out about friends HIV. Knowing other people who have HIV can help you find support and you can help them as well.
I don't have the necessary materials needed by the clinic: paperwork, identification, test results	
ART is too expensive.	HIV medical care is free. If there are tests that costs we can work with you about figuring out a way to pay for them.
ART was not available at the clinic	
My doctor would not give me treatment	
I don't know how to get or where to go	
I don't have any transport to clinic	
I have been traveling	
I have been in jail or incarcerated	

I am scared of being arrested for drug use	
I want to get my drug use under control first	While you are working to control your drug use you can still get into HIV care. It is very hard to quit using drugs. We will help you with your drug use, but at the same time we encourage you to get into HIV care.
I don't deserve HIV treatment / I don't want to waste my families time and money on treatment	As a drug user you can still be a productive family member and community member. You can do many things to help your family and the community. We will also work with you to stop or slow down your drug use if that's what you want.
Doctors will treat me poorly / Doctors have treated me poorly in past	If you are not treated well at the HIV clinic please tell us. We can accompany you to the clinic and talk to the health care providers.

9i. Appendix 2: Risk Ladders

Sexual Risk Ladder - Sexual behavior cards

These cards are used for the sexual risk ladder activity. Have participant place cards on the ladder according to their perceived level of risk. Use the sexual risk ladder answer key for correct order of behaviors cards on ladder.

ANAL SEX WITHOUT A CONDOM
VAGINAL SEX WITHOUT A CONDOM
VAGINAL OR ANAL SEX WITH A CONDOM
ORAL SEX WITHOUT A CONDOM OR BARRIER
TOUCHING PARTNER'S GENITALS WITH HANDS

Injection Risk Ladder - Injection behavior cards

These cards are used for the injection risk ladder activity. Have participant place cards on the ladder according to their perceived level of risk. Use the injection risk ladder answer key for correct order of behaviors cards on ladder.

GIVING SOMEONE YOUR UNCLEANNED NEEDLE
SHARING A COOKER
RINSING A USED NEEDLE ONE TIME WITH COLD WATER BEFORE LENDING IT
RINSING A USED NEEDLE 5 TIMES WITH COLD WATER
USE A BRAND NEW NEEDLE EVERY TIME YOU INJECT

Drug Splitting Risk Ladder - Drug splitting cards

These cards are used for the drug splitting risk ladder activity. Have participant place cards on the ladder according to their perceived level of risk. Use the drug splitting risk ladder answer key for correct order of behaviors cards on ladder.

SPLITTING USING YOUR UNCLEANNED NEEDLE
SPLITTING USING YOUR UNCLEANNED NEEDLE THAT HAS BEEN FIRST RINSED WITH COLD WATER
USING A NEW NEEDLE AND COOKER TO SPLIT
SPLITTING DRUGS DRY



9j. Appendix 3: Alcohol use module supplementary materials

What is a Standard Drink?

1 standard drink =



1 can of ordinary beer (e.g. 330 ml at 5%)

or



A single shot of spirits (whiskey, gin, vodka, etc.) (e.g. 40 ml at 40%)

or



A glass of wine or small glass of sherry
(e.g. 140 ml at 12% or 90 ml at 18%)

or



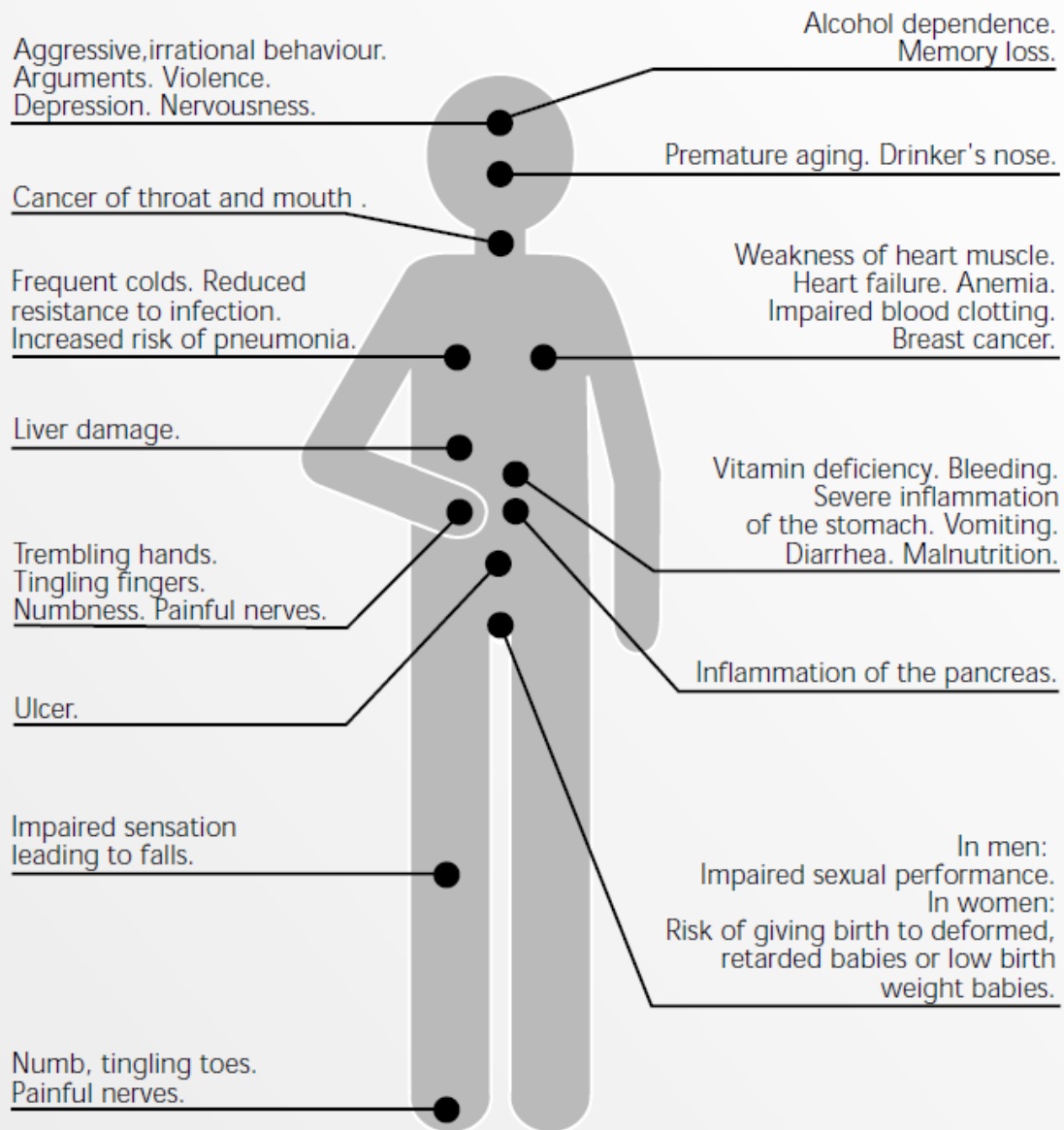
A small glass of liqueur or aperitif
(e.g. 70 ml at 25%)

or



A cup of traditional or home brew
(e.g. 85 ml, >20% alcohol)

Effects of High-Risk Drinking



High-risk drinking may lead to social, legal, medical, domestic, job and financial problems. It may also cut your lifespan and lead to accidents and death from drunken driving.

9k. Appendix 4: Counseling and Conflict Resolution

Conflict occurs when people (or other parties) perceive that, as a consequence of a disagreement, there is a threat to their needs, interests or concerns. There is a tendency to view conflict as a negative experience caused by abnormally difficult circumstances. The people in the dispute (also known as disputants) tend to perceive limited options and finite resources available in seeking solutions, rather than multiple possibilities that may exist 'outside the box' (Healey, 1995).

Therefore, conflict can be defined as a disagreement through which the parties involved perceive a threat to their needs, interests or concerns (Mayer, 1990). Conflicts, to a large degree, are situations that naturally arise as we go about managing complex and stressful life situations in which clients are personally invested (Ury, 1988).

Recognizing when a client may benefit from conflict resolution skills training

Conflict comes about from differences between individuals; their needs, values and motivations. Sometimes through these differences individuals can complement each other, but at other times there will be conflict. Conflict is not a problem in isolation, it's how it is dealt with that determines whether it resolves or escalates (Helpguide, 2006).

Conflict can endanger relationships, but if handled effectively, it can provide opportunities for growth, ultimately strengthening the bond between two people. Since relationship conflicts are inevitable, learning to deal with them (rather than avoiding them) is crucial (Bercovitch, 1984).

As a counselor, recognizing and managing conflict is also an essential part of building emotional intelligence. By being able to teach clients the skills needed for resolving conflict you are assisting them to keep their relationships strong and growing. An unresolved or ignored conflict can engage large amounts of our attention and energy. It is not always easy to fix the problem that ignites a conflict, but it can be of great benefit to provide clients with the skills to manage conflict effectively.

For many, attempts to deal with conflict result in:

1. Avoidance or withdrawal – e.g. let's not talk about it
2. Anger and verbal or physical aggression
3. Emotional blackmail – e.g. you never, you always
4. Inappropriate use of power – e.g. while you are living in my home you will...
5. Passive aggression – e.g. not talking to one another
6. Compromise and giving in – usually leaving at least one person aggrieved

Not one of the above results is an ideal way to end conflict. When considering working with clients who might benefit from conflict resolution skills training it is important that the counselor demonstrates the skills through practical application, such as role-play. This ensures the client can translate understanding into action and facilitates learning.

Additionally, conflict resolution training will not be effective if a client learns the skills but is afraid to apply them (e.g. because their communication style is passive). A counselor will need to recognize these factors and modify their training accordingly (e.g. include assertiveness training in the process) (Healey, 1995).

The basic values a counselor needs to be aware of

Every client has distinctive viewpoints that are equally valid (from where they stand) as the other party involved in the conflict. Each person's viewpoint makes a contribution to the whole and requires consideration and respect in order to form a complete solution. This wider view can open up the communication transaction possibilities. It may require one party to change their mind chatter that says: "For me to be right, others must be wrong" (Alexelrod, 1984).

Encourage your client to consider how the problem or the relationship will look over a substantial period of time. Looking at the conflict or problem in question in terms of a longer timeframe can help clients become more realistic about the consequences of the conflict as well as exploring options to resolve the conflict (Alexelrod, 1984). Clients experiencing conflict tend to respond on the basis of their perceptions of the situation, rather than an objective review of it. This is where having a counseling intervention can benefit the client in overcoming their subjective frame of reference.

Subsequently, clients filter their perceptions (and reactions) through their values, culture, beliefs, information, experience, gender, and other variables. Conflict responses are both filled with ideas and feelings that can be very strong and powerful guides to our sense of possible solutions (Healey, 1995). As in any problem, conflicts contain substantive, procedural, and psychological dimensions to be negotiated. In order to best understand the threat perceived by those engaged in a conflict, all of these dimensions need to be considered.

As counselors we can assist clients to develop healthy, functional and positive coping mechanisms for identifying conflicts likely to arise, the consequences, as well as the strategies in which clients can constructively manage their conflicts. New opportunities and possibilities may be discovered which in turn will transform the personal conflict into a productive learning experience (Healey, 1995).

Creative problem-solving strategies are essential to the application of positive approaches to conflict resolution. The client needs to be able to learn how to transform the situation from one in which it is 'my way or the highway' into one in which they entertain new possibilities that have been otherwise elusive (Ury, 1988).

Source: <http://www.mentalhealthacademy.net/>

9I. Appendix 5: "I" Statements

Use an "I" statement when you need to let the other person know you are feeling strongly about the issue. Others often underestimate how hurt or angry or put out you are, so it's useful to say exactly what's going on for you - making the situation appear neither better nor worse.

What Your "I" Statement Isn't

Your "I" statement is not about being polite. It's not to do with 'soft' or 'nice', nor should it be rude. **It's about being clear.**

It's a conversation opener, not the resolution. It's the opener to improving rather than deteriorating relationships.

If you expect it to be the answer and to fix what's not working straight away - you may have an unrealistic expectation.

If you expect the other person to respond as you want them to immediately, you may have an unrealistic expectation.

What you can realistically expect is that an appropriate "I" statement made with good intent:

When to Use:

When we need to confront others about their behaviour

When we feel others are not treating us right

When we feel defensive or angry

When others are angry with us

STEP 1. LISTEN

How to listen

- Firstly - Do not interrupt
- Make sure your body language shows that you are listening
- Do not give advice (unless asked for)

Example leader sentences:

What I'm hearing is....

Did you say....

So you reckon....

I understand that....

So you say that....

STEP 2. USE "I" AND NOT "YOU"**Example leader sentences:**

When I'm....

When I....

I think that I....

I feel that I....

My concern is....

STEP 3. REFER TO THE BEHAVIOUR NOT TO THE PERSON**Example leader sentences:**

When I'm shouted at I....

When I'm sworn at I....

When I'm pushed around I....

When the towels are left on the floor I....

When I think I'm not being heard I....

When the toys are left on the floor I....

STEP 4. STATE HOW THE BEHAVIOUR AFFECTS YOU

Ask yourself ... how does this behaviour affect me or make me feel?

Example leader sentences:

I feel unappreciated when....

I'm worried that something will go wrong if....

My concern is that....

I get really anxious when....

I get really scared when....

I feel hurt when....

I feel tired when....

STEP 5 STATE WHAT YOU NEED TO HAPPEN

Example leader sentences:

I need to....

I would like....

What I'd like to see happen is....

It would be nice if....

For children there is a sixth step which includes a consequence. However, it is recommended not to use the sixth step until the second time around. It is also at this time that the type of consequences can be discussed with the child if they are old enough. Other ways of getting children to be responsible for their own behaviour is to use the "When then " statement or a behavioural reward chart.

For example

"When the towels are picked up **then** you can go and play."

STEP 6. STATE THAT THERE IS A CONSEQUENCE TO THEIR ACTIONS

If..... then.....

For example:

If the towels continue to be thrown on the floor there will be no watching Simpsons that night.

OVERALL EXAMPLE 1

STEP 1 LISTEN & REPEAT So you reckon I interrupt all the time?

STEP 2 USE "I" NOT "YOU" OK ... but when I'm ...

STEP 3 BEHAVIOUR shouted at ...

STEP 4 AFFECT OF THE BEHAVIOUR I need to feel as if I've been understood so please don't shout at me and I will try not to interrupt.

OVERALL EXAMPLE 2

STEP 1 LISTEN & REPEAT So you're saying I never see the good things that you do and you feel unappreciated?

STEP 2 USE "I" NOT "YOU" OK ... but when I'm ...

STEP 3 BEHAVIOUR sworn at ...

STEP 4 AFFECT OF THE BEHAVIOUR I feel put down and hurt ...

STEP 5 NEEDS I'd like not to be spoken to in that way ...

Source:

http://www.compassioncoach.com/how_and_when_to_use_i_statements

9m. Appendix 6: methamphetamine information and resources

What is methamphetamine?

Methamphetamine is a powerful, highly addictive stimulant that affects the central nervous system. Also known as meth, chalk, ice, and crystal, among many other terms, it takes the form of a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol.

Methamphetamine was developed early in the 20th century from its parent drug, amphetamine, and was used originally in nasal decongestants and bronchial inhalers. Like amphetamine, methamphetamine causes increased activity and talkativeness, decreased appetite, and a pleasurable sense of well-being or euphoria. However, methamphetamine differs from amphetamine in that, at comparable doses, much greater amounts of the drug get into the brain, making it a more potent stimulant. It also has longer-lasting and more harmful effects on the central nervous system. These characteristics make it a drug with high potential for widespread abuse.

What are the immediate (short-term) effects of methamphetamine abuse?

As a powerful stimulant, methamphetamine, even in small doses, can increase wakefulness and physical activity and decrease appetite. Methamphetamine can also cause a variety of cardiovascular problems, including rapid heart rate, irregular heartbeat, and increased blood pressure. Hyperthermia (elevated body temperature) and convulsions may occur with methamphetamine overdose, and if not treated immediately, can result in death.

Most of the pleasurable effects of methamphetamine are believed to result from the release of very high levels of the neurotransmitter dopamine.

Dopamine is involved in motivation, the experience of pleasure, and motor function, and is a common mechanism of action for most drugs of abuse. The elevated release of dopamine produced by methamphetamine is also thought to contribute to the drug's deleterious effects on nerve terminals in the brain.

Short-term effects may include:

- Increased attention and decreased fatigue
- Increased activity and wakefulness
- Decreased appetite
- Euphoria and rush
- Increased respiration
- Rapid/irregular heartbeat
- Hyperthermia

What are the long-term effects of methamphetamine abuse?

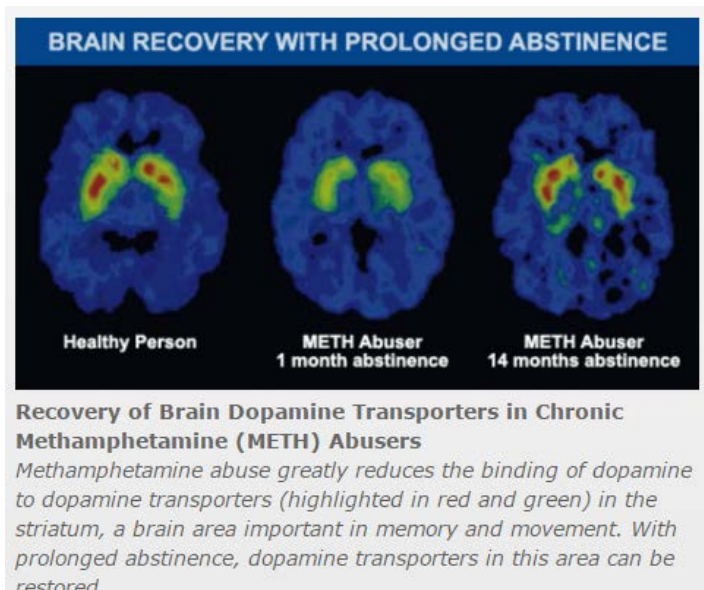
Long-term methamphetamine abuse has many negative consequences, including addiction. Addiction is a chronic, relapsing disease, characterized by compulsive drug seeking and use and accompanied by functional and molecular changes in the brain.

As is the case with many drugs, tolerance to methamphetamine's pleasurable effects develops when it is taken repeatedly. Abusers often need to take higher doses of the drug, take it more frequently, or change how they take it in an effort to get the desired effect. Chronic methamphetamine abusers may develop

difficulty feeling any pleasure other than that provided by the drug, fueling further abuse. Withdrawal from methamphetamine occurs when a chronic abuser stops taking the drug; symptoms of withdrawal include depression, anxiety, fatigue, and an intense craving for the drug.

In addition to being addicted to methamphetamine, chronic abusers may exhibit symptoms that can include significant anxiety, confusion, insomnia, mood disturbances, and violent behavior. They also may display a number of psychotic features, including paranoia, visual and auditory hallucinations, and delusions (for example, the sensation of insects creeping under the skin). Psychotic symptoms can sometimes last for months or years after a person has quit abusing methamphetamine, and stress has been shown to precipitate spontaneous recurrence of methamphetamine psychosis in formerly psychotic methamphetamine abusers.

These and other problems reflect significant changes in the brain caused by abuse of methamphetamine. Neuroimaging studies have demonstrated alterations in the activity of the dopamine system that are associated with reduced motor speed and impaired verbal learning. Studies in chronic methamphetamine abusers have also revealed severe structural and functional changes in areas of the brain associated with emotion and memory, which may account for many of the emotional and cognitive problems observed in chronic methamphetamine abusers.



Methamphetamine abuse also has been shown to have negative effects on non-neural brain cells called microglia. These cells support brain health by defending the brain against infectious agents and removing damaged neurons. Too much activity of the microglial cells, however, can assault healthy neurons. A study using brain imaging found more than double the levels of microglial cells in former methamphetamine abusers compared to people with no history

Long-term effects may include:

- Addiction
- Psychosis, including:
 - Paranoia
 - Hallucinations
 - Repetitive motor activity
- Changes in brain structure and function
- Deficits in thinking and motor skills
- Increased distractibility
- Memory loss
- Changes in brain structure and function
- Aggressive or violent behavior
- Mood disturbances
- Severe dental problems
- Weight loss

of methamphetamine abuse, which could explain some of the neurotoxic effects of methamphetamine.

Some of the neurobiological effects of chronic methamphetamine abuse appear to be at least partially reversible. In the aforementioned study, abstinence from methamphetamine resulted in less excess microglial activation over time, and abusers who had remained methamphetamine-free for 2 years exhibited microglial activation levels similar to the study's control subjects. Another neuroimaging study showed neuronal recovery in some brain regions following prolonged abstinence (14 but not 6 months). This recovery was associated with improved performance on motor and verbal memory tests. But function in other brain regions did not recover even after 14 months of abstinence, indicating that some methamphetamine induced changes are very long lasting. Moreover, methamphetamine use can increase one's risk of stroke, which can cause irreversible damage to the brain. A recent study even showed higher incidence of Parkinson's disease among past users of methamphetamine. In addition to the neurological and behavioral consequences of methamphetamine abuse, long-term users also suffer physical effects, including weight loss, severe tooth decay and tooth loss ("meth mouth"), and skin sores. The dental problems may be caused by a combination of poor nutrition and dental hygiene as well as dry mouth and teeth grinding caused by the drug. Skin sores are the result of picking and scratching the skin to get rid of insects imagined to be crawling under it.

What are effective treatments for methamphetamine reduction?

The most effective treatments for methamphetamine addiction at this point are behavioral therapies, such as cognitive-behavioral and contingency-management interventions. Currently, there are no pharmaceutical medications that can counteract the specific effects of methamphetamine or reduce the abuse of methamphetamine by an individual addicted to the drug.

Source: <http://www.drugabuse.gov/publications/research-reports/methamphetamine/what-methamphetamine>

What are harm reduction strategies when using methamphetamine?

In general, alcohol should be avoided when using methamphetamine. Also, you can try to reduce the amount you use. If you are living with HIV, you should plan to take any HIV medications before using methamphetamine so you do not forget.

What is "overamping"?

Overamping is the term we use to describe what one might consider an "overdose" on speed. Overamping means a different things to a lot of people. Sometimes it can consist of physical symptoms, like fast heart rate or irregular breathing. Or it can be psychological symptoms, such as paranoia, anxiety, or psychosis. It can also be a combination of both.

Overamping can happen for a lot of different reasons: you've been up for too long (sleep deprivation), your body is worn down from not eating or drinking enough water, you're in a weird or uncomfortable environment or with people that are sketching you out, you did "that one hit too many," you mixed some other drugs with your speed that have sent you into a bad place — whatever the reason, it can be dangerous and scary to feel overamped.

What can be done to handle physical aspects of overamping?

Medical attention should be sought immediately if someone using is experiencing:

- Nausea and/or vomiting
- Falling asleep/passing out (but still breathing)
- Chest pain or a tightening in the chest
- High temperature/sweating profusely, often with chills
- Fast heart rate, racing pulse
- Irregular breathing or shortness of breath
- Seizure/convulsions
- Stroke
- Limb jerking or rigidity
- Feeling paralyzed but you are awake
- Severe headache
- Hypertension (elevated blood pressure)
- Teeth grinding
- Insomnia or decreased need for sleep
- Tremors

What can be done to handle psychological aspects of overamping?

If someone is experiencing anxiety or other psychological symptoms of overamping, here are some strategies to help reduce the symptoms:

- Drink water (but not too much) or a sports drink
- Eat some food
- Try to sleep
- Switch how you're doing speed; sometimes if you're shooting, switching to smoking can help
- Change your environment or the people you're with
- Do breathing or meditation exercises
- Create physical contact, like massaging yourself or having someone else do it for you
- Go walking, walking, walking — walk it off!
- Take a warm shower
- Get some fresh air

Source: <http://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/>

9n. Appendix 7: BENZODIAZEPINES information and resources

What are benzodiazepines?

Benzodiazepines are prescription medicines most commonly used to treat anxiety and sleep disorders. Doctors may also prescribe them as muscle relaxants, or to treat epilepsy, alcohol withdrawal or panic disorders. Some people use benzodiazepines illegally to experience their effects and become intoxicated.

Benzodiazepines are a depressant. They work by slowing down the messages travelling around the central nervous system. This makes the user feel relaxed and calm, but tolerance builds quickly and the dosage required to deliver the same effect increases. For this reason benzodiazepines are intended to provide short-term, temporary relief, while the underlying causes of the anxiety or sleep disturbance are treated.

Benzodiazepines are prescribed in tablet form and come in a variety of shapes, sizes, and colors. There are many types and brand names of benzodiazepine.

Chemical/Generic name	Brand name
Alprazolam	Xanax
Clobazam	Frisium
Clonazepam	Rivotril
Diazepam	D-Pam, Propam, Diazemuls, Stesolid Rectal, Valium
Flunitrazepam	Rohypnol
Lorazepam	Ativan, Lorapam, Lorzem
Lormetazepam	Noctamid
midazolam	Hypnovel
Nitrazepam	Insoma, Nitrados
Oxazepam	Ox-Pam, Serepax, Benzotran
temazepam	Normison, Somapam, Euhypnos
triazolam	Halcion, Hypam, Trycam
zopiclone	Imovane

Once taken benzodiazepines take effect within 30 minutes. Lasting effects depend on the type of benzodiazepines used, the dosage, the condition being treated, and the presence or absence of other drugs.

Benzodiazepines are sometimes used illegally (without a prescription) to become intoxicated or as a substitute for opiate drugs when these are unavailable or when a person is trying to stop using opiates. They are sometimes used with opiate drugs to enhance their effects, and some people use benzodiazepines to help alleviate the 'come down' from stimulant drugs like amphetamines or MDMA (ecstasy) and to help them sleep.

What are the short term effects of benzodiazepine abuse?

When benzodiazepines are taken at higher doses, effects similar to those of alcohol can be produced including:

- drowsiness and sleepiness, leading to an induced state of sleep
- over-sedation
- cognitive and coordination impairment
- mood swings
- aggressive outbursts.

It is common for recreational users to take high doses of benzodiazepines as they are not always aware of recommended dosages, and are administering the drug to achieve a state of intoxication.

What are the long term effects of benzodiazepine abuse?

Long-term use (exceeding one month) of benzodiazepines is not recommended and should be monitored by a doctor. Long-term use of benzodiazepines may cause:

- drowsiness and sleepiness, leading to an induced state of sleep
- lack of motivation
- unclear thoughts, memory loss
- behavioural and personality changes
- anxiety, irritability or aggression
- difficulty sleeping and disturbing dreams
- nausea, headaches
- skin rash
- menstrual and sexual problems
- greater appetite, weight gain
- lack of coordination, vulnerability to accidents
- depression
- slurred speech

Long-term use of benzodiazepines commonly causes similar conditions to those which the drug has been prescribed to relieve.

What happens if benzodiazepines are mixed with other substances?

When used alone benzodiazepines have a low risk of acute toxicity (poisonous effect). However, when used with other types of medication (which is often the case) including other drugs, the toxicity of benzodiazepines can be increased.

Fatal overdoses in addicted patients often involve a combination of benzodiazepines and alcohol.

Opioid users (including methadone users) who also use benzodiazepines have an increased risk of fatal overdose.

Reported adverse reactions from mixing Benzodiazepines with other drugs	
Drug	Effect
Cannabis	Increased drowsiness Paradoxical agitation (opposite effect of the normally expected results) Nervous tension, irritability, nervousness
Alcohol	Increased drowsiness Hypotension (low blood pressure) Fainting Cessation of breathing DANGEROUS
Stimulants (Cocaine/ Amphetamine/ Ecstasy etc.	Reduced effectiveness of Benzodiazepines
Heroin / Methadone and other opiates	Increased drowsiness Risk of decreased rate of breathing DANGEROUS
Tobacco	Possible excessive lowering of blood pressure

Dosage escalation can result in excessive sedation and lead to falls, road traffic accidents and other accidents (especially when combined with alcohol).

What are the effects of injecting benzodiazepines?

Benzodiazepine tablets or capsules are intended for oral use only. However some people inject benzodiazepines which can be very dangerous and has the potential to cause serious health problems.

Health problems associated with injecting benzodiazepines include:

- collapsed veins
- clotting of veins
- red, swollen, infected skin
- amputation of limbs due to poor circulation
- stroke or even death.
- sharing injecting equipment exposes users to the risk of blood borne viruses like hepatitis B, hepatitis C, and HIV

What are effective treatments for benzodiazepine reduction?

If you have been taking benzodiazepines for an extended period of time (a month or more) you should seek medical advice before stopping or reducing use. A medical professional will help you to manage any possible withdrawal symptoms.

Gradual dosage reduction is seen as a key strategy for successful discontinuation of the medication. Research suggests that those who unable to discontinue can switch to a lower dose but longer acting benzodiazepines with the help of a medical professional.

What are harm reduction strategies when using benzodiazepine?

In general, injection of benzodiazepine should be avoided in order to prevent infections, such as Hepatitis C.

How do benzodiazepines affect HIV treatment?

Benzodiazepines likely reduces the effect of HIV treatment. Therefore, use of benzodiazepines should be avoided when taking ART treatment.

Sources: <http://www.benzoguide.co.uk/basic-harm-reduction.aspx>
<https://www.drugfoundation.org.nz/benzodiazepines/reducing-the-harm>

Liebrenz, M., Schneider, M., Buadze, A., Gehring, M. T., Dube, A., & Caflisch, C. (2016). Attitudes towards a maintenance (-agonist) treatment approach in high-dose benzodiazepine-dependent patients: a qualitative study. *Harm Reduct J*, 13(1), 1.
doi:10.1186/s12954-015-0090-x

9o: Appendix 8: Recommendations for family planning and HIV

Family planning

Advances in HIV treatment and prevention make starting a family a safe, exciting option for many women or men who have partners living with HIV. There are a number of options available for serodiscordant couples (when one partner is HIV-positive and the other is HIV-) who want to have a family. There are also a number of options available for HIV-positive couples who want to have a family.

It is important to plan your pregnancy to protect your partner and baby from HIV. Your healthcare professional can direct you to family planning services.

It is also important to take ART as directed to obtain undetectable viral load to maintain your health to take care of your future child.

What are the options for serodiscordant couples having a family?

Many studies show that with a lower viral load, you are less likely to pass HIV to your partner. Having an undetectable HIV viral load (so low the test cannot detect HIV in your blood even though it is still present in your body) dramatically lowers the risk of you passing HIV. Poorly controlled HIV can also be associated with decreased fertility, making it more difficult to get pregnant. Therefore, it is very important to take your ART as directed.

It is important for both you and your partner to get tested and treated for STIs before trying to get pregnant. Many STIs don't cause symptoms. These infections can increase the chances of your partner getting HIV, may lower your chances of her getting pregnant, and may be dangerous during pregnancy and delivery.

Having a HIV-negative baby is possible with careful planning. Your conception options will vary depending on which partner is HIV-positive. Also, some of these options may not be readily available but may be helpful to know when you discuss with your care provider.

All serodiscordant couples could take HIV treatment and conceive naturally.

- The HIV-positive partner can take HIV treatment to lower their viral load to an undetectable level before having unprotected sex.
- The HIV-negative partner can take PrEP prior to unprotected sex in some cases (*however, the risk of HIV infection still exists*).
- Get tested and treated for STIs to reduce the risk of HIV transmission.
- Monitor your viral load closely if having unprotected sex.
- Only have unprotected sex whilst the female partner is ovulating.
- Remember: Unprotected sex still risks passing HIV to the negative partner.

There are additional options available for serodiscordant couples.

If the female is HIV-positive and the male is HIV-negative:

- Artificial insemination

- Artificial insemination protects the male partner from HIV-infected bodily fluids. His sperm is inserted into the woman's vagina using a syringe. You can do this at home, but with medical advice.\
- Artificial insemination is most effective when a woman is ovulating (releasing an egg). Ovulation occurs about 14 days after a woman's period starts.
- Ovulation varies between women, seek advice from your doctor.

If the male is HIV-positive and the female is HIV-negative

- Sperm washing
 - 'Semen' is the fluid that comes from a man's penis when he ejaculates
 - HIV-infected semen cannot infect your baby, but can infect your partner
 - Sperm washing is a procedure that separates HIV-free sperm from the HIV-infected seminal fluid
 - HIV-free sperm can be inserted into the woman's vagina by artificial insemination – eliminating any risk of HIV infection
- Timing of unprotected sex (with professional advice)
 - Timed unprotected sex is unlikely to pass HIV to the female partner, if the male partner has:
 - undetectable viral load for 6 months
 - good adherence to their treatment
 - no sexually transmitted infections (STIs).

What are the options for couples who are both HIV-positive having a family?

If both partners are HIV-positive, HIV treatment and planned unprotected sex can reduce the chances of the baby becoming infected. However, a small risk of transmission cannot be ruled out. All pregnant HIV-infected women should receive ART to prevent perinatal transmission regardless of plasma HIV RNA levels or CD4 cell count. The goal of ART is to maintain a viral load below the limit of detection throughout pregnancy.

In general, the same regimens as recommended for treatment of non-pregnant adults should be used in pregnant women unless there are known adverse effects for women, fetuses, or infants that outweigh benefits. Frequent and consistent monitoring of HIV RNA levels and CD4 cell count is important throughout the pregnancy.

Sources:

<https://www.avert.org/learn-share/hiv-fact-sheets/mixed-status-couples>

<http://www.hiveonline.org/for-you/fertility/>

Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States: <http://aidsinfo.nih.gov/guidelines>

10.Supporter Disclosure guide

DISCLOSURE OF HIV STATUS TO SUPPORT PERSON

Guidance for future Disclosure of HIV status to Supper Person

Session Outline

- V. Introduction and explain the purpose of disclosure to a support person
- VI. Discuss disclosure strategies
- VII. Decide with participant which disclosure scenario they prefer

Session activity	Suggested script/Probes	Notes
Introductions and explain the purpose of disclosure for identifying a support person	<p>Hello and welcome.</p> <p>My name is [counselor] and my role today is to help you disclose your HIV status with people who you can bring in as a supporter.</p> <p>The reason why I'm talking to you about telling someone that you have HIV is that as part of this program you will have the opportunity to bring them in for one or two sessions. In these sessions we will help educate them about HIV and how to stay healthy and safe with HIV. We will also provide them with scientific information about drugs.</p> <p>To let you know, everything you tell us will be kept confidential within our team.</p> <p>It will be a good idea to bring in your spouse, a girlfriend, family member, or good friend. You should bring in someone who could be helpful to you with your HIV and that you see or talk to frequently.</p> <p>Is there anyone you can think of who you want to be a supporter for the study? Have you told them that you have HIV?</p>	<p>Assess the amount of time the index has already spent that day for the enrollment activities. If it was a long time, and the participant appears tired, keep this section short.</p>

	<p>Since this is a study to help people with HIV, you will need to tell the people you want to bring in as 'supporters' into the program that you have HIV. We ask you to tell them about your HIV because they may find out about your HIV since this study focuses on people with HIV. We ask you to bring in someone who is helpful or could be helpful to you with your HIV.</p>	
Disclosure strategies	<p>In disclosing your HIV to people we suggest that you:</p> <ul style="list-style-type: none"> • Choose to talk to potential supporters you think will keep the information confidential and be supportive of you. • Choose a time to talk to individuals when they are not too busy or distracted. • Choose a private place to talk. • Ask them if it is good time to talk. • Before talking to them it can be useful to think about what you would want to say to them about your HIV. <p>One way you could tell them about your HIV and the study is to say that "I wanted to talk to you about something serious. I recently found out that I have HIV. I am involved in a study for people with HIV. The study asked if I would bring in a family member or friends who can help me through the study. Would you be willing to go to the study office to find out about it?"</p> <p>There are other things you can tell them about HIV. With HIV medications, people can live long and healthy lives. It is important that people get tested to see if they have HIV.</p> <p>We recommend that you do not disclose to anyone who may treat you poorly if you disclose to them (act violent,</p>	

	<p>stigmatize them, or have a negative impact such as kicking them out of their house).</p> <p>If yes, how would you go about meeting up with them? What do you think you would want to tell them about your HIV and about the study?</p> <p>Do you have any concerns about disclosing your HIV to [name of individual they plan to disclose to]?</p>	<p>[Write down the names of people, ask if they have disclosed their HIV status to them.]</p>
Disclosure scenario	<p>[Below are the 3 scenarios in which disclosure may occur for this study. After discussing the above information with the participant, asses which scenario they may be most comfortable with. Discuss with participant and decide which may be the best strategy for them.]</p> <p>Scenario 1: Participant is comfortable telling possible supporters of their HIV status.</p> <ul style="list-style-type: none"> • [If this scenario is decided: Try role playing with the participant. Have the participant practice disclosing to the counselor] <p>Scenario 2: Participant would like the help of a joint counseling session to disclose HIV status to their potential supporter</p> <ul style="list-style-type: none"> • You have the option schedule a joint counseling session with to discuss HIV and what it means, with the purpose of letting the person know that you are HIV positive at some point during the session. A counselor is there as a support person, not to disclose the HIV status. • [If this scenario is decided: schedule a time for a partner disclosure session.] 	

	<ul style="list-style-type: none"> This session can happen at a date and time before the dyad session, or immediately prior to dyad module if necessary <p>Scenario 3: Participant does not wish to disclose HIV status, nor have the staff disclose HIV status to any supporter.</p> <ul style="list-style-type: none"> You have the option to not to tell anyone of your HIV status. In this case the dyad supporter module would not occur. 	
Summary and next steps	<p>Thank you so much for you time today. We are keeping our conversation brief today as I know you have had a long day.</p> <p>Do you have any questions on what we have discussed today?</p>	

Disclosure of HIV status to Supporter prior to DYAD module

Session Outline

- I. Introduction and explain the purpose of the study
- II. Discuss disclosure

Session activity	Suggested script/Probes	Notes
Introduction	<p>Thank you for coming to this session.</p> <p>[Introduce yourself to supporter] I am a counselor. My name is ____.</p> <p>I have been working with ____ (Index) to give assistance on his/her health.</p> <p>In today's session I will talk to you both a little bit about the HPTN 074 study and how to participate.</p> <p>Do you have any questions before we get started?</p>	Encourage an environment where both individuals can share their opinions, and be respectful of each other's differing opinions, understanding of, and experiences with HIV.
Purpose of HPTN 074	HPTN 074 is a study that will help us develop a new and better way to prevent	

	<p>the spread of HIV from HIV infected people who inject drugs to HIV uninfected people with whom they share needles/syringes or drug solutions. What we learn will help us design a future study that will determine whether treating HIV infected injection drug users with anti-HIV drugs and providing other support services including treatment for substance use where available will prevent them from passing the HIV virus to their injection drug partners.</p> <p><u>HPTN 074 Target Population – Who is this study for?</u></p> <p>The target population for this study is male and female adults who are current injection drug users. For this study we are going to recruit two types of participant</p> <p><i>Index participants:</i> HIV-infected individuals who have an HIV viral load >1,000 copies/mL at Screening. This may include individuals who report that they are: (a) ART-naïve, (b) ART-exposed but currently off therapy, or (c) on ART.</p> <p><i>Network injection partners:</i> HIV-uninfected injection partners of index participants (up to five active partners per index participant at a time).</p> <p>What questions do you have about HPTN 074? What questions do you have about HIV?</p>	
Participant disclosure	[Ask Index to tell network why they invited them for the session.]	
Summary	Thank you both for coming here today. It was important for [index participant] to share their HIV status. You both did a great job listening and respecting one another.	

	<p>Moving forward, what are some way you can continue to support one another?</p> <p>Are there any questions before we conclude and schedule the next activity?</p> <p>GO to module DYAD-1</p>	
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11a. Psychosocial Encounter CRF (PSY)

SCHARP

PSY-1, Page 1 of 3

SAMPLE: DO NOT FAX
TO DATAFAX
HPTN 074 (212)

PSY-1 (225)

Note: Number encounters sequentially (001, 002, 003) for each participant.

Encounter #:

Participant ID
 - -
Site Number Participant Number Chk Cohort

Psychosocial Encounter

Date

dd MMM yy

1. Counselor ID	
2. Contact type:	
<input type="checkbox"/>	study site visit
<input type="checkbox"/>	telephone contact
<input type="checkbox"/>	off-site contact, specify
Local language _____	
English _____	
3. Activity type: <i>Mark only one.</i>	
<input type="checkbox"/>	First session
<input type="checkbox"/>	Second session
<input type="checkbox"/>	Booster session
<input type="checkbox"/>	Index and supporter session
4. Does the participant have a designated support person?	<input type="checkbox"/> yes
	<input type="checkbox"/> no —————▶ <i>If no, go to item 8 on page 2.</i>
4a. Did the support person participate in this contact activity?	<input type="checkbox"/> yes
	<input type="checkbox"/> no
4b. What is the relationship of the support person to the participant? <i>Mark only one.</i>	
<input type="checkbox"/>	spouse/partner
<input type="checkbox"/>	other family member
<input type="checkbox"/>	father/mother
<input type="checkbox"/>	friend
<input type="checkbox"/>	sibling
<input type="checkbox"/>	other, specify:
Local language _____	
English _____	

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English Staff Initials/Date

Psychosocial Encounter (PSY-1)	
Purpose:	
General Information/Instructions:	Use this CRF in conjunction with the Intervention Manual to document participant encounters with the system navigator. Complete this CRF any time the participant has contact with a systems navigator.
Item-specific Instructions:	
Counselor ID:	Identify the staff member conducting the encounter. Do not use full names, document only the staff member's initials.

SAMPLE: DO NOT FAX
TO DATAFAX
HPTN 074 (212)

PSY-2 (226)

Note: Number encounters sequentially (001, 002, 003) for each participant.

Encounter #.

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Site Number		Participant Number			Chk		Cohort

Psychosocial Encounter

5. Indicate focus of session. *Mark all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> 5a. Dealing with HIV infection | <input type="checkbox"/> 5h. Injection risk communication skills |
| <input type="checkbox"/> 5b. HIV disclosure | <input type="checkbox"/> 5i. Substance use treatment |
| <input type="checkbox"/> 5c. Risk reduction | <input type="checkbox"/> 5j. Relationships/Social support |
| <input type="checkbox"/> 5d. ART adherence and/or development of medication adherence plan | <input type="checkbox"/> 5k. HIV literacy |
| <input type="checkbox"/> 5e. Engagement into care | <input type="checkbox"/> 5l. other, specify: |
| <input type="checkbox"/> 5f. Adherence communication skills | <i>Local language</i> _____ |
| <input type="checkbox"/> 5g. Sexual risk communication skills | <i>English</i> _____ |

6. Barriers to ART addressed. *Mark all that apply.*

- | | |
|---|---|
| <input type="checkbox"/> 6a. Need for ART | <input type="checkbox"/> 6i. Drug use interference |
| <input type="checkbox"/> 6b. Hassle of taking medication | <input type="checkbox"/> 6j. Don't have food/water to take medicine |
| <input type="checkbox"/> 6c. Time to go to the clinic | <input type="checkbox"/> 6k. Don't understand when/how to take medicine |
| <input type="checkbox"/> 6d. Challenges getting to the clinic | <input type="checkbox"/> 6l. Side effects/complications |
| <input type="checkbox"/> 6e. Challenges/Issues in the clinic | <input type="checkbox"/> 6m. Family or friend support |
| <input type="checkbox"/> 6f. Previously missed appointments | <input type="checkbox"/> 6n. Disclosure issues, including fear of inadvertent disclosure, strategies for intentional disclosure |
| <input type="checkbox"/> 6g. Too sick | <input type="checkbox"/> 6o. Navigating structural issues-referral to systems navigator |
| <input type="checkbox"/> 6h. Alcohol use interference | <input type="checkbox"/> 6p. Other, specify: |
| | <i>Local language</i> _____ |
| | <i>English</i> _____ |

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Staff Initials/Date

Psychosocial Encounter (PSY-2)
General Information/ Instructions: Use this CRF in conjunction with the Intervention Manual to document participant encounters with the system navigator. Complete this CRF any time the participant has contact with a systems navigator.

**SAMPLE: DO NOT FAX
TO DATAFAX**
HPTN 074 (212)

PSY-3 (227)

Note: Number encounters sequentially (001, 002, 003) for each participant.

Encounter #:

--	--	--

Participant ID



Psychosocial Encounter

7. Barriers to MMT/buprenorphine addressed. *Mark all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> 7a. Need for MMT/buprenorphine | <input type="checkbox"/> 7h. Drug use interference |
| <input type="checkbox"/> 7b. Hassle of taking medication | <input type="checkbox"/> 7i. Don't have food/water to take medicine |
| <input type="checkbox"/> 7c. Time to go to the clinic | <input type="checkbox"/> 7j. Don't understand when/how to take medicine |
| <input type="checkbox"/> 7d. Going to the clinic is a hassle | <input type="checkbox"/> 7k. Side effects/complications |
| <input type="checkbox"/> 7e. Previously missed appointments | <input type="checkbox"/> 7l. Family or friend support |
| <input type="checkbox"/> 7f. Too sick | <input type="checkbox"/> 7m. Navigating structural issues—referral to systems navigator |
| <input type="checkbox"/> 7g. Alcohol use interference | <input type="checkbox"/> 7n. other, specify |

Local language _____

English _____

[illegible]

9. As a result of this counseling, were systems navigator services provided?

- ☐ yes
- ☐ no

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English	

Staff Initials/Date

Psychosocial Encounter (PSY-3)	
General Information/Instructions:	Use this CRF in conjunction with the Intervention Manual to document participant encounters with the system navigator. Complete this CRF any time the participant has contact with a systems navigator.

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11b. Systems Navigator Encounter CRF (SNE)

SCHARP

SNE-1, Page 1 of 3

SAMPLE: DO NOT FAX
TO DATAFAX
HPTN 074 (212)

SNE-1 (210)

Note: Number encounters sequentially (001, 002, 003) for each participant.

Encounter #:

Participant ID

- -
Site Number Participant Number Chk Cohort

**Systems Navigator
Encounter**

Assessment Date

dd MMM yy

1. Staff ID	2. Activity Type	<input type="checkbox"/> initial	<input type="checkbox"/> weekly/monthly	<input type="checkbox"/> interim
3. Contact initiated/requested by: <i>Mark only one.</i>				
<input type="checkbox"/> systems navigator		<input type="checkbox"/> participant		
<input type="checkbox"/> psychosocial counselor		<input type="checkbox"/> other, specify		
<input type="checkbox"/> agency/clinic		Local language _____		
<input type="checkbox"/> participant's designated support person		English _____		
4. Type of encounter: <i>Mark only one.</i>				
<input type="checkbox"/> in person (not at home)		<input type="checkbox"/> e-mail/internet		
<input type="checkbox"/> home contact		<input type="checkbox"/> text/SMS		
<input type="checkbox"/> telephone		<input type="checkbox"/> other, specify:		
<input type="checkbox"/> social media		Local language _____		
		English _____		
5. Is the participant currently taking antiretroviral therapy (ART)?		<input type="checkbox"/> yes		
		<input type="checkbox"/> no		
6. Is the participant currently receiving methadone or buprenorphine?		<input type="checkbox"/> yes		
		<input type="checkbox"/> no		
7. Does the participant have a designated support person?		<input type="checkbox"/> yes		
		<input type="checkbox"/> no → <i>If no, go to item 8 on page 2.</i>		
7a. Did the support person participate in this contact activity?		<input type="checkbox"/> yes		
		<input type="checkbox"/> no		
7b. What is the relationship of the support person to the participant? <i>Mark only one.</i>				
<input type="checkbox"/> spouse/partner		<input type="checkbox"/> other family member		
<input type="checkbox"/> father/mother		<input type="checkbox"/> friend		
<input type="checkbox"/> sibling		<input type="checkbox"/> other, specify:		
		Local language _____		
		English _____		

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English

Staff Initials/Date

Systems Navigator Encounter (SNE-1)	
Purpose:	
General Information/ Instructions:	Use this CRF in conjunction with the Intervention Manual to document participant encounters with the system navigator. Complete this CRF any time the participant has contact with a systems navigator.
Item-specific Instructions:	
Encounter Number:	Number encounters sequentially throughout the study starting with 001. Do not repeat encounter numbers. Do not re-number any encounters after faxing, unless instructed by the SDMC.
Staff ID:	Identify the staff member conducting the encounter. Do not use full names, document only the staff member's initials (last, first). If more than one staff members share initials utilize a middle initial as well.
Activity Type:	Indicate whether this communication is the initial, weekly or monthly contact as outlined in the protocol. If the contact is not a scheduled encounter, or due to an ongoing crisis period, indicate "interim".

SAMPLE: DO NOT FAX TO DATAFAX
HPTN 074 (212)

SNE-2 (211)

Note: Number encounters sequentially (001, 002, 003) for each participant.

Encounter #:

Participant ID

 - -

Site Number

Participant Number

Chk

Cohort

**Systems Navigator
Encounter**

8. Total number of minutes of activity

0-5 minutes	6-10 minutes	11-15 minutes	16-30 minutes	31-60 minutes	60+ minutes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Primary focus of contact *Mark only one.*☐ substance use treatment☐ legal/judicial☐ HIV care☐ sexual health services☐ needle and syringe exchange programs☐ social services☐ ART initiation/management☐ clinical/medical management☐ assistance with primary designated support person☐ other, specify:☐ social network management

Local language _____

English _____

☐ additional counseling10. Additional areas addressed *Check all that apply.*☐ substance use treatment☐ legal/judicial☐ HIV care☐ sexual health services☐ needle and syringe exchange programs☐ social services☐ ART initiation/management☐ clinical/medical management☐ assistance with primary designated support person☐ other, specify:☐ social network management

Local language _____

English _____

☐ additional counseling11. Assessment of client status *Mark only one.*☐ client has no immediate complicating psychosocial issues☐ client has complicating psychosocial issues that pose moderate risk to ART substance use adherence☐ client has complicating psychosocial issues that pose minimal risk to ART or substance use adherence☐ client has complicating psychosocial issues that pose severe risk to ART substance use adherence
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English

Staff Initials/Date

Systems Navigator Encounter (SNE-2)	
General Information/Instructions:	Use this CRF in conjunction with the Intervention Manual to document participant encounters with the system navigator. Complete this CRF any time the participant has contact with a systems navigator.
Item-specific Instructions:	
Encounter Number:	Number encounters sequentially throughout the study starting with 001. Do not repeat encounter numbers. Do not re-number any encounters after faxing, unless instructed by the SDMC.

**SAMPLE: DO NOT FAX
TO DATAFAX**
HPTN 074 (212)

SNE-3 (212)

Note: Number encounters sequentially (001, 002, 003) for each participant.

Encounter #.

--	--	--

Participant ID

Site Number		Participant Number		Chk	Cohort		

Systems Navigator Encounter

12. Was a referral made at this encounter?	<input type="checkbox"/> yes <input type="checkbox"/> no —————> <i>If no, go to item 13.</i>
12a. What was the referral made for?	<input type="checkbox"/> HIV care (ART) <input type="checkbox"/> initial substance use treatment <input type="checkbox"/> reentry into substance use treatment <input type="checkbox"/> needle/syringe exchange program <input type="checkbox"/> mental health counseling
13. Was a social impact reported at this encounter?	<input type="checkbox"/> yes —————> <i>If yes, complete Social Impact Log for each impact.</i> <input type="checkbox"/> no <i>If this is an interim visit, also complete a Follow-up Visit form.</i>
14. Was an Adverse Experience reported at this encounter?	<input type="checkbox"/> yes —————> <i>If yes, complete AE Log for each reported AE.</i> <input type="checkbox"/> no <i>If this is an interim visit, also complete a Follow-up Visit form.</i>
15. Did the participant report initiating any antiretroviral medications for treatment at this encounter?	<input type="checkbox"/> yes —————> <i>If yes, complete Index ART Initiation CRF.</i> <input type="checkbox"/> no <i>If this is an interim visit, also complete a Follow-up Visit form.</i> <input type="checkbox"/> n/a
16. Did the participant report initiating substance use treatment (MAT) at this encounter?	<input type="checkbox"/> yes —————> <i>If yes, complete Substance Use Treatment Initiation CRF.</i> <input type="checkbox"/> no <i>If this is an interim visit, also complete a Follow-up Visit form.</i>

Systems Navigator Encounter (SNE-3)	
General Information/Instructions:	Use this CRF in conjunction with the Intervention Manual to document participant encounters with the system navigator. Complete this CRF any time the participant has contact with a systems navigator.
Item-specific Instructions:	
Encounter Number:	Number encounters sequentially throughout the study starting with 001. Do not repeat encounter numbers. Do not re-number any encounters after faxing, unless instructed by the SDMC.

11c. Systems Navigator Contact CRF (ACL)

HPTN 074

Agency Contact (ACL)

SAMPLE: DO NOT FAX TO DATAFAX

(HPTN074) DEFIN 074

(ACL)232

Page:

Participant ID:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Contact: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Site Number	Network Number
Chk	Cohort
dd	MM
yy	
Agency Contact	
1	<p>Contact initiated by:</p> <p><input type="checkbox"/> Systems navigator</p> <p><input type="checkbox"/> Counselor</p> <p><input type="checkbox"/> Agency/clinic</p> <p><input type="checkbox"/> Other</p>
2	<p>Type of facility contacted:</p> <p><input type="checkbox"/> HIV clinic</p> <p><input type="checkbox"/> Substance use treatment facility</p> <p><input type="checkbox"/> Needle and syringe exchange program</p> <p><input type="checkbox"/> Mental health counselor/facility</p> <p><input type="checkbox"/> Sexual health services</p> <p><input type="checkbox"/> Social services</p> <p><input type="checkbox"/> Clinical/medical services</p> <p><input type="checkbox"/> Legal/judicial</p> <p><input type="checkbox"/> Other</p>
3	<p>Type of contact:</p> <p><input type="checkbox"/> In person</p> <p><input type="checkbox"/> Telephone</p> <p><input type="checkbox"/> Email /internet</p> <p><input type="checkbox"/> Text message/SMS</p> <p><input type="checkbox"/> Other</p>
<p>Version 1.0, 21-JAN-15</p> <p>English</p> <p>Completed by: _____ (initials/date)</p>	

This form documents each contact between HPTN 074 study staff and any referral sites/agencies that are made on the behalf of an index participant. One **Agency Contact** CRF should be submitted for each contact that is made.

Version 1.0, 21-JAN-15

COUNSELING SUMMARY FORM

DATE: ____/____/____ (DD/MM/YY)

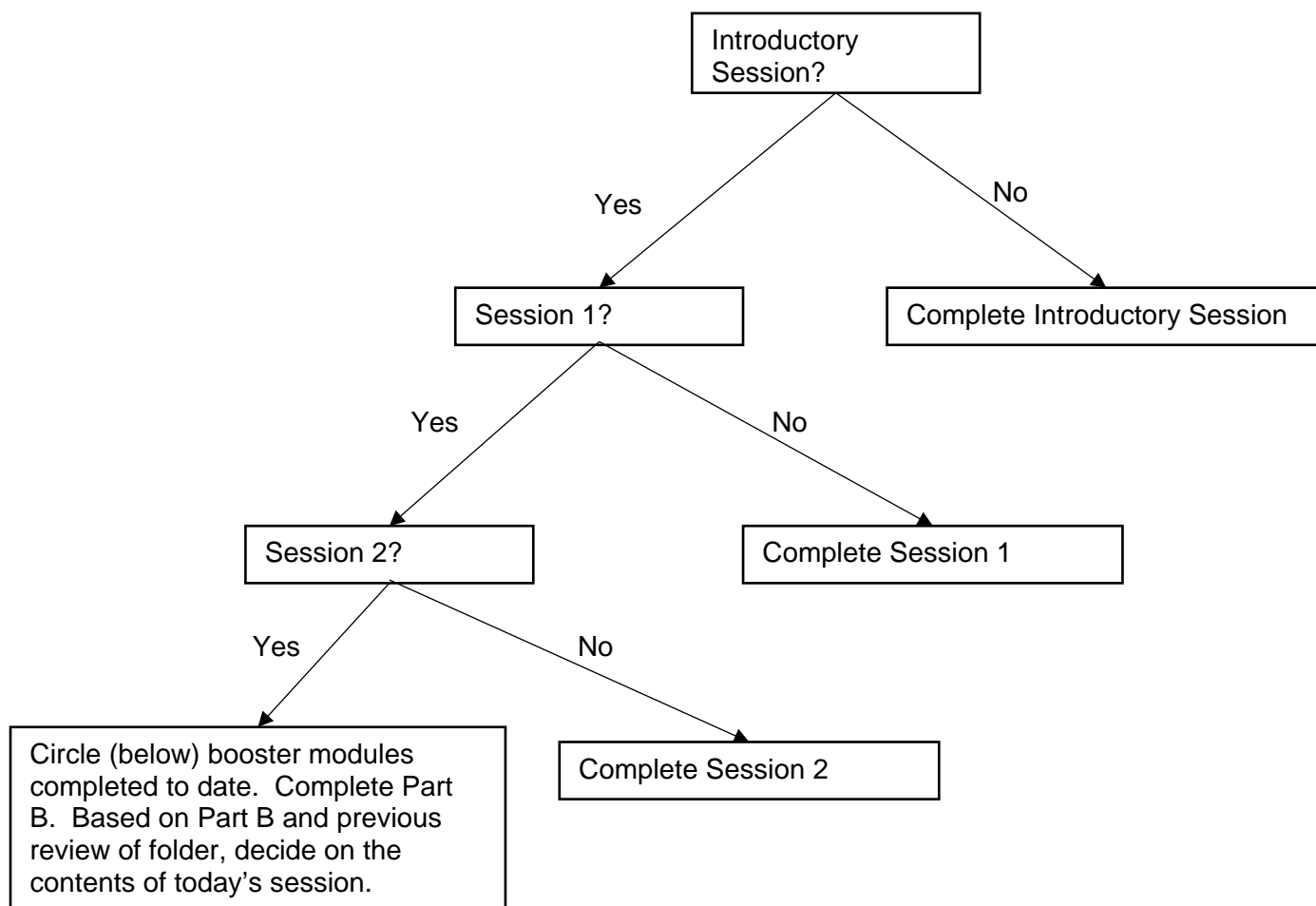
PTID: _____

COUNSELOR #: _____

11d. Counseling Summary Form

[Review participant's folder from previous sessions to assess completed sessions and topics covered.]

Part A: Has the participant completed the...



Circle completed booster modules:								
Dyad –1	Dyad – 2	Sexual Risk Reduction	Injecting Risk Reduction & Drug Splitting	Substance Use Treatment	Alcohol Use	Depression and Stigma	Disclosure Guide	Other

Part B. Data collection. [This part can be filled out at the beginning of a session or during a session to assess which booster module can be administered.] *I am now going to some questions so that I can help to tailor the program to your needs. Please give me the most accurate information you can. I will keep all information confidential.*

Question	Response Options	Possible Next Steps	Priority Y/N	Rank (1-10)
HIV care and treatment Status				
1. [ONLY ASK IN INTRO SESSION] <i>When did you first find out you were HIV infected? Give me as much as you can remember.</i>	____ (DD) ____ (MMM) ____ (YY)	Assistance with disclosure if recent – use Disclosure Guide		

COUNSELING SUMMARY FORM

DATE: ____/____/____ (DD/MMM/YY)

PTID: ____-____-____-____-____

COUNSELOR #: ____-____-____

Question	Response Options	Possible Next Steps	Priority Y/N	Rank (1-10)
2. Have you seen a doctor about your HIV treatment?	Yes (skip to 3)	If no, Assess barriers and pick relevant session		
2b. If no, have you made an appointment?	Yes/No	If yes or no, connect with system navigator to get to (or make an) appointment		
3. Are you currently on ART?	Yes / No	If no, assess barriers and pick relevant session (may need to revisit sections in Session 1).		
3b. [DON'T ASK DURING INTRO SESSION] If yes, when was the last time you missed any of your anti-HIV medications?	<input type="checkbox"/> Within the past week <input type="checkbox"/> 1-2 weeks ago <input type="checkbox"/> 3-4 weeks ago <input type="checkbox"/> 1-3 months ago <input type="checkbox"/> Never	If in the last 2 weeks, revisit Session 2		
4. [DON'T ASK DURING INTRO SESSION] In the last month, on about how many days did you miss at least one tablet?	____ days	Assess whether you need to revisit Session 2		
Drug Use				
5. In the last 2 weeks, did you use a needle to inject any drugs under your skin or into a vein?	Yes / No (skip to 6)	If currently injecting opiates (consider frequency and sharing behavior) conduct Module 5: Substance Use Treatment		
5b. What type of drug(s) have do you inject?	(Describe drugs)			
5c. In the last month, on how many days did you inject drugs?	____ # days			
5d. How often do you share needles or injecting equipment? By this I mean use someone else's or lend your needles/equipment.	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	If rarely or sometimes conduct Module 4: Injection Risk Reduction and Drug Splitting and Module 2: Dyad – 2		
Drug Treatment Status				
6. Are you currently in drug treatment?	Yes / No	If not currently in drug treatment, currently injecting		
6a. If yes, what type?	[write options]			

COUNSELING SUMMARY FORM

DATE: ____/____/____ (DD/MM/YY)

PTID: _____

COUNSELOR #: _____

Question	Response Options	Possible Next Steps	Priority Y/N	Rank (1-10)
6b. If no, have you ever taken MMT or buprenorphine in the past?	Yes / No	opiates and sharing equipment conduct (or revisit) Module 5: Substance Use Treatment		
6c. [If 6b is yes] when was the last time you visited drug treatment?	____ (DD) ____ (MMM) ____ (YY)			
Current Sexual Behavior				
7. In the last month, did you have vaginal or anal sex?	Yes / No	If sexually active and having unprotected consider Module 3: Sexual Risk Reduction		
7a. If yes, how often did you use a condom during vaginal or anal sex?	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Always			
Current Alcohol Use				
8. How often do you have a drink containing alcohol?	<input type="checkbox"/> Never (skip to 9) <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2–4 times a month <input type="checkbox"/> 4 or more times a week	If drinking (at all) when HIV-infected the Module 6: Alcohol Use should be considered. However Alcohol use module should be a priority if drinking frequently and binge drinking.		
8a. How many standard drinks containing alcohol do you have on a typical day? (use card with definitions)	<input type="checkbox"/> 1 or 2 drinks <input type="checkbox"/> 3 or 4 <input type="checkbox"/> 5 or 6 <input type="checkbox"/> 7 to 9 <input type="checkbox"/> 10 or more			
8b. How often do you have six or more drinks on one occasion?	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly			
Disclosure #1 – [If Dyad 1 still to be completed]				
10. Do you have a person who you could bring in as a supporter for you in this program?	Yes/No	If supporter not identified or disclosure is an issue, consider disclosure assistance guide.	Disclosure: Dyad 2	Disclosure: Dyad 2
10a. If yes, who is this person?	<input type="checkbox"/> Spouse/live-in partner <input type="checkbox"/> Sexual partner <input type="checkbox"/> Injecting Partner <input type="checkbox"/> Other _____			
10b. Have you disclosed your HIV-status to this person?	Yes/No	If supporter identified - conduct Module 1: Dyad – 1		
Disclosure #2 – [If Dyad 2 still to be completed]				
11. Do you have a person who you could bring in as a supporter for you in	Yes/No	If not identified person or not	Disclosure:	Disclosure:

COUNSELING SUMMARY FORM

DATE: ____/____/____ (DD/MM/YY)

PTID: ____-____-____-____-____

COUNSELOR #: ____-____-____

Question	Response Options	Possible Next Steps	Priority Y/N	Rank (1-10)
this program for a second supporter session? (It can be can be same person as last time or a new person)		disclosed, consider disclosure assistance guide.	Dyad 2	Dyad 2
11a. If yes, who is this person?	<input type="checkbox"/> Spouse/live-in partner <input type="checkbox"/> Sexual partner <input type="checkbox"/> Injecting Partner <input type="checkbox"/> Other _____	If supporter identified - conduct Module 1: Dyad – 1		
11b. Have you disclosed your HIV-status to this person?	Yes/No			
Isolation, depression and stigma				
12. Do you feel you feel isolated from family and friends?	Yes/No	Consider Module 7: Depression and Stigma		
13. Have you felt depressed or sad in the last two weeks?	Yes/No			
14. [Do not read to participant] Do you feel that the participant shows signs of (or has reported) depression or anxiety?	Yes/No			

Part C. Ranking priority of next session:

Once the participant has finished the introduction session, session 1 and session 2, then you need to decide which session or module to do next. After completing the questions on Part B of this form, as the counselor rank the possible next steps. **Do not repeat the same session/module that was administered the previous week.** If a topic remains a priority, wait at least 2 weeks before repeating a session/module.

Discuss this ranking with the participant, and readjust the ranking if the priorities differ significantly from your original ranking. After this ranking exercise, choose the session and/or modules that you will conduct today and record this decision below. You may choose multiple modules if necessary and you have time.

Today, in the following order, I plan to conduct the session/module(s).....

Session/Module Name	Has the participant completed this session/module before?	Why was this session chosen?	Staff initials when completed
1.			
2.			
3.			
4.			

COUNSELING DIARY

DATE: / / (DD/MMM/YY) **PTID:** - -

COUNSELOR #:

$$\begin{array}{|c|c|c|c|c|c|c|c|} \hline & & & & & & & \\ \hline \end{array}$$

COUNSELOR #: | | |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.